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

Digitally signed by Licensing Division

			LICCIISII	19 -
Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	Division	DIVISION
		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 the subsidiary, not that of the parent corporation.	full corporate title of	
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 sh statement of account and royalty fee payment covering the entire accounting period.	ould submit a single	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	3	0004
		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 is already appear in space B. In line 2, give the mailing address of the system, if different from the a		
System	1	IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2	3000 N WESTWOOD BLVD.		
	_	(Number, street, rural route, apartment, or suite number) POPLAR BLUFF, MO 63902 (City, town, state, zip code)		
	1	[/,,,,,		

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:	2022/4	
Accounting Feriou.	2023/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	30004
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings.	ed communities within unincorporated areas and including single, discrete twill serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or nacity.	nobile home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	ARGENTA	IL
Community	OREANA	IL
	MACON COUNTY	IL
Add Rows as Necessary		

Accounting Period: 2023/1

FORM SA1-2F_PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC. d/b/a SPARKLIGHT

SYSTEM ID# 30004

E

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.

OCK 1		BLOCK 2			
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
47	\$42.00	Economy IPTV	2	42.00	
10	79.95				
	NO. OF SUBSCRIBERS 47	NO. OF SUBSCRIBERS RATE 47 \$42.00	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 47 \$42.00 Economy IPTV 10 79.95	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 47 \$42.00 Economy IPTV 2 10 79.95	

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
• Pay cable	10.99-19.00	Motel, hotel		Standard Cable	67.
 Pay cable—add'l channel 		Commercial		Standard IPTV	67.
 Fire protection 		• Pay cable		Digital Value Pack	16.
•Burglar protection		Pay cable-add'l channel		Hispanic Tier	6
Installation: Residential		Fire protection			
• First set	0-90	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	\$90.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		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# 30004

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
WAND	20	N	DECATUR, IL
WBUI	22	I	DECATUR, IL
WCIA	34	N	CHAMPAIGN, IL
WCIX	11	N	SPRINGFIELD, IL
WEIU	50	E	CHARLESTON, IL
WICS	15	N	SPRINGFIELD, IL
WILL	9	E	URBANA, IL
WRSP	16	l	SPRINGFIELD, IL
WAND-DT2	20.2	I-M	DECATUR, IL
WICS-DT2	15.2	I-M	SPRINGFIELD, IL
WICS-DT3	15.3	I-M	SPRINGFIELD, IL

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

30004

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
							
							
							

Accounting Perio	unting Period: 2023/1 FORM SA1-2E. PAGE 5.										
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	CABLE ONE, INC. d/b/a	SPARKI	JGHT					30004			
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LO	G						
ı	In General: In space I, identif										
	substitute basis during the ac	٠.		•							
Substitute	explanation of the programmi				ie generai insti	uctions in ti	ne paper SA1-	2 form.			
Carriage: Special		1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Program Log											
0 0	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 subst			te line. I lse abbreviations	s wherever no	esihle if th	eir meaning is	e			
	clear. If you need more spa				s wherever pe	SSIDIC, II III	cii iiicaiiiig i	3			
	Column 1: Give the title				e program") th	at, during t	he accounting	g			
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitut	ted for the pro	gramming	of another sta	ation			
	under certain FCC rules, reg										
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	am titles, for e	xample, "I I	Love Lucy" or				
	Column 2: If the program		least live enter	r "Ves " Otherwise enter '	"No."						
	Column 3: Give the call s										
	Column 4: Give the broa					ensed by the	he FCC or, in				
	the case of Mexican or Cana										
	Column 5: Give the mon		when your sys	tem carried the substitute	e program. Us	e numerals	s, with the mo	nth			
	first. Example: for May 7 giv		aubatituta ara	arem was seried by you	r aabla ayatan	a liat tha t	imaa aaaurat	als.			
	Column 6: State the time to the nearest five minutes.	Example: a	e substitute pro i program carri	gram was camed by you ed hy a system from 6:01	i cable syster	11. LIST THE T 28:30 n m	should be	эгу			
	stated as "6:00–6:30 p.m."	<u> глаптріс.</u> с	i program cam	cd by a system from 0.0	1. 10 p.m. to 0	.20.00 p.m.	Siloula be				
	Column 7: Enter the lette	er "R" if the	listed program	was substituted for prog	ramming that	your syster	m was <i>require</i>	ed			
	to delete under FCC rules a							ram			
	was substituted for program	ming that y	our system wa	s permitted to delete und	ler FCC rules	and regula	tions in				
	effect on October 19, 1976.										
					II wh	EN SUBST	TITUTE				
	S	UBSTITUT	E PROGRAM			IAGE OCC		7. REASON FOR			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>				
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Accounting Period:	2023/1 FORI	M SA1-2E. PAGE 6							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID:							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission servi (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, ser 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.	ce							
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 \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00								
	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 \$137,100)								
	1. Base amount under statutory formula								
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K	_							
	5. Enter the amount from line 3	_							
	6. Subtract line 5 from line 4	_							
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	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)	<u>)</u>							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u>) </u>							
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above))							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations))							
	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 Register of Copyr See page i of the general instructions in the paper SA1-2 form for more information.	ights!							

Accounting Period:	2023/1					FORM SA1-2E.	. PAGE 7
Name		NNER OF CABLE SYSTEM: C. d/b/a SPARKLIGHT				SYST	TEM ID# 30004
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the c	number of channels on which television broadcast stations number of activated channels able system carried television	otal numb		accounting period.	11 108	
N Individual to		BE CONTACTED IF FURTH bout this statement of accoun		DRMATION IS NEEDED (Identify an in	ndividual to whom		
Be Contacted for Further Information	Name	JENAE HECK			Telephone 60	2-364-6092	
	1	210 E. EARLL DRIVE (Number, street, rural route, apartm	nent, or suit	te number)			
		PHOENIX, AZ 85012 (City, town, state, zip)					
	Email	JENAE.HECK@	CABLEC	ONE.BIZ	Fax (optional 602-364-6013		
O Certification	I, the undersigned (Owner) (Agent of it) X (Office) I have examined to	other than corporation or par of owner other than corporation in line 1 of space B and that the or or partner) I am an officer (if an line 1 of space B.	e, but only rtnership ion or par owner is r a corporat	tified and signed in accordance with (one, of the boxes.) I am the owner of the cable system as rtnership) I am the duly authorized agent according to a corporation or partnership; or tion) or a partner (if a partnership) of the lare under penalty of law that all statements, information, and belief, and are made	identified in line 1 of space B; or nt of the owner of the cable system e legal entity identified as owner of the cable system.		
			Enter an e	/s/ Quynh Tran electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/			
			VICE P	QUYNH TRAN PRESIDENT & TREASURER position held in corporation or partnership)			
		Date:			August 23, 2023		

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Accounting Period: 2023/1 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 30004 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 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 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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