This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
08/26/2022	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

## coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20221 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CABLE ONE, INC.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		BUSINESS NAME(S) OF OWNER OF GABLE STSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012-2626 (City, town, state, zp)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	'	SPARKLIGHT	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	2229 BROADWAY (Number, street, rural route, apartment, or suite number)	
		PARSONS, KS 67357 (City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM I 14
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno
Area Served	identified city.	onie parks siloulu be reporteu in parentneses below the
	CITY OR TOWN	STATE
First Community	PARSONS	KS
Rows as Necessary		
,		

Accounting Period: 2022/1

CABLE ONE, INC.

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1482

Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	460	40.00	BULK	13	25.00	
Service to additional set(s)			NURSING HOMES	37	15.00	
• FM radio (if separate rate)			HOSPITAL	55	8.00	
Motel, hotel	2	10.00				
Commercial	31	8.00-15.00				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	15.00 - 17.00	Motel, hotel		DIGITAL ACCESS	5.00
<ul> <li>Pay cable—add'l channel</li> </ul>	15.00-17.00	Commercial	50.00-200.00	EXPANDED BASIC	55.75
Fire protection		• Pay cable			
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	30.00-90.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	60.00	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	90.00		
Converter		Disconnect			
		<ul> <li>Outlet relocation</li> </ul>	60.00		
		<ul> <li>Move to new address</li> </ul>	30.00		

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

1482

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

G

## Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFJX-1	13	l	PITTSBURG, KS
KFTX-2	13	<u> </u>	PITTSBURG, KS
KOAM	7	N	PITTSBURG, KS
KODE	23	N	JOPLIN, MO
KSNF-1	17	N	JOPLIN, MO
KTWU	11	<b>E</b>	TOPEKA, KS
KOAM-STIMUL	7	N	PITTSBURG, KS
KTWU-SIMUL	11	E	TOPEKA, KS
KODE-SIMUL	23	N	JOPLIN, MO
KFJX-SIMUL	13	1	PITTSBURG, KS
KSNF-SIMUL	17	N	JOPLIN, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

## PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	T =	I a:-	I	1	I	I o:-	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							<u> </u>
	l					<b> </b>	<u> </u>
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counting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID:		
Name	CABLE ONE, INC.							1482		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	 G					
	In General: In space I, iden	tify every noi	nnetwork televi	ision program, broadcast by	a distant stat	tion, that yo	our cable sy	stem carried on a		
	substitute basis during the									
ubstitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Carriage: Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
tement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
ogram Log	broadcast by a distant station?									
	Note: If your answer is "No	o", leave the	rest of this pa	ige blank. If your answer is	"Yes," you n	nust comp	lete the pro	gram		
	log in block 2.									
	2. LOG OF SUBSTITUT			-4- U    b		:   .				
	In General: List each subsclear. If you need more spa				wherever po	ossible, ii t	neir meanir	ig is		
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitute						
	period, was broadcast by a									
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs							-		
				er "Yes." Otherwise enter "						
		0		asting the substitute prograthe community to which the		ensed by	the FCC or	in		
	the case of Mexican or Ca							,		
		,	when your sy	stem carried the substitute	program. Us	se numera	ls, with the	month		
	first. Example: for May 7 g		e substitute pr	ogram was carried by your	cable syster	n List the	times accu	rately		
	to the nearest five minutes									
	stated as "6:00-6:30 p.m."									
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required									
	to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	to delete under FCC rules	and regulati	ions in effect d	uring the accounting perio	d; enter the l	etter "P" if	the listed p			
	to delete under FCC rules	and regulati mming that y	ions in effect d	uring the accounting perio	d; enter the l	etter "P" if	the listed p			
	to delete under FCC rules was substituted for program	and regulati mming that y	ions in effect d	uring the accounting perio	d; enter the le er FCC rules	etter "P" if and regul	the listed p ations in			
	to delete under FCC rules was substituted for prograt effect on October 19, 1976	and regulati mming that y	ions in effect d	luring the accounting perion as permitted to delete und	d; enter the le er FCC rules WHE	etter "P" if	the listed p ations in ITUTE	rogram 7. REASON FC		
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.counting : criour.	2022/1			FORM S	A1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM I
rumo	CABLE ONE, INC.				14
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)	ystem's se	condary transm	ission service	
	during the accounting period			\$ 17	4,707.61 oss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	ın \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES  1. Base amount under statutory formula				
	Dase amount under statutory rormula     Enter amount of gross receipts from space K		174,707.61	-	
	Subtract line 2 from line 1		· · · · · · · · · · · · · · · · · · ·	=	
	•				
	Enter the amount of gross receipts from space K			174,707.61	
				89,092.39	
	Subtract line 5 from line 4				428.08
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	o. Interest charge. Enter the amount from line 4, space Q, page 6				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	428.08
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but I	ess than \$527	,600)	
	45.0				
	1. Enter the amount of gross receipts from space K			-	
	2. Base amount under statutory formula			-	
	3. Subtract line 2 from line 1			=	
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)				
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	Е			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	428.08	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	448.08
ŀ					

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.
Name	CABLE ONE, I	OWNER OF CABLE SYSTEM: NC.				SYSTEM ID# 1482
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	number of channels on whice television broadcast stations number of activated channel able system carried television	s	els during the acc	counting period.	233
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDE nt.)	<b>D</b> (Identify an ind	lividual to whom	
for Further Information	Name	JENAE HECK			Telephone	602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apart PHOENIX, AZ 85012 (City, town, state, zip)	ment, or suite number)		Fax (optional) 602-364-601	3
	Linaii		JONE CONC.DIZ		Tax (optional) 002-304-001	
O Certification	I, the undersign     (Owne	ed, hereby certify that (Check or other than corporation or put of owner other than corporation 1 of space B and that the other 1 of space B.  If the statement of account and e, and correct to the best of me	ust be certified and signed in acone, but only one, of the boxes.)  partnership) I am the owner of the ation or partnership) I am the downer is not a corporation or partner (if a corporation) or a partner (if a line by declare under penalty of y knowledge, information, and be	e cable system as uly authorized age nership; or partnership) of th law that all staten	s identified in line 1 of space ent of the owner of the cable he legal entity identified as own ments of fact contained herei	system as identified  vner of the cable system
		Typed or printed	X /s/Quynh Tran  Enter an electronic signature on t Enter signature using an "/s/ sign d name: QUYNH TRAN			
		Title:	VICE PRESIDENT & TF			
		Date:	роздот под птогрогацот огра	шшшшшшшшшш	August 26, 2022	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
BLE ONE, INC.	1482
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11	ic sub- Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?	sions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay	ment -
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 fo	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Effect the amount of late payment of underpayment	
*	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
(interest char	ge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance processing contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, p list below the owner, address, first community served, ID number, and accounting period as given in the original file.	
Owner	
Address	
ID number	
First community served	
Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)