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

Licensing Digitally signed by Licensing Division Division Date: 2023.09.25

		11:25:51 -04
Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	184 SOUTHTOWNE SHOPPING CENTER (Number, street, rural route, apartment, or suite number)
		DU QUOIN, IL 62832 (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.

	LECAL MAME OF OWNER OF CARLE SYSTEM.	FORM SA1-2E. PAGE SYSTEM I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	84
	Instructions: List each separate community served by the cable system. A "community" is the	
	separate and distinct community or municipal entity (including unincorporated communities	
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a	
	community." Please use it as the first community on all future filings.	,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home pa	arks should be reported in parentheses below the identif
Aica	city.	
	CITY OR TOWN	STATE
First	DU QUOIN	IL
Community	PICKNEYVILLE	<u> L</u>
	TAMAROA	IL
Rows as Necessary	SUNFIELD	IL
	UNINC. PERRY	IL IL
	BUCKNER	IL
	CHRISTOPHER	IL
	NORTH CITY	IL
	EWING	<u>IL</u>
	WEST CITY VILLAGE	IL
	MULKEYTOWN	IL
	BENTON	IL
	UNINC. FRANKLIN COUNTY	IL
	COELLO	IL
	WHITTINGTON	IL IL
	ST. JOHNS VILLAGE	IL

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

8421

Ε

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.

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	SUBSCRIBERS	NATE	CATEGORY OF SERVICE	SUBSCRIBERS	NATE	
Service to first set	453	42.00	IPTV	562	54.00	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	50	56.00				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential			
Pay cable	10.99-19.00	Motel, hotel		STANDARD CABLE	67.7
 Pay cable—add'l channel 		Commercial		STANDARD IPTV	67.7
 Fire protection 		• Pay cable		DIGITAL VALUE PAK	16.0
 Burglar protection 		Pay cable-add'l channel		HISPANIC TIER	6.0
Installation: Residential		Fire protection			
 First set 	100.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	90.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

8421

Name

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 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
WSIL	34	N	HARRISBURG, IL
WSIL-2	34.2	I-M	HARRISBURG, IL
WSIL-4	34.4	I-M	HARRISBURG, IL
WPSD	19	N	PADUCAH, KY
WPSD-3	19.3	I-M	PADUCAH, KY
WPSD-SIMUL	19	N	PADUCAH, KY
WTCT	30	l	MARION, IL
KBSI	36	l	CAPE GIRADEAU, MO
KBSI-3	36.3	I-M	CAPE GIRADEAU, MO
WSIU	8	E	CARBONDALE, IL
KFVS-TV	32	N	CAPE GIRADEAU, MO
KFVS-3	32.3	I-M	CAPE GIRADEAU, MO
KFVS-4	32.4	I-M	PADUCAH, KY
KFVS-5	32.5	I-M	PADUCAH, KY
KSDK	35	N	ST. LOUIS, MO
WDKA	25	I	PADUCAH, KY
WDKA-2	25.2	I-M	PADUCAH, KY
WDKA-3	25.3	I-M	PADUCAH, KY
WDKA-4	32.4	I-M	PADUCAH, KY
WQWQ-LD	18	I	PADUCAH, KY
WSIL-SIMUL	34	N	HARRISBURG, IL
KFVS-SIMUL	32	N	CAPE GIRADEAU, MO
KBSI-SIMUL	36	I	CAPE GIRADEAU, MO

nting Period:	2023/1			F	ORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM ID#
Name	CABLE ONE, INC.		8421		
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Insmitters: elevision	carried by your cable systel FCC rules and regulations 76.59(d)(2) and (4), 76.61(constitute program basis, a Substitute Basis Stations basis under specific FCC reference to not list the station her station was carried only on		1) stations carried only on a part-te carriage of certain network progre(e)(2) and (4))]; and (2) certain starried by your cable system on a subsection of the special Statement and Program	ime basis under ams [sections itions carried on a bstitute program Log)—if the	
	basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast)	el number the FCC assigned to the telev /RC is channel 4 in Washington, D.C. n case whether the station is a network stering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or	see page (v) of the general instruction or a services such as HBO, ESI air designation. For example, reprision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for independent station) or a fer network multicast).	tions. PN, etc. Identify each ort multistream the air in its community a noncommercial sendent), "I-M"	
	Column 4: Give the location	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t dian stations, if any, give the name of the	he community to which the station	,	
	Column 4: Give the location	on of each station. For U.S. stations, list t	he community to which the station	,	STATION
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Accounting Period: 2023/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

8421

CABLE ONE, INC.

Н

Primary Transmitters:

Radio

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.

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.

- 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
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Accounting Perio	d: 2023/1						FORM	M SA1-2E. PAGE 5.
Nama		CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							8421
Name Substitute Carriage: Special Statement and Program Log								
	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 effect on October 19, 1976. WHEN SUBSTITUTE							ed
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	AGE OCCU 6. TIN FROM —	MES	DELETION
		Tes of No	CALL SIGN	4. STATION'S LOCATION	AND DAT	T KOW —	10	
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Accounting Period:	2023/1			FORM	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			(SYSTEM ID# 8421				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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.	system's se ion of how t	condary transm o compute this	ission service amount, see					
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 \$263,800 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.								
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS								
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	must pay for this	six-month					
	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	es 1 and 2 .							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE								
	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 \$26	3,800 (but l	less than \$527,	600)					
	Enter the amount of gross receipts from space K	\$	468,870.31						
	2. Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	205,070.31						
	4. Multiply line 3 by .01		\$	2,050.70					
	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		\$	3,369.70				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,369.70					
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			\$	3,389.70				
	Important: Your remittance must be in the form of an electronic pay 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 OWN CABLE ONE, INC.	IER OF CABLE SYSTEM:				SYSTEM ID# 8421
M Channels	to its subscribers, a 1. Enter the total nu system carried te 2. Enter the total nu on which the cab	must give (1) the number of channels on which the cable system's the cable system's the control of the channels on which the control of the channels of activated channels are system carried television at services	25			
N Individual to Be Contacted	we can contact abo	ut this statement of accou		DRMATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name JE	ENAE HECK			Telephone	602-364-6092
		10 E. EARLL DRIVE umber, street, rural route, apartn	nent, or suite	te number)		
		HOENIX, AZ 85012- ty, town, state, zip)	2626			
	Email	JENAE.HECK@	CABLEC	ONE.BIZ	Fax (optional 602-364-601	3
•	CERTIFICATION (Thi	s statement of account mu	ust be cert	tified and signed in accordance with (Copyright Office regulations)	
O Certification	• I, the undersigned, he	ereby certify that (Check one	e, but only	one, of the boxes.)		
	(Owner oth	her than corporation or pa	ırtnership)) I am the owner of the cable system as	identified in line 1 of space B;	or
				rtnership) I am the duly authorized age not a corporation or partnership; or	nt of the owner of the cable sys	stem as identified
		r partner) I am an officer (if ne 1 of space B.	a corporat	tion) or a partner (if a partnership) of the	e legal entity identified as owne	or of the cable system
		and correct to the best of my		lare under penalty of law that all stateme e, information, and belief, and are made		
			X	/s/ Quynh Tran		
				electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/ .		
		Typed or printed	name:	QUYNH TRAN		
				PRESIDENT & TREASURER 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.	8421
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? 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	-
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- -
Line 3 Multiply line 2 by the number of days late and enter the sum here adays - x 0.00274	-
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	

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