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

STATEM	=NT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste					<u>coplicsoa@loc.gov</u>
				\$	For additional information, contact the U.S. Copyright
General instru			8/23/23		Office Licensing Division at:
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
					Licensing Digitally signed by Licensing Division
					D 1 2022 00 25
	T				Division Date: 2023.09.25
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
		2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2023/1		·	
			1		
			Barcode Data Filing Period (optional	- see instructions)	
Accounting			-		
Period					
		Instructions:	o colo outrono. If the outron is a subsidi	ion, of another correction, size the full corr	arata titla of
B		the subsidiary, not that of the parent corp		iary of another corporation, give the full corp	
Owner		List any other name or names under which	the owner conducts the business of the	e cable system.	
					hastin a starala
		statement of account and royalty fee payr		e last day of the accounting period should sul od.	omit a single
		Check here if this is the system's first filing	If not. enter the system's ID number as	ssigned by the Licensing Division.	23031
		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 n	umber)		
		PHOENIX, AZ 85012-2626 (City, town, state, zip)			
С				tify the business and operation of the	
_	name		2, give the mailing address of the	e system, if different from the address	s given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT			
		MAILING ADDRESS OF CABLE SYSTEM			
		303 N. 4TH STREET			
	2	(Number, street, rural route, apartment, or suite no PONCA CITY, OK 74601	umber)		
		(City, town, state, zip code)			
L					l

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CABLE ONE, INC.	2303
D	Instructions: List each separate community served by the cable system. A "com- separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mol	communities within unincorporated areas and including single, discrete vill serve as a form of system identification hereafter known as the "first
Served	city.	
	CITY OR TOWN	STATE
First	PONCA CITY	OK
Community	KAY COUNTY	OK
	OSAGE	OK
dd Rows as Necessary	TONKAWA	OK

	LEGAL NAME OF OWNER OF CA	BLE SYSTEM						_	A1-2E. PAGE
Name	CABLE ONE, INC.							•	2303
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic 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 nu separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc. Block 1: In the left-hand block	pace E should on of television ay cable) in spi (June 30 or De blocks in space transmission umber of billing ce at the rate in harged for each (Example: "\$2 bunts allowed f	cover all and radi ace F, no ecember ce E call service. s in that ndicated h catego 0/mth").	categories of o broadcasts l ot here. All the 31, as the ca- for the numbe In general, you category (the —not the num ry of service. I Summarize an ince payment.	secondary by your sys facts you se may be) r of subscr a can comp number of ber of sets nclude both by standarc	tem to subscrib state must be th ibers to the cab pute the number persons or orga receiving servi n the amount of I rate variations	ers. Give in nose existin le system, of subscril anizations c ce). the charge within a pa	nformation ng on the broken bers in charged e and the articular rate	
	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 o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	to their subscr Where an inc should be coun ble service to a nce again unde nas rate catego ers of services nd rates, in the	ribers. G dividual o ted as a additiona er "Servi ories for s that incl	ive the number or organization subscriber in I sets would b ce to addition secondary trar ude one or mo	r of subscr is receivin each applie included l set(s)." ismission s ore second	ibers and rate f g service that f cable category. in the count und ervice that are ary transmissio	or each list alls under o Example: a der "Servica different fro ns), list the on of the se	ed category lifferent a residential e to the om those m, together ervice is	
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set		1,007	42.00	IPTV			94	54.
	Service to additional set(s) FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential		51	40.00					
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services t e two exceptior or facilities furn it in which it is rate column. e charged by th your cable sys separate charge tion and includ	er) inforn hat are r ns: you c ished to usually b ne cable tem furn e was m e the rat	nation with re- not offered in c lo not need to nonsubscribe willed. If any ra system for ea ished or offere ade or establis	spect to all ombinatior give rate ir rs. Rate inf res are cha ch of the ap d during th	n with any secon oformation conc ormation should rged on a varia oplicable servic ne accounting p	ndary trans erning (1) s d include bo ble per-pro es listed. eriod that w	mission services oth the gram basis, vere not	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVIC	E RAT
	Continuing Services:			tion: Non-res					
	• Pay cable • Pay cable—add'l channel	10.99-19.00		el, hotel nmercial			STAND	ARD CABLE ARD IPTV	67. 67.
	 Fire protection Burglar protection Installation: Residential 		• Pay	cable cable-add'l ch protection	annel			L VALUE PAK NIC TIER	16. 6.
	• First set • Additional set(s) • FM radio (if separate rate)	0-90.00	• Burg Other s • Rec	glar protection ervices: onnect		0-90.00			
	• Converter		• Out	onnect et relocation e to new addr		\$90.00 \$90.00			

	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM
ame	CABLE ONE, INC.			23
	PRIMARY TRANSMITTERS:	TELEVISION		
G mary mitters: vision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Station : basis under specific FCC r • Do <i>not</i> list the station her 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 eace educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	also in space I, if the station was carried I 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-a	1) stations carried only on a part-tin carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub special Statement and Program L both on a substitute basis and also ee page (v) of the general instructi ogram services such as HBO, ESP air designation. For example, repo- ision station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indepe "E-M" (for noncommercial educati- tions in the paper SA1-2 form. ne community to which the station	me basis under ´ ams [sections tions carried on a postitute program _og)—if the o on some other ons. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	K38AK	38	E	PONCA CITY
	K38AK-SIMUL	38	 E	PONCA CITY
Necessary	KAUT	19	I	OKLAHOMA CITY
	KAUT-2	19.2	I-M	OKLAHOMA CITY
	KAUT-SIMUL	19	I	OKLAHOMA CITY
	KFOR	27	N	OKLAHOMA CITY
	KFOR-2	27.2	I-M	OKLAHOMA CITY
	KFOR-3	27.3	I-M	OKLAHOMA CITY
	KFOR-4	27.4	I-M	OKLAHOMA CITY
	KFOR-SIMUL	27	N	OKLAHOMA CITY
	KFOR-SIMUL KOCO	27	N N	
				OKLAHOMA CITY
	косо	7	N	OKLAHOMA CITY OKLAHOMA CITY
	косо косо-2	7 7.2	N I-M	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY
	KOCO KOCO-2 KOCO-SIMUL	7 7.2 7	N I-M	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY
	KOCO KOCO-2 KOCO-SIMUL KOCB	7 7.2 7 33	N I-M N I	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY
	KOCO KOCO-2 KOCO-SIMUL KOCB KOCB-2	7 7.2 7 33 33.2	N I-M N I I-M	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY
	KOCO KOCO-2 KOCO-SIMUL KOCB KOCB-2 KOCB-3	7 7.2 7 33 33.2 33.3	N I-M N I I-M	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY
	KOCO KOCO-2 KOCO-SIMUL KOCB KOCB-2 KOCB-3 KOCB-SIMUL	7 7.2 7 33 33.2 33.3 33.3 33	N I-M N I I-M	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY
	KOCO KOCO-2 KOCO-SIMUL KOCB KOCB-2 KOCB-3 KOCB-SIMUL KOKH	7 7.2 7 33 33.2 33.3 33.3 33 24	N I-M N I I-M I-M I I I	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY
	KOCO KOCO-2 KOCO-SIMUL KOCB KOCB-2 KOCB-3 KOCB-SIMUL KOKH	7 7.2 7 33 33.2 33.3 33.2 33.3 24 24 24.2	N I-M N I I-M I-M I I I I I I I I I I I I I	OKLAHOMA CITY
	KOCO KOCO-2 KOCO-SIMUL KOCB KOCB-2 KOCB-3 KOCB-SIMUL KOKH KOKH-2 KOKH-3	7 7.2 7 33 33.2 33.3 33.3 33 24 24.2 24.3	N I-M N I I-M I-M I I I I I I I I I I I I I	OKLAHOMA CITY OKLAHOMA CITY

	LEGAL NAME OF OWNER O	JF CABLE SYSTEM:		SYSTE
ame	CABLE ONE, INC.			
	PRIMARY TRANSMITTERS:	TELEVISION		
G mary mitters: evision	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 her station was carried <i>only</i> or • List the station here, and basis. For further informati 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 t Column 4: Give the location	also in space I, if the station was carried I ion 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-a	1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a suf e Special Statement and Program both on a substitute basis and also bee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over tation, an independent station, or a prinetwork 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 vendent), "I-M" ional multicast). is licensed by the
		2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	
	1. CALL SIGN	2. B CAST CHANNEL NUMBER		4. LOCATION OF STATION
	KSBI	23	 	4. LOCATION OF STATION OKLAHOMA CITY OKLAHOMA CITY
as Necessary			 	OKLAHOMA CITY
as Necessary	кѕві ктво	23 15 15	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ	23 15 15 29	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK
Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ	23 15 15 29	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
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as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY
as Necessary	KSBI KTBO KTBO-SIMUL KTUZ KWTV	23 15 15 29 25	 	OKLAHOMA CITY OKLAHOMA CITY OKLAHOMA CITY SHAWNEE, OK OKLAHOMA CITY

CABLE ONE	F OWNER OF C E, INC.	CABLE SY	STEM:					SYSTEM I 230
n General: Lis		station ca	arried on a separate and discre nerally receivable by your cabl					н
eceivable if (1 n the basis of for detailed inf aper SA1-2 fo Column 1: 1 Column 2: 5 Column 3: 1 ignal, indicate Column 4: 0) it is carried b monitoring, to formation about mm. dentify the call State whether t f the radio stat this by placing Give the station	y the sys be receint t the Co sign of o the static ion's sig g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received at wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically processor k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	l							
						+		

Accounting Perio							FORM	A SA1-2E. PAGE 5.
Norma	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	CABLE ONE, INC.							23031
<u> </u>	SUBSTITUTE CARRIAGI							
	In General: In space I, ident substitute basis during the a explanation of the programm	ify every nor	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or auth	orizations.	For a further
Substitute Carriage:					e general inst			2 101111.
Special	1. SPECIAL STATEMEN					the second states and		
Statement and	• During the accounting pe	-	ur cable system	r carry, on a substitute bas	as, any nonne			
Program Log	broadcast by a distant stat	lion ?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this page	ge blank. If your answer is	"Yes," you m	ust complete	the progra	ım
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the bro the case of Mexican or Can Column 5: Give the mod first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progra ace, please of every no odistant stat egulations, of ries like "mo Bulls." m was broar sign of the adcast station adian station th and day ve "5/7." tes when the . Example: a ter "R" if the and regulation ming that y	am on a separa add additional onnetwork televi- tion and that you or authorization ovies" or "basked dcast live, enter station broadca on's location (tions, if any, the when your system e substitute pro- a program carre listed program	rows to the tables. ision program ("substitute bur cable system substitute is. See page (v) of the gen- ation of the substitute program of "Yes." Otherwise enter "I asting the substitute program he community to which the community with which the item carried the substitute or mas carried by your led by a system from 6:01: he was substituted for progra- uring the accounting period	program") the d for the prog- neral instruction m titles, for ex- No." am. e station is lice station is lice program. Use cable system 15 p.m. to 6:: amming that d; enter the le	at, during the gramming of a ons for furthe kample, "I Lov ensed by the ntified). e numerals, v i. List the time 28:30 p.m. sh your system v tter "P" if the	accountin another sta r informatio ve Lucy" or FCC or, in with the mo es accurate iould be was <i>require</i> listed prog	g ation on. nth aly ad
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	1ES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	

Accounting Period:	2023/1		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			8YSTEM ID# 23031
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the syster (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary transm how to compute this	nission service amount, see \$48	
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 le • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ess than \$527,600	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 th accounting period is \$52.00	at you must pay for thi	s 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 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 a	nd 2	<u></u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b			
	1. Base amount under statutory formula	263,800.00	_	
	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	488,544.16	-	
	2. Base amount under statutory formula	263,800.00	-	
	3. Subtract line 2 from line 1	224,744.16	-	
	4. Multiply line 3 by .01	\$	2,247.44	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) $\ldots \ldots$	\$	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	d 6	\$	3,566.44
	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)	\$	3,566.44	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) $\ldots \ldots$	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	3,586.44
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			hts!

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 23031
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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	st stations 29 281
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name JENAE HECK	Telephone 602-364-6092
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 (City, town, state, zip)	
	Email JENAE.HECK@CABLEONE.BIZ Fax (optional e	02-364-6013
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office reference of the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	of space B; or e cable system as identified ed as owner of the cable system
	Enter an electronic signature on the line above to certify this statement Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	nt.
	Typed or printed name: QUYNH TRAN	
	Title: VICE PRESIDENT & TREASURER (Title of official position held in corporation or partnership)	
	Date: August 23, 20	23

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 fing, a determination that would be made by a court of law.

unting Period: 2023/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
BLE ONE, INC.	230
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	P Special Statemer Concerning Gros Receipts Exclusio
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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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