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
8/23/23	\$ 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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20231 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CABLE ONE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		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		RUCTIONS: 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	IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1515 S. 20TH AVE (Number, street, rural route, apartment, or suite number)
		SAFFORD, AZ 85546 (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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM I 105
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	inities within unincorporated areas and including single, discre
Area Served	community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	me parks should be reported in parentheses below the identif
Served		
	CITY OR TOWN	STATE
First	SAFFORD	AZ
Community		AZ AZ
	GRAHAM COUNTY MORENCI	AZ
ld Rows as Necessary	PIMA	AZ
	SOLOMON	AZ
	SWIFT TRAIL	AZ
	THATCHER	AZ
	INAICHER	AZ

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							-2E. PAGE
Name	CABLE ONE, INC.							0.0	1057
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the n separately for the particular serv Rate: Give the standard rate of	pace E should on of television bay cable) in spi l (June 30 or De n blocks in space y transmission y transmission umber of billing ice at the rate in	cover all and radi ace F, no ecember ce E call service. s in that ndicated	categories of o broadcasts to bt here. All the 31, as the cas for the numbe In general, you category (the mot the num	secondary by your sys facts you s se may be) r of subscr u can comp number of ber of sets	tem to subscrib state must be th ibers to the cab pute the number persons or orga receiving servio	ers. Give in nose existir le system, of subscri anizations o ce).	nformation ng on the broken bers in charged	
	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. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2 : If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	. (Example: "\$2 ounts allowed f in space E, the e to their subscr be: Where an inc should be coun able service to a proce again under has rate catego iers of services	0/mth"). for advar e form lis ribers. G dividual o ted as a additiona er "Servi ories for s that incl	Summarize ar nee payment. ts the categori ive the numbe or organization subscriber in I sets would be ce to additiona secondary tran ude one or mo	y standard es of seco r of subscr is receivin each applid e included i set(s)." ismission s ore seconda	I rate variations ndary transmiss ibers and rate fi g service that fa cable category. in the count und service that are ary transmission	within a pa sion service or each list alls under o Example: a der "Service different fro ns), list the	articular rate e that cable ed category different a residential e to the om those m, together	
	BL	OCK 1 NO. OF					BLOCH	C2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)		566	42.00	SPARK	LIGHT TV		75	42.0
	Motel, hotel Commercial Converter • Residential • Non-residential		18	40.00	SPARK	LIGHT TV		1	40.
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ration not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ration Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descript	te (not subscrib hose services t re two exceptior or facilities furn nit in which it is rate column. te charged by th t your cable sys separate charg	er) inforn hat are r ns: you d ished to usually b ne cable tem furn e was m e the rat	mation with res not offered in c lo not need to nonsubscribe willed. If any rat system for each ished or offere ade or establis e for each.	spect to all ombinatior give rate in s. Rate inf es are cha ch of the ap d during th shed. List th	n with any secon nformation conc ormation should rged on a varia oplicable service ne accounting p	ndary trans erning (1) s d include bi ble per-pro es listed. eriod that v ices in the	mission services oth the gram basis, vere not form of a BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: • Pay cable • Pay cable—add'l channel	10.99 - 19.00 9.00	• Mote	tion: Non-res el, hotel nmercial	idential	90.00 STANDARD CA 90.00 STANDARD IPT		ARD IPTV	67.7 67.7
	Fire protection Burglar protection Installation: Residential First set	90.00	• Pay • Fire • Burg	cable cable-add'l ch protection glar protection	annel			L VALUE PACK NIC TIER	16.0 6.0
	 Additional set(s) FM radio (if separate rate) Converter 	30.00	• Rec	ervices: onnect connect		30.00			

g Period: 2	-			FORM SA1-2E. PAGE		
ime		DF CABLE SYSTEM:		SYSTEM ID 1057		
	CABLE ONE, INC.	TELEVICION		1057		
G nary nitters: <i>v</i> ision	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	1) stations carried only on a part-f e carriage of certain network progr (e)(2) and (4))]; and (2) certain sta ried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc ogram services such as HBO, ESI air designation. For example, rep ision station for broadcasting over tation, an independent station, or a or network multicast), "I" (for indep "E-M" (for noncommercial educat tions in the paper SA1-2 form. he community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast).		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	KASW	27.1	1	PHOENIX, AZ		
	KAZT	7.1	1	PHOENIX, AZ		
ecessary	KAZT-2	7.2	I-M	PHOENIX, AZ		
,	KNXV	15.1	N	PHOENIX, AZ		
	КРНО	17.1	N	PHOENIX, AZ		
	KPNX	18.1	N	MESA, AZ		
	KSAZ	10.1	I	PHOENIX, AZ		
	KTAZ					
		29.1	I	PHOENIX, AZ		
	KTVK	29.1	<u> </u>	PHOENIX, AZ PHOENIX, AZ		
	ктук		I I I-M			
		24.1	I I I-M I	PHOENIX, AZ		
	KTVK KPNX-4	24.1 18.4	I I-M I E	PHOENIX, AZ MESA, AZ		
	KTVK KPNX-4 KUTP	24.1 18.4 26.1	I I I-M I E I-M	PHOENIX, AZ MESA, AZ PHOENIX, AZ		
	KTVK KPNX-4 KUTP KAET	24.1 18.4 26.1 8.1		PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ		
	KTVK KPNX-4 KUTP KAET KPNX-2	24.1 18.4 26.1 8.1 18.2	I-M	PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ		
	KTVK KPNX-4 KUTP KAET KPNX-2 KTAZ-2	24.1 18.4 26.1 8.1 18.2 29.2	I-M I-M	PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ		
	KTVK KPNX-4 KUTP KAET KPNX-2 KTAZ-2 KPHO-2	24.1 18.4 26.1 8.1 18.2 29.2 17.2	I-M I-M I-M	PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ		
	KTVK KPNX-4 KUTP KAET KPNX-2 KTAZ-2 KPHO-2 KAZT-4	24.1 18.4 26.1 8.1 18.2 29.2 17.2 29.4	I-M I-M I-M I-M	PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ		
	KTVK KPNX-4 KUTP KAET KPNX-2 KTAZ-2 KPHO-2 KAZT-4 KTVK-2 KTVK-5	24.1 18.4 26.1 8.1 18.2 29.2 17.2 29.4 24.2 24.5	I-M I-M I-M I-M I-M I-M	PHOENIX, AZ MESA, AZ PHOENIX, AZ		
	KTVK KPNX-4 KUTP KAET KPNX-2 KTAZ-2 KPHO-2 KAZT-4 KTVK-2	24.1 18.4 26.1 8.1 18.2 29.2 17.2 29.4 24.2	I-M I-M I-M I-M I-M	PHOENIX, AZ MESA, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ PHOENIX, AZ		
	KTVK KPNX-4 KUTP KAET KPNX-2 KTAZ-2 KTAZ-2 KPHO-2 KAZT-4 KTVK-2 KTVK-5 KASW-3	24.1 18.4 26.1 8.1 18.2 29.2 17.2 29.4 24.2 24.5 27.3	I-M I-M I-M I-M I-M I-M I-M	PHOENIX, AZ MESA, AZ PHOENIX, AZ		
	KTVK KPNX-4 KUTP KAET KPNX-2 KTAZ-2 KTAZ-2 KPHO-2 KAZT-4 KTVK-5 KASW-3 KTAZ-4	24.1 18.4 26.1 8.1 18.2 29.2 17.2 29.4 24.2 24.5 27.3 29.4	I-M I-M I-M I-M I-M I-M I-M I-M	PHOENIX, AZ MESA, AZ PHOENIX, AZ		

ng Period: 2	2023/1			FORM SA1-2E. PAGE
ame	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	CABLE ONE, INC.			1057
G mary mitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann 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	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-t ne carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ESI e-air designation. For example, rep vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep or "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KPNX-SIMUL	18.1	N	MESA, AZ
	KAZT-SIMUL	7.1	I	PHOENIX, AZ
as Necessary	KAET-SIMUL	8.1	Е	PHOENIX, AZ
	KSAZ-SIMUL	10.1	I	PHOENIX, AZ
	KNXV-SIMUL	15.1	N	MESA, AZ
	KTAZ-SIMUL	29.1	I	MESA, AZ
	KUPT-SIMUL	26.1	I	PHOENIX, AZ
	KAZT-2-SIMUL	7.2	I-M	PHOENIX, AZ
	KAZT-4-SIMUL	7.4	I-M	PHOENIX, AZ

EGAL NAME OI	F OWNER OF C E, INC.	CABLE SY	/STEM:						SYSTEM II 105
General: Lis		tation ca	rried on a separate and discre nerally receivable by your cabl						н
eceivable if (1) n the basis of or detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. dentify the call state whether t the radio stati this by placing Sive the station	/ the syst be receiv t the Co sign of e he statio ion's sigr a check d's locatio	I-Band FM Carriage: Under 0 tem whenever it is received al 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 syste this sed I	e system's hea em's FM anter point, see pag by the cable sy ration is license	dend, and (2) ina, during cei e (v) of the ge estem 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	
								+	

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:					SYSTEM ID#
Name	CABLE ONE, INC.							10577
	SUBSTITUTE CARRIAGE							
1	In General: In space I, identi					on that you	r achla avata	m corriad on a
•	substitute basis during the ad							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did yoι	ur cable system	i carry, on a substitute bas	sis, any nonn	etwork teley	<u>visio</u> n progra	<u>m</u>
Program Log	broadcast by a distant stati	on?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this par	ne blank. If your answer is	"Yes " vou m	ust comple	-	-
	log in block 2.	, louve the	root of the pag		roo, you n	last somple	to the progra	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst	itute progra	am on a separa		wherever po	ssible, if th	eir meaning	is
	clear. If you need more spa					- 4 - 1 1	l	-
	period, was broadcast by a			ision program ("substitute our cable system substitute				
	under certain FCC rules, re	gulations, c	or authorization	s. See page (v) of the ger	neral instruction	ons for furt	her informati	on.
	Do not use general categor		ovies" or "baske	etball." List specific progra	m titles, for e	xample, "I L	Love Lucy" o	r
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "	No "			
				asting the substitute progra				
				ne community to which the			ne FCC or, ir	I
	the case of Mexican or Can			community with which the tem carried the substitute			with the mo	onth
	first. Example: for May 7 giv		when your sys		program. Os		, with the fire	
	Column 6: State the time	es when the		gram was carried by your				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m.	should be	
		er "R" if the	listed program	was substituted for progr	amming that	vour syster	m was <i>requir</i>	ed
	to delete under FCC rules a	and regulati	ons in effect du	uring the accounting period	d; enter the le	etter "P" if tl	he listed prog	
	was substituted for program effect on October 19, 1976.		our system wa	is permitted to delete unde	er FCC rules	and regulat	tions in	
						EN SUBST		
	S		E PROGRAM			IAGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		— то	
							_	
					·			
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		+	+					
		+						+
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1					I L		—	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM I
Name	CABLE ONE, INC.				105
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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.	e system's ation of ho	s secondary transr w to compute this	nission service amount, see \$ 24	19,058.54
		receipts.		(Amount of g	ross 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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more 	0 but less	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 O	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that	you must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 2. Interest onarge. Linter the annount non-nite 4, space Q, page 6				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add li	nes 1 and	2	· · · <u>· · · · · · · · · · · · · · · · </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	ESS (but	more than \$137,	100)	
	1. Base amount under statutory formula		263,800.00	_	
	2. Enter amount of gross receipts from space K	. \$	249,058.54	_	
	3. Subtract line 2 from line 1			_	
	4. Enter the amount of gross receipts from space K		\$	249,058.54	
	5. Enter the amount from line 3			14,741.46	
	6. Subtract line 5 from line 4		\$	234,317.08	
	7. Multiply line 6 by .005 (enter figure here)				1,171.59
	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	7 and 8		· \$	1,171.59
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$20	63,800 (b	out less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00	_	
	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	1, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		<u>\$</u>	1,171.59	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,191.59
	Important: Your remittance must be in the form of an electronic pa	mont no	vable to the Begin	tor of Convrig	htel

Accounting Period:	2023/1							FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER CABLE ONE, INC.	OF CABLE SYSTEM:						SYSTEM ID# 10577
M Channels	 to its subscribers, and 1. Enter the total numb system carried televi 2. Enter the total numb on which the cable s 	(2) the cable system's er of channels on whi sion broadcast statio	s total nur ch the ca ns els on broade	mber of activa able 	ted channels du	iring the a		32 278
N Individual to Be Contacted	INDIVIDUAL TO BE C we can contact about th			FORMATION	IS NEEDED (Ide	entify an ir	ndividual to whom	
for Further Information	Name JEN	AE HECK					Telephone 602	2-364-6092
	(Number PHO	E. EARLL DRIVE er, street, rural route, apar ENIX, AZ 85012 wn, state, zip)	tment, or s	uite number)				
	Email	JENAE.HECK	@CABLE	EONE.BIZ			Fax (optional 602-364-6013	
O Certification	I, the undersigned, heret (Owner other (Agent of own in line 1 X (Officer or pa in line 1	er other than corporation or p er other than corpora of space B and that th rtner) I am an officer (of space B. ement of account and correct to the best of m	ne, <i>but on</i> partnershi ation or p le owner is if a corpor hereby de	nly one , of the l ip) I am the ow partnership) I a s not a corpora ration) or a par eclare under pe	boxes.) mer of the cable s am the duly autho tion or partnershi tner (if a partners nalty of law that a	system as prized ager ip; or ship) of the all stateme	Copyright Office regulations) s identified in line 1 of space B; or nt of the owner of the cable system a e legal entity identified as owner of th ents of fact contained herein e in good faith.	
				-			certify this statement. John Smith)	
		Typed or printed	d name:	QUYNH	TRAN			
		Title: (T			NT & TREAS			
		Date:					August 23, 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 it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

L NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC.	SYSTEM 105
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." 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	P Special Statemen Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x x Line 2 Multiply line 1 by the interest rate* and enter the sum here	 5
Line 3 Multiply line 2 by the number of days late and enter the sum here	 5
Line 3 Multiply line 2 by the number of days late and enter the sum here x days Line 4 Multiply line 3 by 0.00274** and enter here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here x 5 In space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ 1	
x	

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