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

STATEME	INT O	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT			
Cable Syste	ms (S	Short Form)			<u>coplicsoa@loc.gov</u>		
• • • •			8/23/23	\$	For additional information, contact the U.S. Copyright		
General instru-			0/20/20		Office Licensing Division at: Tel: (202) 707-8150		
		WOIKDOOK		ALLOCATION NUMBER	Digitally signed		
					Licensing by Licensing		
					Division Division Date: 2023.09.25		
Α					11:42:52 -04'00'		
~	ACCO		BY THIS STATEMENT: (TY	t t/(Period))			
		Γ	1				
		2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
			1				
		20231	Barcode Data Filing Period (optional	- see instructions)			
Accounting Period							
Feriod							
-		Instructions: Give the full legal name of the owner of th	e cable system. If the owner is a subsid	iary of another corporation, give the full corp	orate title of		
В		the subsidiary, not that of the parent corp	oration.				
Owner		List any other name or names under which	the owner conducts the business of the	e cable system.			
		If there were different owners during the	accounting period, only the owner on th	e last day of the accounting period should sub	omit a single		
		statement of account and royalty fee payr			_		
		Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	25615		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM				
		CABLE ONE, INC.					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)				
l		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		210 E. EARLL DRIVE					
		(Number, street, rural route, apartment, or suite no PHOENIX, AZ 85012	umber)				
		(City, town, state, zip)					
С				ntify the business and operation of the e system, if different from the address			
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM					
	2	(Number, street, rural route, apartment, or suite n	umber)				
		KINGSVILLE, TX 78363 (City, town, state, zip code)					
	1	(Ory, rown, state, zip oode)					

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.	25615
D Area Served	Instructions: List each separate community served by the cable system. A ' separate and distinct community or municipal entity (including unincorpor- unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete list will serve as a form of system identification hereafter known as the "first r mobile home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First Community	KINGSVILLE	тх
ld Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	BLE SYSTEM							A1-2E. PAGE
Name	CABLE ONE, INC.							•	2561
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 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 sp (June 30 or Do blocks in space transmission umber of billing ce at the rate i harged for eacl (Example: "\$2 bunts allowed f in space E, the	cover al and rad ace F, n ecember ce E call service. s in that ndicated h catego 0/mth"). for adva e form lis	I categories of io broadcasts ot here. All the r 31, as the ca for the numbe In general, you category (the d—not the num ory of service. I Summarize al nce payment. sts the categor	secondary by your sys facts you se may be) r of subscr u 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 in the amount of I rate variations ndary transmiss	ers. Give ir nose existin le system, of subscril anizations c ce). the charge within a pa sion service	nformation g on the broken bers in charged e and the articular rate e that cable	
	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 f printed in block 1 (for example, ti with the number of subscribers a sufficient.	: Where an ind should be cour ble service to a nce again undo nas rate catego ers of services	dividual ated as a additiona er "Servi ories for that inc	or organization a subscriber in al sets would b ice to additiona secondary tran lude one or mo	is receivin each applid e included al set(s)." ismission s ore second	g service that fa cable category. in the count und rervice that are ary transmission	alls under d Example: a der "Service different fro ns), list the	lifferent a residential e to the om those m, together	
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set		111	\$42.00	ECONO	MY IPTV		22	2 54.0
	 Service to additional set(s) FM radio (if separate rate) Motel, hotel 								
	Commercial Converter • Residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services 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 exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you o ished to usually l ne cable item furr e was m	mation with re not offered in o do not need to nonsubscribe billed. If any ra system for ea nished or offere nade or establis	spect to all combinatior give rate ir rs. Rate inf tes are cha ch of the ap ed during th	n with any secon oformation conc ormation should rged on a varia oplicable service te 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	
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVIC	E RATI
	Continuing Services: Pay cable Pay cable—add'l channel	10.99-19.00	• Mot	a tion: Non-res tel, hotel mmercial	idential			ARD CABLE ARD IPTV	67.7
	 Fire protection Burglar protection 		• Pay • Pay	v cable v cable-add'l ch	annel		DIGITA	L VALUE PAC	
	Installation: Residential First set Additional set(s) 	0-90.00	• Bur Other s	e protection glar protection services:					
	 FM radio (if separate rate) Converter 			connect connect		\$45.00			

Name	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTI
	CABLE ONE, INC.			
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: relevision	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 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-	1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sul- both on a substitute basis and also use page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- ision station for broadcasting over ation, 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 itions 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 rendent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KDF-TV	22.2	I-M	CORPUS CHRISTI, TX
	KEDT	23.3	Е	CORPUS CHRISTI, TX
ows as Necessary	КШ	8.3	Ν	CORPUS CHRISTI, TX
ows as Necessary	KIII KEDT-SIMUL	8.3 23.3	N E	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
ows as Necessary				······
ows as Necessary	KEDT-SIMUL	23.3	E	CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS	23.3 26.1	E	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC	23.3 26.1 19.3	E N I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV	23.3 26.1 19.3 10.2	E N I N	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2	23.3 26.1 19.3 10.2 26.2	E N I N I-M	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2	23.3 26.1 19.3 10.2 26.2 8.4	E N I N I-M I-M	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3	23.3 26.1 19.3 10.2 26.2 8.4 8.5	E N I N I-M I-M I-M	CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3 KIII-4	23.3 26.1 19.3 10.2 26.2 8.4 8.5 8.6	E N I N I-M I-M I-M I-M I-M	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3 KIII-4 KIII-4	23.3 26.1 19.3 10.2 26.2 8.4 8.5 8.6 8.3	E N I N I-M I-M I-M N	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3 KIII-4 KIII-4 KIII-SIMUL KSCC-2	23.3 26.1 19.3 10.2 26.2 8.4 8.5 8.6 8.3 19.4	E N I N I-M I-M I-M I-M I-M I-M N I-M	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3 KIII-4 KIII-SIMUL KSCC-2 KSCC-3	23.3 26.1 19.3 10.2 26.2 8.4 8.5 8.6 8.6 8.3 19.4 19.5	E N I N I-M I-M I-M I-M I-M I-M I-M	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3 KIII-4 KIII-5IMUL KSCC-2 KSCC-3 KSCC-4	23.3 26.1 19.3 10.2 26.2 8.4 8.5 8.6 8.3 19.4 19.5 19.6	E N I N I-M I-M I-M I-M I-M I-M I-M	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3 KIII-4 KIII-5 KSCC-2 KSCC-3 KSCC-4 KSCC-4	23.3 26.1 19.3 10.2 26.2 8.4 8.5 8.6 8.3 19.4 19.5 19.6 19.3	E N I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3 KIII-4 KIII-SIMUL KSCC-2 KSCC-3 KSCC-4 KSCC-4 KSCC-SIMUL	23.3 26.1 19.3 10.2 26.2 8.4 8.5 8.6 8.3 19.4 19.5 19.6 19.3 10.2	E N I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3 KIII-4 KIII-5 KSCC-2 KSCC-3 KSCC-4 KSCC-4 KSCC-5IMUL KZTV-SIMUL K22JA-D	23.3 26.1 19.3 10.2 26.2 8.4 8.5 8.6 8.3 19.4 19.5 19.6 19.3 10.2 22.1	E N I N I-M I-M I-M I-M I-M I-M I-M I-M I I N I I	CORPUS CHRISTI, TX CORPUS CHRISTI, TX
iows as Necessary	KEDT-SIMUL KRIS KSCC KZTV KRIS-2 KIII-2 KIII-3 KIII-4 KIII-4 KIII-SIMUL KSCC-2 KSCC-2 KSCC-3 KSCC-4 KSCC-4 KSCC-SIMUL KZTV-SIMUL K22JA-D KRIS-SIMUL	23.3 26.1 19.3 10.2 26.2 8.4 8.5 8.6 8.3 19.4 19.5 19.6 19.3 10.2 22.1 26.1	E N I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I I N I N I N	CORPUS CHRISTI, TX CORPUS CHRISTI, TX

EGAL NAME OF		JABLE S'	101EM:					SYSTEM I
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Give the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. In is AM or FM. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anter his point, see pag ed by the cable sy e station is license	adend, and (2) nna, during cer le (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta eneral in: parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
	A.A	0/5				0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FORM	I SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							25615
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programm	fy every non	network televis priod, under spe	<i>ion program,</i> broadcast by cific present and former FC	C rules, regula	ations, or auth	orizations.	For a further
Carriage:	1. SPECIAL STATEMENT				- -			
Special	During the accounting per				is any nonne	atwork televis	ion program	m
Statement and		-		oury, on a substitute but	io, any norma			
Program Log	broadcast by a distant stati						YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete	the progra	m
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2 : If the program Column 3 : Give the call Column 4 : Give the broa the case of Mexican or Can Column 5 : Give the mor first. Example: for May 7 giv Column 6 : State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute progra ce, please a of every no distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast static adian static ath and day ve "5/7." es when the Example: a er "R" if the and regulatio ming that y	am on a separa add additional nnetwork telev ion and that your authorization vies" or "basked dcast live, enter station broadca on's location (thons, if any, the when your sys e substitute pro a program carri- listed program ons in effect du	rows to the tables. ision program ("substitute our cable system substitute s. See page (v) of the ger atball." List specific progra r "Yes." Otherwise enter " asting the substitute progra- ne community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progra uring the accounting period	program") the d for the pro- peral 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 left	at, during the gramming of ons for furthe xample, "I Lov ensed by the ntified). e numerals, v h. List the time 28:30 p.m. sh your system v etter "P" if the	accounting another sta r informatio ve Lucy" or FCC or, in with the more es accurate hould be was require listed prog	g ntion on. nth ely
	s	UBSTITUT	E PROGRAM			EN SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	IES	DELETION
						_		
						_		
						_		

counting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:				A1-2E. PAG
Name	CABLE ONE, INC.			5	256
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. IMPORTANT: You must complete a statement in space P concerning gross	e system's s ation of how	secondary transm v to compute this	ission service amount, see	6,483.97
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 t	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	ty fee that yo	ou 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 in	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	ESS (but n	nore than \$137,′	100)	
	1. Base amount under statutory formula	. \$	263,800.00	-	
	2. Enter amount of gross receipts from space K	\$	176,483.97	-	
	3. Subtract line 2 from line 1	\$	87,316.03	-	
	4. Enter the amount of gross receipts from space K		\$	76,483.97	
	5. Enter the amount from line 3		\$	87,316.03	
	6. Subtract line 5 from line 4		\$	89,167.94	
	7. Multiply line 6 by .005 (enter figure here)			\$	445.84
	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		\$	445.84
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$20	63,800 (bu	it less than \$527	,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	4, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE D				
		JL			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	445.84	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
Due					
Due					
Due	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	465.84

Accounting Period:	2023/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			SYSTEM ID# 25615
M Channels	to its subscribers, and (2) the cable system's t 1. Enter the total number of channels on which	s n broadcast stations	ccounting period.	20 205
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of account	ER INFORMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name JENAE HECK		Telephone 602-36	4-6092
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartm PHOENIX, AZ 85012 (City, town, state, zip)	ient, or suite number)		
	Email JENAE.HECK@	CABLEONE.BIZ	Fax (optional 602-364-6013	
0	CERTIFICATION (This statement of account mu	st be certified and signed in accordance with C	opyright Office regulations)	
Certification	I, the undersigned, hereby certify that (Check one (Owner other than corporation or pa	e, <i>but only one</i> , of the boxes.) r tnership) I am the owner of the cable system as i	identified in line 1 of space B; or	
	in line 1 of space B and that the X (Officer or partner) I am an officer (if	on or partnership) I am the duly authorized agen owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the		
	in line 1 of space B. I have examined the statement of account and he are true, complete, and correct to the best of my [18 U.S.C., Section 1001(1986)] 	ereby declare under penalty of law that all statemer knowledge, information, and belief, and are made		
		X /s/ Quynh Tran Enter an electronic signature on the line above to o Enter signature using an "/s/ signature" (e.g., /s/ Jo		
	Typed or printed	name: QUYNH TRAN		
		VICE PRESIDENT & TREASURER a of official 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 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.	256
 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 se scribers 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 transmission made by satellite carriers to satellite dish owners? 	ub- Special Statemer Concerning Gros Receipts Exclusio
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	nt.
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 Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	days
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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.