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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	2	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting		20221 Barcode Data Filing Period (optional - see instructions)						
Period								
В	(nstructions: 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 itle of the subsidiary, not that of the parent corporation.						
Owner	L	ist any other name or names under which the owner conducts the business of the cable system.						
		f 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.						
	1	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		JCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	DENTIFICATION OF CABLE SYSTEM:						
		SPARKLIGHT						
		MAILING ADDRESS OF CABLE SYSTEM:						
		102 N 5TH STREET Number, street, rural route, apartment, or suite number)						
		VINCENNES, IN 47591 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC SYSTEM				
Name		304				
	CABLE ONE, INC.					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.					
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	mobile home parks should be reported in parentheses below the				
	CITY OR TOWN	STATE				
First	NEWTON	IL				
Community	OLNEY	IL				
	ODON	IN				
Rows as Necessary	JASPER COUNTY	IL				
	RICHLAND COUNTY	IL				
	DAVIESS COUNTY	IN				
	ELNORA	IN				
	NEWBERRY	IN				
	KNOX COUNTY (NE)	IN				
	PLAINVILLE					
	PLAINVILLE	IN.				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 304111

Е

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 	2,052	42.00				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	97	66.00				
Converter						
Residential						
Non-residential						
		1				

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	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable	7.00-15.00	Motel, hotel	100.00	EXPANDED	57.75
 Pay cable—add'l channel 	9.00	Commercial		DIGITAL FAM PLUS	16.00
Fire protection		• Pay cable		STARZ SUPER PAK	19.00
•Burglar protection		 Pay cable-add'l channel 		SHOWTIME UNLTD	10.99
Installation: Residential		Fire protection		НВО	19.00
• First set	100.00	Burglar protection		CINEMAX	19.00
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
	Move to new address		30.00		

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

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID#

304111

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.

WAWV

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAWV	18	N	TERRE HAUTE, IN
WTHI	10	N	TERRE HAUTE, IN
WTWO	35	N	TERRE HAUTE, IN
WUSI	23	E	OLNEY, IL
WTHI-2	10	I-M	TERRE HAUTE, IN
WTHI-3	10	I-M	TERRE HAUTE, IN
WAWV-SIMUL	18	N	TERRE HAUTE, IN
WTHI-SIMUL	10	N	TERRE HAUTE, IN
WTHI-DT2-SIMUL	10	I-M	TERRE HAUTE, IN
WTWO-SIMUL	35	N	TERRE HAUTE, IN
WUSI-SIMUL	23	E	OLNEY, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

304111

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
							
	l					 	<u> </u>
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0	J. 2022/4							F0D	M 0 4 0 5 D 0 5 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					FOR	SYSTEM ID#	
Name	CABLE ONE, INC.								304111	
	SUBSTITUTE CARRIAG	E. CDECI	VI CTATEME	NT AND DDOO	PAMIO	<u> </u>				
1		_	_				tion that v	your cable sys	stem carried on a	
•		n General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	explanation of the programn	٠.		•						
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRI	AGE					
Special Statement and	 During the accounting pe 	riod, did yοι	ır cable syster	n carry, on a sub	ostitute bas	sis, any nonr	network te	elevision prog	<u>jram</u>	
Program Log	broadcast by a distant sta	ition?						YES	NO	
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your	answer is	"Yes," you r	nust com	plete the pro	gram	
	log in block 2.	•	·	,			,			
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs					wherever po	ossible, if	their meanin	g is	
	clear. If you need more spa					nrogram") ti	hat during	n the accoun	ting	
	period, was broadcast by a									
	under certain FCC rules, re									
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List spec	inc progra	m titles, for e	example, '	I Love Lucy	Or	
	Column 2: If the progra	m was broa								
	Column 3: Give the call						sanaad by	, the FCC or	im	
	Column 4: Give the bro the case of Mexican or Car							/ the FCC or,	, m	
	Column 5: Give the mo	nth and day		•			,	als, with the	month	
	first. Example: for May 7 gi Column 6: State the tim		o cubetituto pr	ogram was carri	od by your	cable system	m Liettha	o timos accu	rataly	
	to the nearest five minutes									
	stated as "6:00–6:30 p.m."									
	Column 7: Enter the let to delete under FCC rules									
	was substituted for program								ogram	
	effect on October 19, 1976									
						\/\L	N SUBS	TITLITE	_	
	S	UBSTITUT	E PROGRAM	1				CURRED	7. REASON FOR	
	TITLE OF PROGRAM		3. STATION'S			5. MONTH		TIMES	DELETION	
	1. THEE OF TROOTKAW	Yes or No	CALL SIGN	4. STATION'S LO	OCATION	AND DAY	FROM	<u> </u>		
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counting Period:	2022/1			FORM S	SA1-2E. PAGI				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			(SYSTEM II				
	CABLE ONE, INC.				3041				
17	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar	nd the amou	unt vou pav. En	ter the total of					
K Bross Receipts	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	system's se	condary transm	ission service					
i coo i toocipio	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	011 01 110 11 1	o compute une c	arriount, ooc					
	during the accounting period			\$ 5°	10,564.11				
	IMPORTANT: You must complete a statement in space P concerning gross re	eceipts.		(Amount of g	ross receipts)				
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:								
Copyright	Complete block 1, block 2, or block 3.								
Royalty Fee	 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 			263,800					
	 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 								
	BLOCK 1: GROSS RECEIPTS OF \$13:	7,100 OR I	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that y	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	nes 1 and 2		· · ·					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)					
	Base amount under statutory formula	\$	263,800.00						
	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		<u> </u>						
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but I	ess than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	510,564.11						
	Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	246,764.11						
	4. Multiply line 3 by .01		\$	2,467.64					
	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			0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				2 706 64				
	7. TOTAL ROTALITY FEE PATABLE FOR ACCOUNTING PERIOD. Add littles 4	r, o, and o .		Į.	3,786.64				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,786.64					
Due	Filing Fee (See the instructions for more information on filing fee calculations)		. \$	20.00					
	1								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,806.64				
	TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 Important: Your remittance must be in the form of an electronic pay.								

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.	
Name	CABLE ONE, II	OWNER OF CABLE SYSTEM:				SYSTEM ID# 304111	
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 and (2) the cable system's in number of channels on whice television broadcast stations number of activated channel able system carried television ast services	total number of act the cables s broadcast station	tivated channels during the a	accounting period.	273	
N Individual to Be Contacted		BE CONTACTED IF FURTH		DN IS NEEDED (Identify an in	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	10.10.10.10.10.10.10.10.10.10.10.10.10.1	Fax (optional) 602-364-601	2	
	Liliali	JENAE. HEORIG	JOADLLOIVE.DI		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	Enter an electroni Enter signature us	uynh Tran c signature on the line above to ing an "/s/ signature" (e.g., /s/			
		Title: (Title of o		DENT & TREASURER corporation or partnership)			
		Date:			August 26, 2022		

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counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ABLE ONE, INC.	304111
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	basic clude sub- n 119." Special Statement Concerning Gross
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.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO	missions
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 under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 0274
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	charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce 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 list below the owner, address, first community served, ID number, and accounting period as given in the origin	
Owner Address	
ID number First community served	
Accounting period	

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