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

Licensing Digitally signed by Licensing Division Division Date: 2023.09.25

		11:28:17 -04							
Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		23231 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 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: CABLE ONE, INC. d/b/a SPARKLIGHT							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	184 SOUTHTOWNE SHOPPING CENTER							
		(Number, street, rural route, apartment, or sulte number) DUQUOIN, IL 62852 (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.

Accounting Period:	2022/1	1								
accounting Period.	2023/1	FORM SAL 2E DACE 15								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Name										
	CABLE ONE, INC. d/b/a SPARKLIGHT	1983								
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 fillings.									
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
	CITY OR TOWN	STATE								
First	ANNA	IL								
Community	JONESBORO	IL								
	UNION COUNTY	IL								
Add Rows as Necessary										

Accounting Period: 2023/1
FORM SA1-2E_PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID# 1983

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.

BLG	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	SOBSCINIBLINS	TVATE	GATEGORY OF GERVIOL	GOBOCKIBEIKO	TVATE
Service to first set	45	\$42.00	IPTV-BASIC	56	54.00
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	23	\$56.00			
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

		BLOCK 2				
CATEGORY OF SERVICE	VICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	10.99-19.00	Motel, hotel		S	STANDARD CABLE	67.75
 Pay cable—add'l channel 		Commercial		S	STANDARD IPTV	67.75
 Fire protection 		• Pay cable		D	IGITAL VALUE PACK	16.00
 Burglar protection 		Pay cable-add'l channel		Н	IISPANIC TIER	6.00
Installation: Residential		Fire protection				
 First set 	\$90.00	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	\$90.00			
 Converter 		Disconnect				
		Outlet relocation	\$30			
		Move to new address	\$30.00			

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1983

CABLE ONE, INC. d/b/a SPARKLIGHT

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KBSI	36	l	CAPE GIRARDEAU, MO
KFVS	11	N	CAPE GIRARDEAU, MO
WDKA	25	I	PADUCAH, KY
WPSD	19	N	PADUCAH, KY
WSIL	34	N	HARRISBURG, IL
WSIU	8	E	CARBONDALE, IL
WTCT	30	l	MARION, IL
WQWQ	18	I	CAPE GIRARDEAU, MO
WPSD-3	19.3	I-M	PADUCAH, KY
KFVS-3	11.3	I-M	CAPE GIRARDEAU, MO
WSIL-2	34.2	I-M	HARRISBURG, IL
WSIL-4	34.4	I-M	HARRISBURG, IL
KFVS-4	12.4	I-M	CAPE GIRARDEAU, MO
KFVS-5	12.5	I-M	CAPE GIRARDEAU, MO
WDKA-2	25.2	I-M	PADUCAH, KY
WDKA-3	25.3	I-M	PADUCAH, KY
WDKA-4	25.4	I-M	PADUCAH, KY
KBSI-3	36.3	I-M	CAPE GIRARDEAU, MO

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

1983

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
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inting Period: 2023/1 FORM SA1-2E. PAGE 5.									
							SYSTEM ID#		
CABLE ONE, INC. d/b/a	SPARKL	.IGHT					1983		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
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 PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another statio under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in									
s	UBSTITUT	E PROGRAM					7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		'		DELETION		
	CABLE ONE, INC. d/b/a SUBSTITUTE CARRIAGE In General: In space I, identification of the programming of the	CABLE ONE, INC. d/b/a SPARKL SUBSTITUTE CARRIAGE: SPECIAI In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that mustable 1. SPECIAL STATEMENT CONCERI During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. LOG OF SUBSTITUTE PROGRAI In General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the secolumn 4: Give the broadcast static the case of Mexican or Canadian statict Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	CABLE ONE, INC. d/b/a SPARKLIGHT SUBSTITUTE CARRIAGE: SPECIAL STATEMEN In General: In space I, identify every nonnetwork televis. substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTI • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this page log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separal clear. If you need more space, please add additional Column 1: Give the title of every nonnetwork telev period, was broadcast by a distant station and that you punder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ente Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carri stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	CABLE ONE, INC. d/b/a SPARKLIGHT SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOCALING In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the substitute basis and the substitute basis during the accounting period, did your cable system carry, on a substitute basis broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr. "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute progroum 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was permitted to delete undeffect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	CABLE ONE, INC. d/b/a SPARKLIGHT SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, requexplanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nontheroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," your log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever period, was broadcast by a distant station and that your cable system substitute program") to period, was broadcast by a distant station and that your cable system substitute for the prunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on tuse general categories like "movies" or "basketball." List specific program titles, for a column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is lied to community. In the case of Mexican or Canadian stations, if any, the community with which the station is lied Column 5: Give the month and day when your system carried by sustem from 6:01:15 p.m. to 6 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the was substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976.	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE **During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork telebroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must compl log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for fur Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I "NBA Basketball." 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. Column 7: Enter the letter "R" if the listed program was substituted for programming that your system das ubstituted for programming that your system d	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 progration in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another stunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatic bon ot use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" o "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the stati		

Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	S	YSTEM ID# 1983
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see	85516.44 1,406.27
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 \$100.00 but less than \$100.00 bu	\$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 th accounting period is \$52.00	is 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. 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 \$52)	7,600)	
	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		its!

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.			
Name		WNER OF CABLE SYSTEM: IC. d/b/a SPARKLIGHT				SYSTEM ID# 1983			
M 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. 208								
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of account		DRMATION IS NEEDED (Identify an ir	ndividual to whom				
for Further Information	Name	JENAE HECK			Telephone	602-364-6092			
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartn	nent, or suit	te number)					
		PHOENIX, AZ 85012 (City, town, state, zip)							
	Email	JENAE.HECK@	CABLEC	ONE.BIZ	Fax (optional <u>602-364-601</u>	3			
0	CERTIFICATION (This statement of account mu	ust be cert	tified and signed in accordance with C	Copyright Office regulations)				
Certification	• I, the undersigned	d, hereby certify that (Check one	e, but only	one, of the boxes.)					
	(Owner	other than corporation or pa	ırtnership	o) I am the owner of the cable system as	identified in line 1 of space B;	or			
				rtnership) I am the duly authorized ager not a corporation or partnership; or	nt of the owner of the cable sys	stem as identified			
		er or partner) I am an officer (if in line 1 of space B.	a corpora	ition) or a partner (if a partnership) of the	legal entity identified as owner	r of the cable system			
		e, and correct to the best of my	-	lare under penalty of law that all stateme le, information, and belief, and are made					
			X	/s/ Quynh Tran					
				electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ J					
		Typed or printed	name:	QUYNH TRAN					
				PRESIDENT & TREASURER position held in corporation or partnership)					
		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 its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period: 2023/1 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 1983 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 days 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 * 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 First community served Accounting period

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