This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/23/23	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

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)
	MANUNIO ADDDESO OF OWNER OF OARL F OVETEN
	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)
_	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	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:
	CABLE ONE, INC. d/b/a SPARKLIGHT MAILING ADDRESS OF CABLE SYSTEM:
	2005 S. MAIN STREET
	(Number, street, rural route, apartment, or suite number)
	ROSWELL, NM 88203 (City, town, state, zip code)
ļ	

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.

Accounting Period:	2023/1							
Accounting remou.	. 2023, 1	FORM SA1-2E. PAGE 1b.						
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	CABLE ONE, INC.	7427						
	Instructions: List each separate community served by the cable system. A "c							
D	separate and distinct community or municipal entity (including unincorporal unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings.	ted communities within unincorporated areas and including single, discrete ist will serve as a form of system identification hereafter known as the "first						
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.							
Served		_						
	CITY OR TOWN	STATE						
First	ROSWELL	NM						
Community	CHAVES COUNTY	NM						
Add Rows as Necessary								

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

7427

CABLE ONE, INC.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

OCK 1	BLOCK 2				
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
COBCOTTIBLITO	TOTTE	OMEGGINI OF GENVIOL	COBCOTTIBLITO	10112	
497	42.00	IPTV	445	54.00	
7	79.95		8	79.95	
	NO. OF SUBSCRIBERS 497	NO. OF SUBSCRIBERS RATE 497 42.00 7 79.95	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 497 42.00 IPTV 7 79.95 IPTV - Commercial	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS	

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				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	10.99-19.00	Motel, hotel		STANDARD IPTV	67.75
• Pay cable—add'l channel		Commercial		DIGITAL VALUE PAK	16.00
Fire protection		• Pay cable		HISPANIC TIER	6.00
•Burglar protection		Pay cable-add'l channel		STANDARD CABLE	67.75
Installation: Residential		Fire protection			
First set	0-90.00	Burglar protection			
Additional set(s)		Other services:			
 FM radio (if separate rate) 		Reconnect	0-90.00		
Converter		Disconnect			
		Outlet relocation	90.00		
		Move to new address	90.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7427

CABLE ONE, INC.

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

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	FDX-DT2
KRQE	13	N	ALBUQUERQUE, NM
KRQE-2	13.2	I-M	ALBUQUERQUE, NM
KRQE-3	13.3	I-M	ALBUQUERQUE, NM
KRQE-SIMUL	13	N	ALBUQUERQUE, NM
KRQE-2-SIMUL	13.2	I-M	ALBUQUERQUE, NM
KASY	36	l	ALBUQUERQUE, NM
KASY-3	36.3	I-M	ALBUQUERQUE, NM
KASY-4	36.4	I-M	ALBUQUERQUE, NM
KASY-5	36.5	I-M	ALBUQUERQUE, NM
KASY-SIMUL	36	I	ALBUQUERQUE, NM
KCHF	10	I	ALBUQUERQUE, NM
KENW	32	E	PORTALES, NM
KENW-SIMUL	32	E	PORTALES, NM
KOAT	7	N	ALBUQUERQUE, NM
KOAT-2	7.2	I-M	ALBUQUERQUE, NM
KOAT-3	7.3	I-M	ALBUQUERQUE, NM
KOAT-SIMUL	7	N	ALBUQUERQUE, NM
KOBR	26	N	ROSWELL, NM
KOBR-2	26.2	I-M	ROSWELL, NM
KOBR-3	26.3	I-M	ROSWELL, NM
KBOR-SIMUL	26	N	ROSWELL, NM
KRTN-LD	18	l	ALBUQUERQUE, NM
KRPV	27	l	ROSWELL, NM

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

CABLE ONE, INC.

7427

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	FDX-DT2
KUPT	29	l	HOBBS, NM
KWBQ	29	l	SANTA FE, NM
KWBQ-2	29.2	I-M	SANTA FE, NM
KWBQ-3	29.3	I-M	SANTA FE, NM
KWBQ-5	29.5	I-M	SANTA FE, NM
KWBQ-SIMUL	29	l	SANTA FE, NM
KASA	27	l	SANTA FE, NM
KTEL-2	25	I-M	CARLSBAD, NM

Accounting Period: 2023/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 7427

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	ł							
	 	 						
								
	ļ							
	ļ	 						
	ļ							
	ļ							
	ļ							
	ļ							
	ļ							
	1							
	İ							
	İ							
	İ							
	T							
	t							
	t							
								
		·	<u>, </u>		I			

U.S. Copyright Office

	1 2022/4								
Accounting Perio	d: 2023/1 LEGAL NAME OF OWNER OF (ARI E SYST	EM:			FOR	SYSTEM ID#		
Name	CABLE ONE, INC.	ABLE 0101	∟w.				7427		
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG	i				
ı		_	_			on, that your cable systen	n carried on a		
	substitute basis during the ac	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	riage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Carriage: Special									
Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
Program Log									
	log in block 2.	BBOODA	140						
	2. LOG OF SUBSTITUTE In General: List each substi			te line. Use abbreviations	wherever po	ssible if their meaning is	,		
	clear. If you need more space	ce, please a	idd additional r	ows to the tables.	•	•			
	Column 1: Give the title of period, was broadcast by a								
	under certain FCC rules, reg								
	Do not use general categori		vies" or "baske	tball." List specific prograr	n titles, for ex	cample, "I Love Lucy" or			
	"NBA Basketball: 76ers vs. I Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "N	No."				
	Column 3: Give the call s								
	Column 4: Give the broathe case of Mexican or Cana								
	Column 5: Give the mon	th and day					nth		
	first. Example: for May 7 giv Column 6: State the time		substitute prod	aram was carried by your	cahle system	List the times accurate	dv		
	to the nearest five minutes.						iny		
	stated as "6:00–6:30 p.m."	"D" :f 4b - 1							
	Column 7: Enter the lette to delete under FCC rules a								
	was substituted for program								
	effect on October 19, 1976.								
					WH	EN SUBSTITUTE			
	S	UBSTITUT	E PROGRAM	<u> </u>	CARF	RIAGE OCCURRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	BEELHOIT		
						_			
						_			
						_			
				 		<u> </u>			
						<u> </u>			
						<u> </u>			
					.	<u> </u>			
						_			
						_			
									
						 			
						<u> </u>			
					11				

Accounting Period:	2023/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
- Numb	CABLE ONE, INC.				7427
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanatio 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.	ystem's sec n of how to	condary transmis compute this ar	ssion service mount, see	20,811.44 ross receipts)
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 b • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less than formation.	n \$527,600	53,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	tee that you	i must pay for this	s six-montn	
	Line 1. Royalty fee for accounting period				
	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 lin	nes 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,10	00)	
	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 l	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	420,811.44		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	157,011.44		
	4. Multiply line 3 by .01		\$	1,570.11	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \dots		. \$	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		\$	2,889.11
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,889.11	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		[\$	2,909.11
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2023/1				FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM:			SYSTEM ID# 7427				
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							
	on which the	I number of activated channel cable system carried television dcast services			289				
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an in nt.)	dividual to whom					
for Further Information	Name	JENAE.HECK@CABL	LEONE.BIZ	Telephone	602-364-6092				
	Address	210 E EARLL DRIVE (Number, street, rural route, apartn	ment, or suite number)						
		PHOENIX, AZ 85012- (City, town, state, zip)	-2626						
	Email	JENAE.HECK@	CABLEONE.BIZ	Fax (optional <u>602-364-601</u>	3				
0	CERTIFICATION (This statement of account mu	ust be certified and signed in accordance with C	copyright Office regulations)					
Certification	• I, the undersigne	d, hereby certify that (Check or	ne, but only one, of the boxes.)						
	(Owner	r other than corporation or pa	artnership) I am the owner of the cable system a	s identified in line 1 of space E	3; or				
			tion or partnership) I am the duly authorized age e owner is not a corporation or partnership; or	ent of the owner of the cable s	ystem as identified				
		er or partner) I am an officer (in line 1 of space B.	f a corporation) or a partner (if a partnership) of th	ne legal entity identified as owr	ner of the cable system				
		te, and correct to the best of my	nereby declare under penalty of law that all statem y knowledge, information, and belief, and are mad						
			X /s/ Quynh Tran						
			Enter an electronic signature on the line above to c Enter signature using an "/s/ signature" (e.g., /s/ Jo						
		Typed or printed	name: QUYNH TRAN						
		Title:	VICE PRESIDENT & TREASURER le 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.

ounting Period: 2023/1	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	7427
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.	Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* 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 Address	
ID number First community served Accounting period	

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.