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
Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	Licensi	ng by Licensing Division
			Divisio	
			טועוט	12:20:02 -04'00
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31		,
		20221 Barcode Data Filing Period (optional - see instructions)		
		20231 Barcode Data Filing Period (optional - See instructions)		
Accounting Period				
		Instructions:		
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the the subsidiary, not that of the parent corporation.	iull corporate title of	f
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.		30050
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM		
		CABLE ONE, INC.		
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM		
		210 E EARLL DRIVE		
		(Number, street, rural route, apartment, or suite number)		
		PHOENIX, AZ 85012 (City, town, state, zip)		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operations already appear in space B. In line 2, give the mailing address of the system, if different from the a		
System		IDENTIFICATION OF CABLE SYSTEM:		·
•	1	SPARKLIGHT		
		MAILING ADDRESS OF CABLE SYSTEM:		
	2	604 E. NATIONAL AVENUE		
		(Number, street, rural route, apartment, or suite number)  BRAZIL, IN 47834		
		(City, town, state, zip code)		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Name	CABLE ONE, INC.	300
	Instructions: List each separate community served by the cable system. A "community	
	separate and distinct community or municipal entity (including unincorporated commu	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	a da a som or specem action mercanics mount as the
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identif
Area Served	city.	
Gerveu	, '	
	CITY OR TOWN	STATE
First	JASONVILLE	IN
Community	DUGGER	IN
	VIGO	IN
d Rows as Necessary	COALMONT	IN
·	FARMERSBURG	IN
	WILFRED	IN
	GREEN(N)	IN
	HYMERA	IN
	WORTHINGTON	IN
ľ	ROCKVILLE	IN
	MARSHALL	IN
	PARKE COUNTY	IN
	GREEN(S)	IN
	SHELBURN	IN
	MONTEZUMA	IN
	BLOOMINGDALE	IN
	MECCA	IN

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30050

CABLE ONE, INC.

## 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.

BL	OCK 1	BLOCK 2			
04750000/ 05 0500//05	NO. OF	5475	0.475,000,000,050,050,000	NO. OF	D. T. T.
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	23	\$42.00	ECONOMY IPTV	191	54.00
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	4		ECONOMY IPTV	3	89.95
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 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	10.99-19.00	Motel, hotel		STANDARD CABLE	67.75
Pay cable—add'l channel		Commercial		STANDARD IPTV	67.75
Fire protection		• Pay cable		DIGITAL VALUE PACK	16.00
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		HISPANIC TIER	6.00
Installation: Residential		Fire protection			
<ul> <li>First set</li> </ul>	0-100.00	Burglar protection			
<ul><li>Additional set(s)</li></ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	0-90.00		
Converter		Disconnect			
		Outlet relocation	0-30.00		•••••
		Move to new address	0-30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30050

CABLE ONE, INC.

### 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
WAWV	18	N	TERRA HAUTE, IN
WTHI	10	N	TERRA HAUTE, IN
WTIU	33	E	BLOOMINGTON, IN
WTWO	35	N	TERRA HAUTE, IN
WTHI-2	10.2	I-M	TERRA HAUTE, IN
WTHI-3	10.3	I-M	TERRA HAUTE, IN
WAWV-SIMUL	18	N	TERRA HAUTE, IN
WTHI-SUMUL	10	N	TERRA HAUTE, IN
WTHI-DT2-SIMUL	10.2	I-M	TERRA HAUTE, IN
WTWO-SIMUL	35	I-M	TERRA HAUTE, IN
WTTU-SIMUL	33	Е	BLOOMINGTON, IN

ccounting Period: 2023/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

30050

### 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 EM	C/D	LOCATION OF STATION	CALL SIGN	AM or EM	C/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	5/D	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	5/D	LOCATION OF STATION
							<del> </del>
							<del> </del>
							<b></b>

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	CABLE ONE, INC.							30050	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
l I	In General: In space I, identi								
	substitute basis during the ac								
Substitute		explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMENT	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ır cable system	carry, on a substitute bas	sis, any nonne	etwork telev	<u>isio</u> n progra	m	
Program Log	broadcast by a distant stati	on?					YES	X NO	
	Note: If your answer is "No"	" loove the	rost of this pag	no blank. If your answer is	"Voc " vou m	ust complet	o the progr		
		, leave trie	rest of this pag	je blatik. II your ariswer is	res, you m	ust complet	e the progra	aIII	
	log in block 2.	DDOODAI							
	2. LOG OF SUBSTITUTE In General: List each subst			to line. Use abbreviations	whorever no	scible if the	ir mooning	ic	
	clear. If you need more spa				wherever po	SSIDIC, II LIIC	ii iiicaiiiig	15	
				ision program ("substitute	program") the	at, during th	e accountin	ıg	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	ed for the prog	gramming o	f another st	ation	
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the ger	neral instruction	ons for furth	er informati	on.	
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	m titles, for ex	kample, "I L	ove Lucy" o	r	
			dcast live ente	r "Yes." Otherwise enter "l	No."				
				asting the substitute progra					
	Column 4: Give the broa	adcast statio	on's location (th	ne community to which the	station is lice		FCC or, in	ı	
	the case of Mexican or Can								
			when your sys	tem carried the substitute	program. Use	e numerals,	with the mo	onth	
	first. Example: for May 7 giv		s cubetituto pro	gram was carried by your	cable system	List the tin	noe accurat	oly	
	to the nearest five minutes.	Example: a	e substitute pro a program carri	ed by a system from 6:01:	15 n m to 6:	28:30 n m s	should be	ely	
	stated as "6:00-6:30 p.m."		a program cam			-0.00 p			
				was substituted for progra					
		and regulation	ons in effect du	iring the accounting perior	d; enter the le	tter "P" if th	e listed pro(	gram	
	to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in								
		nming that y			er FCC rules a	and regulati	ons in	ş	
	was substituted for program effect on October 19, 1976.	nming that y			er FCC rules a	and regulati	ons in	,	
		nming that y			П				
	effect on October 19, 1976.	nming that y		s permitted to delete unde	WHE	and regulati  SUBSTI  AGE OCCU	TUTE	7. REASON FOR	
	effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	WHE	N SUBSTI	TUTE		
	effect on October 19, 1976.	UBSTITUT	our system wa	s permitted to delete unde	WHE CARRI	N SUBSTI AGE OCCU	TUTE JRRED	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
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	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
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	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM 3. STATION'S	s permitted to delete unde	WHE CARRI 5. MONTH	EN SUBSTI AGE OCCU	TUTE JRRED IMES	7. REASON FOR	

Accounting Period:	2023/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.	S	30050
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	3,329.28
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 to	3263,800	
	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,	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 \$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		
Filtra - Free - 1			
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		nts!

Accounting Period:	2023/1	FORM	M SA1-2E. PAGE 7.
Name	CABLE ONE, I	FOWNER OF CABLE SYSTEM: INC.	SYSTEM ID# 30050
M Channels	to its subscribe  1. Enter the tot system carri  2. Enter the tot on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.  In the cable system of channels on which the cable ried television broadcast stations  In the cable system carried television broadcast stations	
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	<b>JENAE HECK</b> Telephone <b>602-364-6092</b>	
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)	
		PHOENIX, AZ 85012 (City, town, state, zip)	
	Email	JENAE.HECK@CABLEONE.BIZ Fax (optional 602-364-6013	
0	CERTIFICATION	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned	ned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agen	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	X (Office	icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	are true, comple	ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	I	X /s/ Quynh Tran	
		Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: QUYNH TRAN	
		Title: VICE PRESIDENT & TREASURER  (Title 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 fling, a determination that would be made by a court of law.

counting Period: 2023/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	30050
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
	*****
INTEREST ASSESSMENT  You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.  For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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