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		FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	_
	ms (Short Form)		AMOONT	<u>coplicsoa@loc.gov</u>
General instrue	ctions are located of this workbook	8/23/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
	T			
A	ACCOUNTING PERIOD COVERED I	BY THIS STATEMENT: (YYY	Y/(Period))	Censing Digitally signed by Licensing Division Date: 2023.09.25 12:18:50 -04'00'
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	12:18:50 -04'00'
	20231	Barcode Data Filing Period (optional - s	see instructions)	
Accounting Period		-		
В	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corpo		y of another corporation, give the full cor	porate title of
Owner	List any other name or names under which	the owner conducts the business of the c	able system.	
	If there were different owners during the a			ubmit a single
	statement of account and royalty fee payn	nent covering the entire accounting period	1.	63477
	Check here if this is the system's first filing	. If not, enter the system's ID number assi	gned by the Licensing Division.	
	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		
	(Number, street, rural route, apartment, or suite nu	imber)		
	PHOENIX, AZ 85012 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin			
	names already appear in space B. In line	2, give the mailing address of the	system, if different from the addre	ss given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 604 E. NATIONAL AVENUE	mber)		
	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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	63477
D Area Served	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated c unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mob city.	ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First Community	PARAGON MORGAN COUNTY	IN IN
	MORGAN COUNTY	
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM.						-	A1-2E. PAG
Name	CABLE ONE, INC.	IDEE OTOTEM.							634
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissie about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed	pace E should on of television bay cable) in sp. I (June 30 or De n blocks in space y transmission y transmission y transmission y transmission transmission y transmission transmission y transmission y	cover all and radio ace F, no ecember ce E call service. I s in that ndicated- n categor	categories of o broadcasts ot here. All the 31, as the ca for the number n general, you category (the —not the num ry of service.	secondary by your sys facts you se may be) or of subscr u can comp number of uber of sets include bot	tem to subscrib state must be th b ribers to the cabl pute the number persons or orga receiving servio h the amount of	ers. Give in ose existir e system, of subscri nizations o ce). the charge	nformation ng on the broken bers in charged e and the	
	category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Not categories, that person or entity subscriber who pays extra for ca first set" and would be counted of Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	ounts allowed f in space E, the to their subsci be to their subsci where an ind should be coun- able service to a proce again under has rate catego iers of services	or advan form lis ribers. Gi dividual o ted as a additional er "Servio ories for s that inclu	te payment. ts the categor ive the number or organization subscriber in l sets would b ce to addition secondary tran ude one or mo	ies of seco er of subscr i is receivin each appli- e included al set(s)." rsmission s pore second	ndary transmiss ribers and rate for g service that fa cable category. I in the count und service that are of ary transmissior	ion service or each list ills under c Example: a er "Service different fro is), list the	e that cable red category different a residential e to the om those m, together	
	BL	OCK 1					BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set • Service to additional set(s)		7	\$42.00	Econor	ny IPTV		g	54.0
	 FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential 		0	\$79.95	Econor	ny IPTV		-	89.
F	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au furnished at cost or (2) services	te (not subscrib hose services t re two exception or facilities furn	er) inforr hat are n ns: you d ished to	nation with re ot offered in o o not need to nonsubscribe	spect to all combinatior give rate ir rs. Rate inf	n with any secon nformation conce formation should	dary trans erning (1) s include b	mission services oth the	
Services Other Than Secondary Transmissions: Rates	amount of the charge and the ur 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 brief (two- or three-word) descrip	rate column. te charged by th your cable sys separate chargo ption and includ	ne cable tem furni e was ma e the rate	system for ea ished or offer ade or establi	ch of the a _l ed during th	pplicable service ne accounting pe	es listed. eriod that v	form of a	
Other Than Secondary Transmissions:	amount of the charge and the ur 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	rate column. te charged by th syour cable sys separate charg otion and includ BLO	ne cable tem furni e was ma e the rate CK 1	system for ea ished or offer ade or establi	ch of the a ed during th shed. List t	pplicable service ne accounting pe	es listed. eriod that v ces in the		E RAT
Other Than Secondary Transmissions:	amount of the charge and the ur 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 brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	rate column. te charged by th syour cable sys separate charg otion and includ BLO	tem furni e was ma e the rate CK 1 CATEG	system for ea ished or offer ade or establi e for each.	ch of the a ed during th shed. List t	pplicable service ne accounting pe hese other servi	es listed. eriod that v ces in the CATEG	form of a BLOCK 2 ORY OF SERVICE	
Other Than Secondary Transmissions:	amount of the charge and the ur 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 brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services : • Pay cable	rate column. te charged by th syour cable sys separate charg otion and includ BLO	ne cable tem furni e was ma e the rate CK 1 CATEGO Installat • Mote	system for ea ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel	ch of the a ed during th shed. List t	pplicable service ne accounting pe hese other servi	es listed. eriod that v ces in the CATEGO	form of a BLOCK 2 ORY OF SERVICE rd Cable	67.
Other Than Secondary Transmissions:	amount of the charge and the ur 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 brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	rate column. te charged by th t your cable sys separate charg otion and includ BLO RATE	tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Corr	system for ea ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel imercial	ch of the a ed during th shed. List t	pplicable service ne accounting pe hese other servi	es listed. eriod that v ces in the CATEGO Standa Standa	form of a BLOCK 2 ORY OF SERVICE rd Cable rd IPTV	67. ⁻ 67. ⁻
Other Than Secondary Transmissions:	amount of the charge and the ur 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 brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services : • Pay cable • Pay cable • Fire protection	rate column. te charged by th t your cable sys separate charg otion and includ BLO RATE	ne cable tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay	system for ea ished or offero ade or establi e for each. ORY OF SER tion: Non-res el, hotel imercial cable	ch of the a ed during th shed. List th <u>VICE</u> sidential	pplicable service ne accounting pe hese other servi	es listed. eriod that v ces in the CATEG Standa Standa Digital	form of a BLOCK 2 ORY OF SERVICE rd Cable rd IPTV Value Pack	67. 67. 16.0
Other Than Secondary Transmissions:	amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rai Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip <u>CATEGORY OF SERVICE</u> <u>CATEGORY OF SERVICE</u> <u>Continuing Services:</u> • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by th t your cable sys separate charg otion and includ BLO RATE	ne cable tem furni e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay	system for ea ished or offero ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl	ch of the a ed during th shed. List th <u>VICE</u> sidential	pplicable service ne accounting pe hese other servi	es listed. eriod that v ces in the CATEGO Standa Standa	form of a BLOCK 2 ORY OF SERVICE rd Cable rd IPTV Value Pack	67. 67.
Other Than Secondary ransmissions:	amount of the charge and the ur 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 brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	rate column. te charged by th t your cable sys separate charg otion and includ BLO RATE 10.99-19.00	ne cable tem furni e was ma e the rate CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire	system for ea ished or offere ade or establi e for each. ORY OF SER tion: Non-res el, hotel mmercial cable cable-add'l ch protection	ch of the a ed during th shed. List t VICE idential	pplicable service ne accounting pe hese other servi	es listed. eriod that v ces in the CATEG Standa Standa Digital	form of a BLOCK 2 ORY OF SERVICE rd Cable rd IPTV Value Pack	67. 67. 16.
Other Than Secondary Transmissions:	amount of the charge and the ur 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 brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by th t your cable sys separate charg otion and includ BLO RATE	ne cable tem furni e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	system for ea ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	ch of the a ed during th shed. List t VICE idential	pplicable service ne accounting pe hese other servi	es listed. eriod that v ces in the CATEG Standa Standa Digital	form of a BLOCK 2 ORY OF SERVICE rd Cable rd IPTV Value Pack	67. 67. 16.
Other Than Secondary ransmissions:	amount of the charge and the ur 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 brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by th t your cable sys separate charg otion and includ BLO RATE 10.99-19.00	ne cable tem furni e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s	system for ea ished or offerd ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices:	ch of the a ed during th shed. List t VICE idential	Pplicable service the accounting per hese other servi	es listed. eriod that v ces in the CATEG Standa Standa Digital	form of a BLOCK 2 ORY OF SERVICE rd Cable rd IPTV Value Pack	67. 67. 16.
Other Than Secondary Transmissions:	amount of the charge and the ur 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 brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by th t your cable sys separate charg otion and includ BLO RATE 10.99-19.00	ne cable tem furni e was ma e the rate CK 1 CATEG Installat • Mote • Corr • Pay • Pay • Fire • Burg Other so	system for ea ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection	ch of the a ed during th shed. List t VICE idential	pplicable service ne accounting pe hese other servi	es listed. eriod that v ces in the CATEG Standa Standa Digital	form of a BLOCK 2 ORY OF SERVICE rd Cable rd IPTV Value Pack	67. 67. 16.
Other Than Secondary Transmissions:	amount of the charge and the ur 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 brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by th t your cable sys separate charg otion and includ BLO RATE 10.99-19.00	ne cable tem furni e was ma e the rate CATEGO Installat • Mote • Corr • Pay • Pay • Fire • Burg Other se • Disc	system for ea ished or offer ade or establi e for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection glar protection ervices: onnect	ch of the a ed during th shed. List t VICE idential	Pplicable service the accounting per hese other servi	es listed. eriod that v ces in the CATEG Standa Standa Digital	form of a BLOCK 2 ORY OF SERVICE rd Cable rd IPTV Value Pack	67. 67. 16.

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTE
Name	CABLE ONE, INC.			6
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WH Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	during the accounting period, exce a effect on June 24, 1981, permitting (2) and (4), or 76.63 (referring to 76 explained in the next paragraph. With respect to any distant stations es, regulations, or authorizations: in space G—but do list it in space I a substitute basis. Iso in space I, if the station was carr n concerning substitute basis station 's call sign. <i>Do not</i> report origination with a station according to its over- te form. I number the FCC assigned to the the RC is channel 4 in Washington, D.C case whether the station is a netwooding the letter "N" (for network), "N-M 'E" (for noncommercial educational ms, see page (iv) of the general ins of each station. For U.S. stations, I	rk station, an independent station, or a l" (for network multicast), "I" (for indep), or "E-M" (for noncommercial educat	time basis under rams [sections ations carried on a ubstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	7	3. TYPE OF STATION	4. LOCATION OF STATION
			1	
	WFYI	21	E	INDIANAPOLIS, IN
Rows as Necessary	WHMB	7	I	INDIANAPOLIS, IN
	WIPX	28	I	BLOOMINGTON, IN
	WISH-TV	9	I	INDIANAPOLIS, IN
	WNDY-TV	9	l	MARION, IN
	WNDY-TV WRTV	9 25	N	MARION, IN INDIANAPOLIS, IN
			N N	
	WRTV	25		INDIANAPOLIS, IN
	WRTV WTHR	25 13	N	INDIANAPOLIS, IN INDIANAPOLIS, IN
	WRTV WTHR WTIU	25 13 33	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN
	WRTV WTHR WTIU WTTV	25 13 33 27	N E	INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN BLOOMINGTON, IN

CABLE ONE	OWNER OF C	JABLE S'	191EM:					SYSTEM I 634
	t every radio s	station ca	rried on a separate and discre				ied on an	н
eceivable if (1) in the basis of a for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	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 it the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under 0 tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process a mark in the "S/D" column. on (the community to which the the community with which the	t the system's hea system's FM anter his point, see pag ed by the cable sy e station is licens	idend, and (2) ina, during cei e (v) of the ge vstem as a sep ed by the FCC	it can b rtain sta neral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
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.							63477
	SUBSTITUTE CARRIAGE		STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programm	fy every non ccounting pe	network televis riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or auth	orizations. I	For a further
Carriage:	1. SPECIAL STATEMENT				o gonorar mou			
Special	During the accounting per				sis any nonne	otwork televisi	ion program	n
Statement and	broadcast by a distant stati	-		oury, on a casolitato sat	no, any norma			× NO
Program Log	-						YES	
	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. 2. LOG OF SUBSTITUTE	DROCRAI						
	In General: List each subsidiclear. If you need more spation of the spatial column 1: Give the title 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 broat the case of Mexican or Can Column 5: Give the more first. Example: for May 7 gives 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 statio adian statio th and day re "5/7." es when the Example: a er "R" if the und regulatio	im on a separa add additional nnetwork telev ion and that your r authorization vies" or "basked dcast live, enter station broadca on's location (thous, 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 ur cable system substitute s. See page (v) of the ger etball." List specific progra r "Yes." Otherwise enter " asting the substitute progra the 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 perio	program") the d for the prog- neral instruction m titles, for ex- No." am. e station is lice station is lice program. Use cable system :15 p.m. to 6: amming that d; enter the left	at, during the gramming of a ons for further kample, "I Lov ensed by the l ntified). e numerals, w I. List the time 28:30 p.m. sh your system v tter "P" if the	accounting another state informatic re Lucy" or FCC or, in with the more saccurate ould be vas require listed prog	g ition in. hth ily
	effect on October 19, 1976.			-		N SUBSTITU		
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCCUP 6. TIN	IES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_		
						_		
						_		
						_		
						_		
						_		
						_		
								

Accounting Period:	2023/1	FORM	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.		SYSTEM II 6347
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	e
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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 the accounting period is \$52.00	s 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		hts!

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.		SYSTEM ID# 63477
M Channels	to its subscribers, and (2) the cable system's 1. Enter the total number of channels on whic	s n broadcast stations	Inting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of accou	ER INFORMATION IS NEEDED (Identify an indivi- nt.)	dual to whom
for Further Information	Name JENAE HECK		Telephone 602-364-6092
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartr PHOENIX, AZ 85012 (City, town, state, zip)	nent, or suite number)	
	Email JENAE.HECK@	CABLEONE.BIZ	ax (optional <u>602-364-6013</u>
O Certification	I, the undersigned, hereby certify that (Check one	est be certified and signed in accordance with Copy e, <i>but only one</i> , of the boxes.) rtnership) I am the owner of the cable system as iden	
	in line 1 of space B and that the X (Officer or partner) I am an officer (if in line 1 of space B. • I have examined the statement of account and he	ion or partnership) I am the duly authorized agent of owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the lega preby declare under penalty of law that all statements of	I entity identified as owner of the cable system
	are true, complete, and correct to the best of my [18 U.S.C., Section 1001(1986)]	knowledge, information, and belief, and are made in g	ood faith.
		X /s/ Quynh Tran Enter an electronic signature on the line above to certi Enter signature using an "/s/ signature" (e.g., /s/ John	
	Typed or printed	name: QUYNH TRAN	
	Title: (Titl	VICE PRESIDENT & TREASURER e of official position held in corporation or partnership)	
	Date:		ugust 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.

BLE ONE, INC. C SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The statelite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- towing sentence: Image: Comparison of the statelite of the cable system for the basic service of providing secondary transmitsions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." P For more information on when to exclude these amounts, see the note on page (vii) of the general instructions cocated in the paper SA1-2 form. Special State Concerning Q 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? Image: Comparison of the statellite carrier(s) below. Image: Comparison of the statellite carrier (s) below. Image				FORM SA1-2E. PAG
PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite frome Viewer Act of 1988 amended Tile 17, section 111(a)(1)(A), of the Copyright Act by adding the following services of providing secondary transmissions pursuant to section to include sub- scribers and amounts collected from subscribers and the gross amounts paid to the cable system for the basic based of providing secondary transmissions of primary breakater transmitters, the system shall not include sub- scribers and amounts collected from subscribers are the note on page (vii) of the general instructions located in the paper SA1-2 form. Image No V N V V N V V N V V N V V V V N V	L NAME OF OWNER OF CA	BLE SYSTEM:		SYSTEM
The Satellite Home Viewer Act of 1988 amended Tile 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic 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 Course information on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. Image Image Name Mains Address Name Mains Address Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Name Mains Address Interest Assessment, see page (viii) of the general instructions located in the paper SA1-2 form. P Set Inter the total here and list the satellite carrier(s) below. Interest Assession Set Inter the amount of late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enfer the amount of late payment or underpayment. Interest Assession Line 3 Multiply line 1 by the interest rate* and enter the sum here	LE ONE, INC.			634
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Mailing Address Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royally 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 Assess Line 1 Enter the amount of late payment or underpayment.	The Satellite Home Viewe lowing sentence: "In determining the service of providin scribers and amou For more information on v located in the paper SA1- During the accounting per made by satellite carriers	er Act of 1988 amended Title 17, section e total number of subscribers and the g g secondary transmissions of primary in ints collected from subscribers receiving when to exclude these amounts, see the 2 form. Tiod, did the cable system exclude any	n 111(d)(1)(A), of the Copyright Act by adding the for ross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include og secondary transmissions pursuant to section 119 e note on page (vii) of the general instructions	C Special Statemer Sub- Special Statemer D." Concerning Gros Receipts Exclusion
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Line 3 Multiply line 2 by the number of days late and enter the sum here	For an explanation of inte	rest assessment, see page (viii) of the	general instructions located in the paper SA1-2 for	
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	For an explanation of inte Line 1 Enter the amount	rest assessment, see page (viii) of the of late payment or underpayment	general instructions located in the paper SA1-2 for	m. Q
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(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	For an explanation of inte Line 1 Enter the amount Line 2 Multiply line 1 by t Line 3 Multiply line 2 by t	rest assessment, see page (viii) of the of late payment or underpayment the interest rate* and enter the sum he the number of days late and enter the s	general instructions located in the paper SA1-2 forr	n. Q Interest Assessme
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