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

| OFFICE USE ONLY |
|-------------------|
| AMOUNT |
| \$ |
| 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

Licensing Digitally signed by Licensing Division

| | Division Date: 2023.05 |
|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) |
| | 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 corporate title of the subsidiary, not that of the parent corporation. |
| 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. |
| | 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 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 85012-2626 (City, town, state, zip) |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT |
| | MAILING ADDRESS OF CABLE SYSTEM: |
| | 2 /727 PAXTON AVENUE (Number Street nurst must an artiment or suite number) |
| | (Number, street, rural route, apartment, or suite number) MIAMI, AZ 85539 (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 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 suffciency of the fling, a determination that would be made by a court of law.

| Accounting Period: | 2023/1 | |
|-----------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| | | FORM SA1-2E. PAGE 1b. |
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Name | CABLE ONE, INC. | 7409 |
| | Instructions: List each separate community served by the cable system. A "communit | |
| D | separate and distinct community or municipal entity (including unincorporated comm | |
| | unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser | ve as a form of system identification hereafter known as the "first |
| | community." Please use it as the first community on all future filings. | |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho | me parks should be reported in parentheses below the identified |
| Served | city. | |
| | | |
| | CITY OR TOWN | STATE |
| First | CITY OR TOWN GLOBE | AZ |
| Community | GILA COUNTY | AZ |
| | MIAMI | AZ AZ |
| Add Davis on Nancons | MIAMI | 72 |
| Add Rows as Necessary | | |
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Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

SYSTEM ID#

Name

7409

Е

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CABLE ONE, INC.

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 | | | | |
|-------------------------------|-----------------------|---------|-----------------------|-----------------------|-------|--|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | |
| Residential: | | | | | | |
| Service to first set | 519 | 42.00 | SPARKLIGHT TV IPTV | 74 | 54.00 | |
| Service to additional set(s) | | | | | | |
| • FM radio (if separate rate) | | | | | | |
| Motel, hotel | 53 | 12.75 | | | | |
| Commercial | 32 | 40.00 | SPARKLIGHT TV COMMERC | 1 | 40.00 | |
| Converter | | | | | | |
| Residential | | | | | | |
| Non-residential | | | | | | |
| i | 1 | 1 | 1 | | l | |

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 | RAT |
| Continuing Services: | | Installation: Non-residential | | | |
| • Pay cable | 10.99-19.00 | Motel, hotel | 90.00 | STANDARD CABLE | 67. |
| Pay cable—add'l channel | | Commercial | 90.00 | 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 | 90.00 | Burglar protection | | | |
| Additional set(s) | 30.00 | Other services: | | | |
| FM radio (if separate rate) | | Reconnect | 30.00 | | |
| 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:

CABLE ONE, INC.

SYSTEM ID#
7409

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 |
|--------------|--------------------------|--------------------|------------------------|
| KAET | 8.1 | E | PHOENIX, AZ |
| KASW | 27 | I | PHOENIX, AZ |
| KAZT | 7.1 | l | PHOENIX, AZ |
| KAZT-2 | 7.2 | l | PHOENIX, AZ |
| KNXV | 15.1 | N | PHOENIX, AZ |
| КРНО | 17.1 | N | PHOENIX, AZ |
| KPNX | 18.1 | N | MESA, AZ |
| KSAZ | 10.1 | l | PHOENIX, AZ |
| KTAZ | 29.1 | I | PHOENIX, AZ |
| KTVK | 24.1 | l | PHOENIX, AZ |
| KPNX-5 | 18.5 | I-M | MESA, AZ |
| KUTP | 26 | l | PHOENIX, AZ |
| KPNX3 | 18.3 | I-M | PHOENIX, AZ |
| KTAZ-2 | 29.2 | I-M | PHOENIX, AZ |
| KPHO-2 | 17.2 | I-M | PHOENIX, AZ |
| KPNX-4 | 18.4 | I-M | PHOENIX, AZ |
| KAZT-4 | 7.4 | I-M | PHOENIX, AZ |
| KTVK-2 | 24.2 | I-M | PHOENIX, AZ |
| KTVK-5 | 24.5 | I-M | PHOENIX, AZ |
| KASW-3 | 27.3 | I-M | PHOENIX, AZ |
| KPPX | 31.1 | l | PHOENIX, AZ |
| KTAZ-4 | 29.4 | I-M | PHOENIX, AZ |
| KTAZ-SIMUL | 29.1 | i | PHOENIX, AZ |

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

CABLE ONE, INC.

7409

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, 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 |
|--------------|--------------------------|--------------------|------------------------|
| KAET-SIMUL | 8.1 | E | PHOENIX, AZ |
| KAZT-SIMUL | 7.1 | l | PHOENIX, AZ |
| KAZT-2-SIMUL | 7.2 | I-M | PHOENIX, AZ |
| KUTP-SIMUL | 26.1 | l | PHOENIX, AZ |
| KNXV-SIMUL | 15.1 | N | PHOENIX, AZ |
| KPHO-SIMUL | 17.1 | N | PHOENIX, AZ |
| KPNX-SIMUL | 18.1 | N | MESA, AZ |
| KSAZ-SIMUL | 10.1 | l | PHOENIX, AZ |
| KTVK-SIMUL | 24.1 | I | PHOENIX, AZ |
| KAZT-4-SIMUL | 7.4 | I-M | PHOENIX, AZ |
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FORM SA1-2E. PAGE 4.

CABLE ONE, INC.

7409

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 | ΛΝ4 c = ΓΝ4 | C/D | LOCATION OF STATION | CALL CION | Λ N 4 c = □ N 4 | C/D | LOCATION OF STATION |
|-----------|--------------|-----|---------------------|-----------|-----------------|-----|---------------------|
| CALL SIGN | AW OF FM | 2/D | LOCATION OF STATION | CALL SIGN | AIVI OF FIVI | 2/0 | LOCATION OF STATION |
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| Accounting Perio | LEGAL NAME OF OWNER OF O | CABLE SYST | EM: | | | | FUR | SYSTEM ID# | | | |
| Name | CABLE ONE, INC. | | | | | | | 7409 | | | |
| | | | | | | | | | | | |
| Substitute | SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi | fy every non ecounting pe | network televis | ion program, broadcast by cific present and former FC | a <i>distant</i> stati C rules, regul | ations, or a | uthorizations. | For a further | | | |
| Carriage: | 1. SPECIAL STATEMENT | | | | | | | | | | |
| Special Statement and | During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program | | | | | | | | | | |
| Program Log | broadcast by a distant station? | | | | | | | | | | |
| | Note: If your answer is "No" | , leave the | rest of this pag | ge blank. If your answer is | "Yes," you m | nust comple | ete the progra | ım | | | |
| | 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). 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. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required 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 | | | | | | | g ation n. nth ely | | | |
| | effect on October 19, 1976. | | WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO | | | | | | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. | TIMES | 7. REASON FOR DELETION | | | |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM | <u>— то</u> | | | | |
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| | LEGAL NAME OF OW | NER OF CABLE S | SYSTEM: | | | | | , | SYSTEM II |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|------------------------------------------------------------------|-----------------------------------------------------------------|------------------------------|-------------------------------------|---------------------------------|------------------------------|
| Name | CABLE ONE, I | NC. | | | | | | | 740 |
| K Gross Receipts | | e figure you gi s receipts) pai pace E) during eneral instruc ts from subscr | id to your cable g the accountir tions located in ribers for secon | e system by s ng period. Foi n the paper S ndary transm | ubscribers for the afurther explar A1-2 form. ission service(s) | e system's s ation of hov | secondary trans v to compute thi | mission servic s amount, see | e |
| | IMPORTANT: Yo | | | | concerning gros | | | • | 42,298.95 gross receipts) |
| Copyright Royalty Fee | COPYRIGHT ROY Instructions: To co Complete block 1 Use block 1 if the Use block 2 if the Use block 3 if the See page (vi) of the g | ompute the roy , block 2, or b amount of gro amount of gro amount of gro | olock 3. oss receipts in oss receipts in oss receipts in | space K is \$ space K is m space K is m | ore than \$137,1 ore than \$263,8 | 00 but less t | than \$527,600 | \$263,800 | |
| | | | BLOCK ' | 1: GROSS R | ECEIPTS OF \$ | 137,100 OF | RLESS | | |
| | Instructions: As a data | | ith gross receip | ots of \$137,10 | or less, the roya | lty fee that y | ou must pay for t | his six-month | |
| | Line 1. Royalty fee | for accounting | period | | | | | | |
| | Line 2. Interest cha | | | | | | | | 0.00 |
| | 2.110 2. 11101001 0110 | geee | | | , pago o | | | - | |
| | Line 3. TOTAL RO | | | | | | | | |
| | 4 D | | | | \$263,800 OR I | | · | , , | |
| | 1. Base amount un 2. Enter amount of | • | | | | | | _ | |
| | Subtract line 2 fr | | | | | | | _ | |
| | 4. Enter the amour | | | | | | | | |
| | 5. Enter the amour | • | | | | | | 21,501.05 | - |
| | 6. Subtract line 5 fr | | | | | | | 220,797.90 | _ |
| | 7. Multiply line 6 by | | | | | | | \$ | - 1,103.99 |
| | 8. Interest charge. | Enter the amo | ount from line 4, | , space Q, pag | je 8 | | | | 0.00 |
| | 9. TOTAL ROYAL | TY FEE PAYA | BLE FOR ACC | OUNTING PE | RIOD. Add lines | 7 and 8 | | \$ | 1,103.99 |
| | | BLOCK 3 | : GROSS REG | CEIPTS OF I | MORE THAN \$2 | 263,800 (bu | ut less than \$52 | 7,600) | |
| | Enter the amour | nt of aross rece | eipts from space | e K | | | | | |
| | Base amount un | | | | | | | _ ı | |
| | 3. Subtract line 2 fr | | | | | | | _ | |
| | 4. Multiply line 3 by | | | | | | | - | _ |
| | 5. Royalty due on t | he first \$263,86 | 00 of gross rece | eipts (under st | atutory formula) . | | . \$ | 1,319.00 | _ |
| | 6. Interest charge. | Enter the amo | ount from line 4, | , space Q, pag | je 8 | | | 0.00 | _ |
| | 7. TOTAL ROYAL | TY FEE PAYA | BLE FOR ACC | OUNTING PE | RIOD. Add lines | 4, 5, and 6 . | | | |
| | | | FILING FEE A | AND TOTAL | REMITTANCE | DUE | | | |
| | | | | | | | | | |
| Filing Fee and otal Remittance | 1. Royalty Fee Pay | able for Accou | inting Period (fro | om Block 1, 2, | or 3, above) | | \$ | 1,103.99 | - |
| Due | 2. Filing Fee (See t | the instructions | for more inform | mation on filing | fee calculations) | | \$ | 20.00 | _ |
| | 3. TOTAL AMOUN | IT DUE FOR A | ACCOUNTING I | PERIOD. Add | l lines 2 and 3 | | | \$ | 1,123.99 |
| | Important | | | | | | able to the Regi | | .btol |

| 2. Enter the total number of activated channels on which the cable system carried television broadcast stations. | FORM SA1-2E. PAGE 7. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 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 on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system and the cable system and the cable system and the cable system and the cable system as identified in line 1 of space B, (City, town, side, 2p) Email JENAE HECK CABLEONE.BIZ Fax (optional 602-364-6013 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B. (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B. (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B. (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B. (I have examined the statement of ac | SYSTEM ID# 7409 |
| Individual to Be Contacted for Further Information Name | 280 |
| Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or sulte number) PHOENIX, AZ 85012-2626 (City, town, state, zp) Email ENABLE HECK@CABLEONE.BIZ Fax (optional 502-364-6013 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, 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) in am the duty 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 (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 in line 1 of space 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)] | |
| PHOENIX, AZ 85012-2626 (City, town, state, zip) Email JENAE.HECK@CABLEONE.BIZ Fax (optional 602-364-6013 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, 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 identified in line 1 of space B and that the owner is not a corporation or partnership, or X (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 in line 1 of space 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)] X /s/ Quynh Tran Enter an electronic signature on the line above to certify this statement. | |
| PHOENIX, AZ 85012-2626 (City, town, state, 2ip) Email JENAE.HECK@CABLEONE.BIZ Fax (optional 602-364-6013 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, 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 identified in line 1 of space B and that the owner is not a corporation or partnership; or X (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 in line 1 of space 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)] | |
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| Enter an electronic signature on the line above to certify this statement. | |
| · · · · · · · · · · · · · · · · · · · | |
| | |
| 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.

| ccounting Period: 2023/1 | FORM SA1-2E. PAGE 8. |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| EGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| CABLE ONE, INC. | 7409 |
| 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 | P Special Statement Concerning Gross Receipts Exclusion |
| 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 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 undergoyment | Interest Assessment |
| Line 1 Enter the amount of late payment or underpayment | - |
| X | - |
| 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 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 | |
| Owner Address | |
| | |
| ID number | |
| First community served Accounting period | |

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CONTROL #: REMITTANCE #:

| C | Cable Worksheet | Total amount of remittance | Number of SAs rec'e | d Initials |
|-------------------------------------|----------------------------------------------------------|----------------------------|-------------------------|-----------------|
| | | Date of remittance | Check EFT | FILING FEES |
| Cable ID # | | | | Amount Initials |
| Examined by | Reviewed by | Date examination completed | Allocation number | |
| Space A Accounting Period | | | | |
| | ☐ January 1 - June 30, 2017 ☐ July 1 - December 31, 2017 | | | |
| | Letter sent Information received | | | |
| | Accepted | | Phone call/Date/Contact | |
| Space B Owner | | | | |
| | Letter sent | | Information received | |
| | Accepted | | Phone call/Date/Contact | |
| Space D Area Served | | | | |
| | Letter sent | | Information received | |
| | Accepted | | Phone call/Date/Contact | |
| Space E Secondary Transission | | | | |
| Service Subscribers: | Letter sent |] | Information received | |
| and Rates | Accepted | | Phone call/Date/Contact | |
| Space G Primary Transmitters: | | | | |
| Television | Letter sent | | Information received | |
| | Accepted | | Phone call/Date/Contact | |
| Space H Primary Transmitters: | | | | |
| Radio | Accepted | | Phone call/Date/Contact | |

| | | Space I Substitute Carriage |
|-----------------------|---------------------------|-------------------------------------------------|
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space J Part-time Carriage Log |
| ✓ Letter sent | Information received | (SA3 only) |
| Accepted | Phone call/Date/Contact | |
| | | Space K Gross Receipts |
| Letter sent | Information received | |
| Letter sent | Phone call/Date/Contact | |
| | | Space L Copyright Filing and Royalty Fees |
| Royalty Fee should be | Refund request to fiscal | |
| Letter sent | Information received | |
| Accepted | Phoe call/Date/Contact | |
| | | Space M Channels |
| Letter sent | ☐ Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space O Certification |
| Letter sent | ☐ Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space P Statement of Gross Receipts |
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space Q Interest Assessment |
| Letter sent | ☐ Info/add'l fee received | |
| Accepted | Phone call/Date/Contact | |