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						
2-23-23	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20222 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. d/b/a SPARKLIGHT						
		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						
		(City, town, state, zip)						
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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:						
		604 E. NATIONAL AVENUE [(Number, street, rural route, apartment, or suite number)						
		BRAZIL, IN 47834 (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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF OAS! 5 SYSTEM	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	CABLE ONE, INC. d/b/a SPARKLIGHT Instructions: List each separate community served by the cable system. A "community	300
_	separate and distinct community or municipal entity (including unincorporated community)	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serv	
	community." Please use it as the first community on all future filings.	e as a form of system identification hereafter known as the
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identifie
Area Served	city.	- Francisco - Fran
Cerveu	,	
	CITY OR TOWN	STATE
First	JASONVILLE	IN
Community	DUGGER	IN
	VIGO	IN
Rows as Necessary	COALMONT	IN
	FARMERSBURG	IN
	WILFRED	IN
	GREEN(N)	IN
	HYMERA	IN
	WORTHINGTON	IN
	ROCKVILLE	IN
	MARSHALL	IN
	PARKE COUNTY	IN
	GREEN(S)	IN
	SHELBURN	IN
	MONTEZUMA	IN
	BLOOMINGDALE	IN
	MECCA	<u>IN</u>

Accounting Period: 2022/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30050

### CABLE ONE, INC. d/b/a SPARKLIGHT

# 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:								
<ul> <li>Service to first set</li> </ul>	76		ECONOMY IPTV	222	54.00			
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
Commercial	9	\$79.95	<b>ECONOMY IPTV - COMMER</b>		89.95			
Converter								
<ul> <li>Residential</li> </ul>								
<ul> <li>Non-residential</li> </ul>								

# 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	10.99-19.00	Motel, hotel		STANDARD CABLE	67.75
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		STANDARD IPTV	67.75
<ul> <li>Fire protection</li> </ul>		• Pay cable		DIGITAL VALUE PACK	16.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		HISPANIC TIER	6.00
Installation: Residential		Fire protection			
• First set	0-100.00	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	0-90.00		••••••
Converter		Disconnect			
		Outlet relocation	0-30.00		••••••
		Move to new address	0-30.00		•••••

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30050

4. LOCATION OF STATION

### CABLE ONE, INC. d/b/a SPARKLIGHT

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN



#### 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.

2. B'CAST CHANNEL NUMBER

**WAWV** 18 Ν TERRA HAUTE, IN WTHI 10 Ν TERRA HAUTE, IN WTIU 33 Ε **BLOOMINGTON, IN WTWO** 35 N TERRA HAUTE, IN WTHI-2 10.2 I-M TERRA HAUTE, IN WTHI-3 10.3 I-M TERRA HAUTE, IN WAWV-SIMUL 18 Ν TERRA HAUTE, IN 10 WTHI-SUMUL Ν TERRA HAUTE, IN WTHI-DT2-SIMUL 10.2 I-M TERRA HAUTE, IN WTWO-SIMUL 35 I-M TERRA HAUTE, IN WTTU-SIMUL 33 Е BLOOMINGTON, IN

3. TYPE OF STATION

Add Rows as Necessary

Accounting Period: 2022/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### CABLE ONE, INC. d/b/a SPARKLIGHT

30050

### 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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
JALL SIGN	CINI OI I INI	3/0	LOCATION OF STATION	OALL SIGN	AIVI OI I IVI	3/10	LOCATION OF STATION

Accounting Period: 2022/2 FORM SA1-2E. PAGE						RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF CABLE SYSTEM:							SYSTEM ID#
Name	CABLE ONE, INC. d/b/a	SPARKL	.IGHT					30050
	SUBSTITUTE CARRIAGE	_	-					
	<b>In General:</b> 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 explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						For a further	
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special								
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log	broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever po	ssible, if th	eir meaning	is
	clear. If you need more spa			rows to the tables. ision program ("substitute	nrogram") th	at during t	he accountir	na
	period, was broadcast by a							
	under certain FCC rules, re-	gulations, o	r authorization	s. See page (v) of the ger	neral instructi	ons for furth	her informati	ion.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	etball." List specific progra	m titles, for e	xample, "I L	_ove Lucy" c	or
			dcast live, ente	r "Yes." Otherwise enter "	No."			
	Column 3: Give the call s	sign of the s	station broadca	asting the substitute progra	am.			
	Column 4: Give the broathe case of Mexican or Can			ne community to which the			ne FCC or, ir	1
				tem carried the substitute			, with the mo	onth
	first. Example: for May 7 giv	re "5/7."						
	<b>Column 6:</b> State the time to the nearest five minutes.			gram was carried by your				tely
	stated as "6:00–6:30 p.m."	схапіріе. а	i program cam	ed by a system nom 6.0 r	. 15 p.111. to 6.	20.30 p.111.	Siloulu be	
	Column 7: Enter the lette			was substituted for progr				
	to delete under FCC rules a was substituted for program							gram
	effect on October 19, 1976.		our system wa	is permitted to delete unde	ei roc iules	and regular	110115 111	
	-, -				Π			<del> </del>
	s	UBSTITUT	E PROGRAM			EN SUBST IAGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u> _	
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FORM SA1-2E. PA				2022/2	ccounting Period:			
SYSTEM 30				LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC. d/b/a SPARKLIGHT	Name			
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)								
\$ 147,259.38 (Amount of gross receipts				during the accounting period				
\$263,800	s than \$527,600	00 but less	space K is \$137,100 or less space K is more than \$137,10 space K is more than \$263,80	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you over the complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in the use block 2 if the amount of gross receipts in the use block 3 if the amount of gross receipts in the page (vi) of the general instructions located in the use of t	L Copyright Royalty Fee			
	R LESS	137,100 O	: GROSS RECEIPTS OF \$1	BLOCK				
is six-month	you must pay for th	Ity fee that	ts of \$137,100 or less, the royal	Instructions: As a cable system with gross receip accounting period is \$52.00				
				Line 1. Royalty fee for accounting period  Line 2. Interest charge. Enter the amount from li				
	2	lines 1 and	ACCOUNTING PERIOD. Add I	Line 3. TOTAL ROYALTY FEE PAYABLE FOR				
			CEIPTS OF \$263,800 OR L					
_	263,800.00	\$		Base amount under statutory formula				
_	147,259.38	\$		Enter amount of gross receipts from space K				
_	116,540.62	\$		3. Subtract line 2 from line 1				
147,259.38	\$		κ	Enter the amount of gross receipts from space				
116,540.62	\$			5. Enter the amount from line 3				
30,718.76	\$			6. Subtract line 5 from line 4				
\$ 153.59				7. Multiply line 6 by .005 (enter figure here)				
0.00			space Q, page 8	8. Interest charge. Enter the amount from line 4				
\$ 153.59	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 \$527,600)								
			12	45.4				
_				Enter the amount of gross receipts from space				
_				2. Base amount under statutory formula				
_				3. Subtract line 2 from line 1				
4 240 00				4. Multiply line 3 by .01				
<u> </u>				5. Royalty due on the first \$263,800 of gross rec				
				6. Interest charge. Enter the amount from line 4				
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
		DUE	ND TOTAL REMITTANCE [	FILING FEE A				
153.59	¢		m Block 1.2 or 2 above)	1 Povetty Foo Povetto for Accounting Povind (fr	Filing Fee and			
			,	Royalty Fee Payable for Accounting Period (fr.	Total Remittance Due			
20.00	<u>\$</u>		nation on filing fee calculations)	Filing Fee (See the instructions for more inforr				
\$ 173.59			PERIOD. Add lines 2 and 3	3. TOTAL AMOUNT DUE FOR ACCOUNTING				
				Important: Your remittance must be				
ster of Copyrights	yable to the Regis	ayment pay		Important: Your remittance must be				

Accounting Period: 2022/2 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 30050 CABLE ONE, INC. d/b/a SPARKLIGHT 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 sub-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs x 0.00274 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 charge) \* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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

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First community served Accounting period

Accounting Period:	2022/2			FORM SA1-2E. PAGE 7.				
Name		OWNER OF CABLE SYSTEM: NC. d/b/a SPARKLIGHT		SYSTEM ID# 30050				
<b>M</b> Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  265							
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.)	R INFORMATION IS NEEDED (Identify an individual to wh	om				
for Further Information	Name	JENAE HECK		Telephone 602-364-6092				
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment PHOENIX, AZ 85012 (City, town, state, zip)	it, or suite number)					
	Email	JENAE.HECK@CA	ABLEONE.BIZ Fax (option	nal <u>602-364-6013</u>				
O Certification	I, the undersigned (Owned)      (Agent)      X (Office)      I have examined	of, hereby certify that (Check one, b)  r other than corporation or partner  of owner other than corporation in line 1 of space B and that the own er or partner) I am an officer (if a c in line 1 of space B.  the statement of account and hereb te, and correct to the best of my knot	be certified and signed in accordance with Copyright Office out only one, of the boxes.)  Inership) I am the owner of the cable system as identified in line or partnership) I am the duly authorized agent of the owner over is not a corporation or partnership; or corporation) or a partner (if a partnership) of the legal entity identified by declare under penalty of law that all statements of fact controlled owledge, information, and belief, and are made in good faith.	e 1 of space B; or of the cable system as identified ntified as owner of the cable system				
		Typed or printed nar	ICE PRESIDENT & TREASURER official position held in corporation or partnership)					
<u> </u>		Date:	FEBRUARY	23, 2023				

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