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

NT OF ACCOUNT		email to:								
r Transmissions by	DATE RECEIVED	AMOUNT	_							
		ANICONT	coplicsoa@loc.g							
	2-23-23	\$	For additional infor contact the U.S. C Office Licensing Di							
this workbook		ALLOCATION NUMBER	Tel: (202) 707-815							
ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))								
2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31								
20222	Barcode Data Filing Period (optional	- see instructions)								
-	-	ary of another corporation, give the full corp	orate title of							
List any other name or names under which the owner conducts the business of the cable system.										
-										
Check here if this is the system's first filing.	If not, enter the system's ID number as	signed by the Licensing Division.	8306							
LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM									
CABLE ONE, INC. d/b/a SPARKLIGH	г									
BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)									
MAILING ADDRESS OF OWNER OF O	CABLE SYSTEM									
210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite nu	mber)									
PHOENIX, AZ 85012										
	ess or trade names used to iden	tify the business and operation of the	system unless thes							
1										
Z (Number, street, rural route, apartment, or suite nu	mber)									
MCCOMB, MS 39648										
	ACCOUNTING PERIOD COVERED E COUNTING ADDRESS OF OWNER OF COUNTER COUNTING ADDRESS OF CABLE SYSTEM: COUNTING ADDRESS OF C	as (Short Form) 2-23-23 ions are located 2-23-23 accounting period covered by this statement: (yr 2022/2 Period 1 = January 1 - June 30 2022/2 Period 1 = January 1 - June 30 2022/2 Barcode Data Filing Period (optional Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidi the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the full tegal name of names under which the owner conducts the business of the full tegal name of names under which the owner conducts the business of the full tegal name of names under which the owner conducts the business of the subsidiary, not that of the payment covering the entire accounting period (optional Check here if this is the system's first filing. If not, enter the system's ID number as 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 (City, town, state, 2p) INSTRUCTIONS: In line 1, give any business or trade names used to iden names already appear in space B. In line 2, give the mailing address of the names already appear in space B. In line 2, give the mailing address of the MAILING ADDRESS OF CABLE SYSTEM: 200 STH AVENUE 200 STH AVENUE	iss (Short Form) 2-23-23 \$ ions are located 1 ALLOCATION NUMBER ALLOCATION NUMBER ALLOCATION NUMBER ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) 2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2022/2 Barcode Data Filing Period (optional - see instructions) 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 corp the subsidiary, not that of the parent corporation. Ust 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 substatement 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 10 number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM CABLE ONE, INC. divia SPARKLIGHT BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM 210 E. EARLL DRIVE Number Structions of cable System: 230 STHA AVENUE NUMUNG ADDRESS OF CABLE SYSTEM: <							

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.

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	8306
D Area Served	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	unity" is the same as a "community unit" as defined in FCC rules: "a mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "first
		OTATE
First	CITY OR TOWN WAYNESBORO	STATE
Community	BUCKATUNNA	MS
	CLARA	MS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C								TEM ID					
Name	CABLE ONE, INC. d/b/a		нт					UTC OTC	830					
	CABLE ONE, INC. 0/D/a	SFARILIGI	11											
Е	SECONDARY TRANSMISSION		-		-									
L	In General: The information in s system, that is, the retransmission													
Secondary	about other services (including p													
Transmission	last day of the accounting period							9 011 110						
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken													
scribers and	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													
Rates	each category by counting the nu separately for the particular serv							harged						
	Rate: Give the standard rate c							and the						
	unit in which it is generally billed.													
	category, but do not include disc													
	Block 1: In the left-hand block													
	systems most commonly provide that applies to your system. Note													
	categories, that person or entity			-		-								
	subscriber who pays extra for ca													
	first set" and would be counted of													
	Block 2: If your cable system I													
	printed in block 1 (for example, ti with the number of subscribers a													
	sufficient.		ngnt-nan			-word descriptio								
	BL	OCK 1					BLOCK							
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATI	EGORY OF SEF	NO. OF SUBSCRIBERS	RATI						
	Residential:													
	Service to first set		178	\$42.00	ECONC	OMY IPTV		62	54.0					
	 Service to additional set(s) 								1					
	• FM radio (if separate rate)							1						
	Motel, hotel													
	Commercial								1					
	Converter							1						
	Residential							1						
	Non-residential													
	SERVICES OTHER THAN SEC				· · · · · ·				I					
_	In General: Space F calls for rat			-		your cable syste	em's servic	es that were						
F	not covered in space E, that is, t					,	,							
. .	service for a single fee. There ar		,		0		0()							
Services Other Than	furnished at cost or (2) services amount of the charge and the un													
Secondary	enter only the letters "PP" in the		usually Dill	eu. Il ally la	les ale cha	inged on a varial	ne hei-hioi	yrain basis,						
Transmissions:	Block 1: Give the standard rat	e charged by th												
11411511115510115.	Disels 2. List any semulase that	• •			-	• •								
Rates	Block 2: List any services that		e was mao		shed listt	haca athar carvi	coc in the t	form of a						
	listed in block 1 and for which a s													
	-													
	listed in block 1 and for which a s brief (two- or three-word) descrip	otion and includ BLO	e the rate CK 1	for each.				BLOCK 2	1					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and includ BLO	e the rate CK 1 CATEGO	for each. RY OF SER	VICE	RATE		BLOCK 2 DRY OF SERVICE	RATE					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and includ BLO(RATE	e the rate CK 1 CATEGO Installatio	for each. RY OF SER on: Non-res	VICE		CATEGO	DRY OF SERVICE						
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and includ BLO	e the rate CK 1 CATEGO Installatio • Motel	for each. RY OF SER on: Non-res	VICE		CATEGO STAND	DRY OF SERVICE	67.7					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and includ BLO(RATE	e the rate CK 1 CATEGO Installatio • Motel • Comm	for each. RY OF SER on: Non-res hotel nercial	VICE		CATEGO STAND STAND	DRY OF SERVICE ARD CABLE ARD IPTV	67.7 67.7					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and includ BLO(RATE	e the rate <u>CK 1</u> <u>CATEGO</u> Installation • Motel • Comm • Pay c	for each. RY OF SER on: Non-res hotel nercial able	VICE		CATEGO STAND STAND DIGITA	DRY OF SERVICE ARD CABLE ARD IPTV L VALUE PACH	67.7 67.7 16.0					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	otion and includ BLO(RATE	e the rate CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c	for each. RY OF SER on: Non-res hotel nercial able able-add'l ch	VICE		CATEGO STAND STAND DIGITA	DRY OF SERVICE ARD CABLE ARD IPTV	67.7 67.7					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	bition and includ BLO(RATE 10.99-19.00	e the rate CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p	for each. RY OF SER on: Non-res hotel nercial able able-add'l ch rotection	VICE idential		CATEGO STAND STAND DIGITA	DRY OF SERVICE ARD CABLE ARD IPTV L VALUE PACH	67.7 67.7 16.0					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	otion and includ BLO(RATE	e the rate <u>CK 1</u> <u>CATEGO</u> Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla	for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ar protection	VICE idential		CATEGO STAND STAND DIGITA	DRY OF SERVICE ARD CABLE ARD IPTV L VALUE PACH	67.7 67.7 16.0					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	bition and includ BLO(RATE 10.99-19.00	e the rate CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set	for each. RY OF SER on: Non-res hotel nercial able able-add'l ch rotection ar protection rvices:	VICE idential	RATE	CATEGO STAND STAND DIGITA	DRY OF SERVICE ARD CABLE ARD IPTV L VALUE PACH	67.7 67.7 16.0					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	bition and includ BLO(RATE 10.99-19.00	e the rate CK 1 CATEGO Installatio • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set • Recor	for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ar protection rvices: nnect	VICE idential		CATEGO STAND STAND DIGITA	DRY OF SERVICE ARD CABLE ARD IPTV L VALUE PACH	67.7 67.7 16.0					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	bition and includ BLO(RATE 10.99-19.00	e the rate CK 1 CATEGO Installatio • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other set • Recon • Disco	for each. RY OF SER on: Non-res hotel hercial able-add'l ch rotection ar protection rvices: nnect nnect	VICE idential	RATE	CATEGO STAND STAND DIGITA	DRY OF SERVICE ARD CABLE ARD IPTV L VALUE PACH	67.7 67.7 16.0					
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	bition and includ BLO(RATE 10.99-19.00	e the rate CK 1 CATEGO Installation • Motel • Comm • Pay c • Pay c • Fire p • Burgla Other sel • Recon • Disco • Outlet	for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ar protection rvices: nnect	VICE idential	RATE	CATEGO STAND STAND DIGITA	DRY OF SERVICE ARD CABLE ARD IPTV L VALUE PACH	67.7 67.7 16.0					

0	LEGAL NAME OF OWNER O			FORM SA1-2E. PAGE
Name	CABLE ONE, INC. d/b			830
	PRIMARY TRANSMITTERS:			
G Primary nsmitters: elevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, at Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-	1) stations carried only on a part-t carriage of certain network progr (e)(2) and (4))]; and (2) certain stat ried by your cable system on a su e Special Statement and Program both on a substitute basis and als ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repu- ision station for broadcasting over tation, an independent station, or a retwork multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form. he community to which the station	ime basis under ams [sections attions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" onal multicast).
	1. CALL SIGN	4. LOCATION OF STATION		
	WDAM	7	N	LAUREL, MS
	WGBC	31	I	MERIDIAN, MS
Vecessary	WHLT	22	N	HATTIESBURG, MS
	WMAW	28	Е	MERIDIAN, MS
	WDAM-2	7.2	N-M	LAUREL, MS
	WHLT-2	22.2	I-M	HATTIESBURG, MS
	WDAM-3	7.3	I-M	LAUREL, MS
	WDAM-5	7.5	I-M	LAUREL, MS
	WTOK	13	N	LAUREL, MS

EGAL NAME OF								SYSTEM IE 830
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab				ied on an	н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be receivent t the Co sign of e he statio ion's sign g a check h's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM anter this point, see pag ed by the cable sy the station is licens	idend, and (2) nna, during ce le (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta neral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
		<u> </u>						

Accounting Perio	d: 2022/2						F	ORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC. d/b/a	a SPARKL	light					8306
	SUBSTITUTE CARRIAGE	E: SPECIA		IT AND PROGRAM LOO	3			
I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT				0			
Special	 During the accounting per 				is, any nonne	twork telev	ision prod	ram
Statement and Program Log	broadcast by a distant stat	-	,	,	, ,	[YES	NO
Program Log	Note: If your answer is "No		rost of this nor	o blank. If your answor is	"Voc " vou m	ust complo		
	log in block 2.	, leave the	rest of this pay	e blaitk. If your answer is	res, you m	ust comple	te the proj	gran
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs			te line. Use abbreviations	wherever pos	sible, if the	eir meanin	g is
	clear. If you need more spa							
	column 1: Give the title period, was broadcast by a	of every not distant stati	nnetwork televi ion and that vo	sion program ("substitute	program") the	at, during ti ramming (ne account of another	ting station
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gen	eral instructio	ns for furth	er informa	ition.
	Do not use general categor	ies like "mo						
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ente	r "Yes." Otherwise enter "N	No."			
				sting the substitute progra				
				e community to which the			ne FCC or,	in
	the case of Mexican or Can	adian statio	when your sys	tem carried the substitute	station is ide	ntified). Numerals	with the r	month
	first. Example: for May 7 give		when your byb		program. oot	manificialo	, with the i	nonun
				gram was carried by your				
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m.	should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	was substituted for progra	amming that y	/our syster	n was <i>rea</i> i	uired
	to delete under FCC rules a	and regulation	ons in effect du	ring the accounting period	l; enter the let	ter "P" if th	ie listed pr	
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	and regulat	ions in	
		-						
			E PROGRAM			N SUBST	URRED	7. REASON FOR
			E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	DELETION

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	SI	STEM ID# 8306
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	,447.21 ss 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 \$2 Use block 3 if the amount of gross receipts in 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.	263,800	
	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 for this accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	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)		
	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 \$527,	600)	
	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)	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, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		s!

Accounting Period:	2022/2												FORM SA1-2E. PAGE 7
Name		NER OF CABLE SYSTEM: . d/b/a SPARKLIGHT											SYSTEM ID# 8306
M Channels	to its subscribers, a 1. Enter the total n system carried t 2. Enter the total n on which the cal	must give (1) the numbe and (2) the cable system' umber of channels on wh elevision broadcast static umber of activated chanr ble system carried televis st services	's total nu nich the ca ons nels sion broad	cable	er of activat	ed channels	during the	e accountir		st stations		9	
N Individual to Be Contacted		E CONTACTED IF FUR but this statement of acco		NFOR	RMATION IS	S NEEDED	(Identify ar	n individual	l to whom				
for Further Information	Name <mark>J</mark>	ENAE HECK							т	elephone	602-364	-6092	
	(N P	10 E. EARLL DRIVI umber, street, rural route, apa HOENIX, AZ 85012 ity, town, state, zip)	artment, or s	r suite r	number)								
	Email	JENAE.HECK	@CABL	LEON	NE.BIZ			Fax (optional 60	02-364-601	3		
O Certification	I, the undersigned, H (Owner of (Agent of in I X (Officer of in I + I have examined the	is statement of account r nereby certify that (Check of ther than corporation or p owner other than corpor ine 1 of space B and that th or partner) I am an officer ine 1 of space B. e statement of account and and correct to the best of n 1001(1986)]	partnersh ration or p he owner i (if a corpc	only of ship) I r partn r is no poratio declar	I am the owr nership) I an ot a corporat on) or a partu	oxes.) ner of the cal m the duly au ion or partne ner (if a partu	ole system uthorized ag rship; or hership) of f	as identified gent of the o the legal en ments of fac	d in line 1 o owner of the tity identifie	f space B; e cable sys ed as owne	tem as idei		
				an ele	/s/ Quynh ectronic sign iture using ar	ature on the				nt.			
		Typed or printe	ed name:	e: (QUYNH '	TRAN							
		Title:			RESIDEN								
		Date:						FEBRU	IARY 23, 2	2023			

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.

unting Period: 2022/2	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC. d/b/a SPARKLIGHT	8306
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 fol- lowing 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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P 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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
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