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

TATEM	FNT	OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:						
for Secondary Transmissions by Cable Systems (Short Form)			DATE RECEIVED	AMOUNT						
					coplicsoa@loc.gov					
				\$	For additional information, contact the U.S. Copyright					
		s are located	8/23/23		Office Licensing Division at: Tel: (202) 707-8150					
the first tab	o of this	s workbook		ALLOCATION NUMBER	101. (202) 101-0150					
					Liconcin Digitally sign					
					Licensing Digitally sign Licensing Di Date: 2023.0					
•					Division Date: 2023.0					
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	U					
		2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		2023/1								
			7							
		20231 Barcode Data Filing Period (optional - see instructions)								
Accounting										
Period										
		Instructions:								
В		Give the full legal name of the owner of the subsidiary, not that of the parent corp		iary of another corporation, give the full corp	orate 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 should submit a single								
		statement of account and royalty fee payment covering the entire accounting period. 31310								
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM							
		CABLE ONE, INC.								
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)							
			CABLE SYSTEM							
		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										
	name	IDENTIFICATION OF CABLE SYSTEM:								
System	1	SPARKLIGHT								
		MAILING ADDRESS OF CABLE SYSTEM	l:							
		604 E. NATIONAL AVENUE								
	-	Z (Number, street, rural route, apartment, or suite number)								
	2		number)							

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#							
Name	CABLE ONE, INC.	31310							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discret unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "fi community." Please use it as the first community on all future filings.								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.								
	CITY OR TOWN	STATE							
First Community	FLORA CAMDEN	IN IN							
Add Rows as Necessary	DELPHI BURLINGTON	IN IN							
	CARROLL COUNTY	IN							

Name									
	CABLE ONE, INC.								3131
E Secondary Transmission Service: Sub- scribers and Rates	CABLE ONE, INC. 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								
	first set" and would be counted o Block 2: If your cable system I printed in block 1 (for example, ti	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							
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SERVICE SUI		NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set • Service to additional set(s)		46	\$42.00	ECONC	MY IPTV		129	54.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		10	\$79.95	ECONC	OMY IPTV		5	89.9
	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.								
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable	10.99-19.00		el, hotel	luentiai		STAND	ARD CABLE	67.
	• Pay cable—add'l channel			nmercial				ARD IPTV	67.
	Fire protection		• Pay	cable			DIGITA	L VALUE PAC	(16.0
	•Burglar protection		•Pay	r cable-add'l ch				6.0	
	Installation: Residential		• Fire	protection					
	• First set	0-100.00		glar protection					
	• Additional set(s)			services:		0.00.00			
	 FM radio (if separate rate) Converter 			connect		0-90.00			
	- Converter			connect let relocation		0-30.00			+

counting Period: 2	2023/1			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID: 3131					
	CABLE ONE, INC.								
	PRIMARY TRANSMITTERS: TELEVISION								
G 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, <i>except</i> (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 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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								
	FCC. For Mexican or Cana	dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the station i 3. TYPE OF STATION	s identified. 4. LOCATION OF STATION					
	WFYI	21	E	INDIANAPOLIS, IN					
	WHMB	7		INDIANAPOLIS, IN					
ld Rows as Necessary	WISH	9	· · · · · · · · · · · · · · · · · · ·	INDIANAPOLIS, IN					
au nows as necessary	WLFI	11	N	WEST LAFAYETTE, IN					
	WNDY	9		INDIANAPOLIS, IN					
	WRTV	25	N	INDIANAPOLIS, IN					
	WTHR	13	N	INDIANAPOLIS, IN					
	WTTV	27	N	BLOOMINGTON. IN					
	WXIN	21	<u> </u>						
			I						
	WRTV-SIMUL	25	N	INDIANAPOLIS, IN					
	WTTV-SIMUL	27	N	BLOOMINGTON, IN					
	WXIN-SIMUL	22	I						
	WTHR-SIMUL	13	N						
	WFYI-SIMUL	21	E	INDIANAPOLIS, IN					
	WISH-SIMUL	9	I	INDIANAPOLIS, IN					

CABLE ONE	OWNER OF C	JABLE S'	101EM.					SYSTEM I 313
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried by monitoring, to prmation abourn. dentify the call tate whether t the radio stati this by placing Sive 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 th each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anten his point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce 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
Aexican or Can	adian stations	s, if any, t	the community with which the store t	station is identifie	d). AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AMOLIN	3/D		CALL SIGN	AWOTIW	3/D		

Accounting Perio	d: 2023/1					FOR	M SA1-2E. PAGE 5.			
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#			
Name	CABLE ONE, INC.						31310			
1	SUBSTITUTE CARRIAGE									
•	In General: In space I, identi									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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 CONCERNING SUBSTITUTE CARRIAGE									
Special					is any nonne	etwork television progra	m			
Statement and										
Program Log	,									
	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 In General: List each subst			to ling. Lico abbroviations y	whorover po	ssible, if their meaning i	c			
	clear. If you need more spa				wherever pos	ssible, il their meaning i	5			
				sion program ("substitute p	program") th	at, during the accountin	g			
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.		vies of baske	Iball. List specific program		cample, I Love Lucy of				
			lcast live, ente	r "Yes." Otherwise enter "N	lo."					
				sting the substitute progra						
	the case of Mexican or Can			e community to which the			1			
							onth			
	first. Example: for May 7 giv	Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."								
		Column 6: State the times when the substitute program was carried by your cable system. List the times accurately								
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m. should be				
		er "R" if the	listed program	was substituted for progra	amming that	vour svstem was <i>requir</i> e	ed			
	to delete under FCC rules a									
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules	and regulations in				
	effect on October 19, 1976.									
					WHE	WHEN SUBSTITUTE				
	S	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED 7. REAS					
	1. 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 — TO				
						_				
						_				
						<u>-</u>				
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						_				
			[
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							1			

Accounting Period:	2023/1	FORM SA	A1-2E. PAGE 6.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#						
Hume			31310						
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	1,349.56 ss receipts)						
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 less than or equal to \$2 • 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.	263,800							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	six-month							
	Line 1. Royalty fee for accounting period	\$	52.00						
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)							
	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								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00						
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more information		ts!						

ounting Period: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
BLE ONE, INC.	3131
 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 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 YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
	Q Interest Assessmen
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 Assessmen
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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	

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Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID# 31310
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	15 269
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 602-36	64-6092
	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	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, 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 space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as id in line 1 of space B and that the owner is not a corporation or partnership; or (Officer 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 B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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)] 	
	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	

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