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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting	20221 Barcode Data Filing Period (optional - see instructions)	
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)	
	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, zip)	
С	ISTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ames 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	IDENTIFICATION OF CABLE SYSTEM:	
	CABLE AMERICA	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 64 N. CLARK ST.  [Number, street, rural route, apartment, or suite number)	
	SULLIVAN, MO 63080	
	(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. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	CABLE ONE, INC.	294
	Instructions: List each separate community served by the cable system. A "communit	
D	"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	t will serve as a form of system identification hereafter kn
	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	ama parks should be reported in parentheses below the
Area	identified city.	one parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	ST. ROBERT	MO
Community	PULASKI COUNTY	MO
	FORT LEONARD WOOD	MO
	WAYNESVILLE	MO
Add Rows as Necessary	RICHLAND	MO
	DIXON	MO
	NEWBURG	MO
	DOOLITTLE	L
		MO MO
	MOUNTAIN GROVE	
	WILLOW SPRINGS	MO

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 29453

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.

BL	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	1,740	28.10			
<ul> <li>Service to additional set(s)</li> </ul>					
• FM radio (if separate rate)					
Motel, hotel				-	
Commercial					
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	16.95	Motel, hotel		DIGITAL INTRO	5.00
<ul> <li>Pay cable—add'l channel</li> </ul>	11.95	Commercial		DIGITAL CHOICE	15.00
Fire protection		• Pay cable		STANDARD CHOICE	49.95
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set	9.95	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>	9.95	Other services:			
• FM radio (if separate rate)		Reconnect	9.95		
Converter		Disconnect			
		Outlet relocation	9.95		
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2022/1

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

29453

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
KYTV	19	N	SPRINGFIELD, MO
KOLR	10	N	SPRINGFIELD, MO
KOZK	16	E	SPRINGFIELD, MO
KOZL	28	l	SPRINGFIELD, MO
KSPR	34	N	SPRINGFIELD, MO
KRBK	22		SPRINGFIELD, MO
KY3	3.2	I-M	SPRINGFIELD, MO
KYCW-3	3.3	I-M	SPRINGFIELD, MO
KOZK-2	16.2	E-M	SPRINGFIELD, MO
KOZK-3	16.3	E-M	SPRINGFIELD, MO
KRBK-2	22.2	I-M	SPRINGFIELD, MO
KRBK-3	22.3	I-M	SPRINGFIELD, MO
KWBM	31	1	SPRINGFIELD, MO
KYCW	24	l	SPRINGFIELD, MO
KSPR-2	34.2	I-M	SPRINGFIELD, MO
KOLR-SIMUL	10	N	SPRINGFIELD, MO
KOZK-SIMUL	16	E	SPRINGFIELD, MO
KRBK-SIMUL	22	l l	SPRINGFIELD, MO
KOZL-SIMUL	28	l	SPRINGFIELD, MO
KSPR-SIMUL	34	N	SPRINGFIELD, MO
KVTV-SIMUL	19	N	SPRINGFIELD, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

29453

#### 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
							<del> </del>
	l					<b> </b>	<u> </u>
							l
	l						
							l
							<b> </b>
							<del> </del>
							<u> </u>
							l
							l
							<b> </b>
							<b> </b>
		l				l	

Accounting Perio	od: 2022/1						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC.							29453
Substitute Carriage: Special Statement and Program Log	CABLE ONE, INC.  SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN: During the accounting per broadcast by a distant sta Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car	E: SPECIA ify every non accounting p ning that mu  T CONCEF riod, did you tion?  ", leave the E PROGRA titute progra ace, please of every no distant stat gulations, of ies like "mo Bulls." m was broa sign of the adcast stati nadian static	AL STATEME nnetwork televi eriod, under sp st be included RNING SUBS ur cable syster erest of this pa am on a separ add additional additional brovies" or "bask dcast live, ente station broadc on's location (tons, if any, the	ision program, broadcast by becific present and former Fin this log, see page (v) of the TITUTE CARRIAGE of the carry, on a substitute based by the carry, on a substitute our cable system substitute and carry. List specific programer "Yes." Otherwise enter "casting the substitute programs the community to which the	a distant star CC rules, reg ne general ins sis, any nonr s "Yes," you r s wherever po e program") the ed for the pro- neral instruct im titles, for each	ulations, obstructions network to must com ossible, if hat, during ogrammir ions for ful example, censed by entified).	relevision properties of the properties of another urther inform the FCC or the properties of the prop	stem carried on a ons. For a further SA1-2 form.  gram NO ogram ng is nting r station ation. " or
	to the nearest five minutes. stated as "6:00–6:30 p.m."	es when the Example: a er "R" if the and regulati nming that y	a program car listed prograr ions in effect d	n was substituted for progr luring the accounting perio	:15 p.m. to 6 ramming that d; enter the l	:28:30 p.i your sys etter "P" i	m. should be tem was <i>req</i> if the listed p	uired
	c	I IDOTITI IT	E PROGRAM	4		N SUBS		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		CARRIAGE OCCURRED  5. MONTH 6. TIMES			DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
		ļ						
				-				
		ļ						

ccounting Period:	•	FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	SYSTEM 294							
<b>K</b> Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s)								
	during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 448,503.98 (Amount of gross receipts)							
L 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 but less than or equal to the space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay accounting period is \$52.00	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 lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	37,100)							
	1. Base amount under statutory formula	00							
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)	· · <u> </u>							
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$200)	527,600)							
	Enter the amount of gross receipts from space K	98							
	2. Base amount under statutory formula	00							
	3. Subtract line 2 from line 1	<del></del>							
	4. Multiply line 3 by .01	 1,847.04							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,166.04							
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	\$ 3,186.04							
	Important: Your remittance must be in the form of an electronic payment payable to the R								
	Important: Your remittance must be in the form of an electronic payment payable to the R See page i of the general instructions in the paper SA1-2 form for more infor								

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.		
Name	CABLE ONE, I	OWNER OF CABLE SYSTEM:				SYSTEM ID# 29453		
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	ou must give (1) the number of s, and (2) the cable system's in number of channels on whice television broadcast stations and number of activated channel able system carried television test services	total number of activated chath the cable  s broadcast stations	annels during the a	ccounting period.	21		
N Individual to Be Contacted		BE CONTACTED IF FURTH		<b>DED</b> (Identify an ir	ndividual 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	2		
	Liliali	JEINAL. IIEOING	JOADLEONE.DIZ		Tax (optional) 002-304-001			
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]							
		Typed or printed	X /s/ Quynh Tra	on the line above to signature" (e.g., /s/				
		Title: (Title of o	VICE PRESIDENT &  fficial position held in corporation o					
		Date:			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.

Accounting Period: 2022/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CABLE ONE, INC.	29453
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 following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Special Statement Concerning Gross Receipts Exclusion
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 transmissions made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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	_
* 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 please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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.