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

	SEEICE LISE ONLY
FOR COPYRIGHT O	IT ICE USE ONET
DATE RECEIVED	AMOUNT
2-26-24	\$ 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	ACCO	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)	
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.	0312
		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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in spa	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	ı	SPARKLIGHT	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	102 N. 5TH STREET (Number, street, rural route, apartment, or suite number)	
		VINCENNES, IN 47591	
		(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.

Accounting Period:	2023/2	FORM CAA OF DAGE 41-
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#
Name	CABLE ONE, INC.	10312
	Instructions: List each separate community served by the cable system. A "commu	
D	separate and distinct community or municipal entity (including unincorporated com	nmunities within unincorporated areas and including single, discrete
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s	erve 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	nome parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	MCLEANSBORO	IL
Community	ALBION	IL
•	GRAYVILLE	iL
Add Rows as Necessary	FAIRFIELD	IL
,	WAYNE CITY	IL
	MT. CARMEL	IL
	UNINC. WHITE COUNTY	IL
	CARMI	IL
	CROSSVILLE	IL .
	NORRIS CITY	<u>IL</u>
	NEW HARMONY	IL
	UNINC. POSEY COUNTY	IL
	VALIER SESSER	IL
		IL IL
		IL
UNINC. WAYNE COUNTY ENFIELD		

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

10312

E

Name

CABLE ONE, INC.

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.

BLOCK 1			BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	367	42.00	IPTV	570	54.00	
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	21	42.00	IPTV	26	79.95	
Converter						
Residential	367	2.75-15.00				
Non-residential	21	2.75-21.00				

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	RA
Continuing Services:		Installation: Non-residential			
• Pay cable	10.99-19.00	Motel, hotel		STANDARD IPTV	67
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		DIGITAL VALUE PAK	16
<ul> <li>Fire protection</li> </ul>		• Pay cable		HISPANIC TIER	6
Burglar protection		Pay cable-add'l channel		STANDARD CABLE	67
Installation: Residential		Fire protection			
• First set	0-90.00	Burglar protection			
Additional set(s)		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	0-90.00		
Converter		Disconnect			
		Outlet relocation	0-30.00		
		Move to new address	0-30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10312

CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

## G

### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, 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
KFVS-TV	32	N	CAPE GIRARDEAU, MO
KFVS-3	32.3	I-M	CAPE GIRARDEAU, MO
KFVS-4	32.4	I-M	CAPE GIRARDEAU, MO
KFVS-5	32.5	I-M	CAPE GIRARDEAU, MO
KFVS-SIMUL	32	N	CAPE GIRARDEAU, MO
KBSI	36	l	CAPE GIRARDEAU, MO
KBSI-3	36.3	I-M	CAPE GIRARDEAU, MO
KBSI-SIMUL	36	l	CAPE GIRARDEAU, MO
WDKA	25	I	PADUCAH, KY
WDKA-2	25.2	I-M	PADUCAH, KY
WDKA-3	25.3	I-M	PADUCAH, KY
WDKA-4	25.4	I-M	PADUCAH, KY
WPSD-TV	19	N	PADUCAH, KY
WPSD-SIMUL	19	N	PADUCAH, KY
WSIL	34	N	HARRISBURG, IL
WSIL-2	34.2	I-M	HARRISBURG, IL
WSIL-4	34.4	I-M	HARRISBURG, IL
WSIL-SIMUL	34	N	HARRISBURG, IL
WSIU	8	E	CARBONDALE, IL
WSIU-SIMUL	8	E	CARBONDALE, IL
WTCT	30	I	MARION, IL
WQWQ-LD	18	I	CAPE GIRARDEAU, MO
WPSD-3	19.3	I-M	PADUCAH, KY

	CABLE ONE, INC.	10312
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Accounting Period: 2	023/2	FORM SA1-2E. PAGE 3.

# G

### Primary Transmitters: Television

Add Rows as Necessary

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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WQWQ-SIMUL	18	1	CAPE GIRARDEAU, MO

Accounting Period: 2023/2	FO	RM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

### 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
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d: 2023/2						FOR	M SA1-2E. PAGE 5.
CABLE ONE, INC.	CABLE SYSTI	EM:					SYSTEM ID# 10312
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. 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 log in block 2.  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 "NBAB Basketball: Tõers 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 6: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was substituted for programming that your system was required to delete under FCC							
				CARF	RIAGE OC	CURRED	7. REASON FOR DELETION
1. IIILE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION				
	CABLE ONE, INC.  SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, repo not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call single Column 4: Give the broat the case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	CABLE ONE, INC.  SUBSTITUTE CARRIAGE: SPECIAL In General: In space I, identify every none substitute basis during the accounting per explanation of the programming that must 1. SPECIAL STATEMENT CONCERNOTES During the accounting period, did your broadcast by a distant station?  Note: If your answer is "No", leave the relog in block 2.  2. LOG OF SUBSTITUTE PROGRAM In General: List each substitute program clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant static under certain FCC rules, regulations, or Do not use general categories like "move" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the second of Mexican or Canadian station the case of Mexican or Canadian station the case of Mexican or Canadian station the case of Mexican or Canadian station. Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the I to delete under FCC rules and regulation was substituted for programming that you effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	CABLE ONE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMEN' In General: In space I, identify every nonnetwork televisi substitute basis during the accounting period, under specexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBSTI* • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this paglog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separaticlear. If you need more space, please add additional rolumn 1: Give the title of every nonnetwork televiperiod, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "baske" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your syst first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	CABLE ONE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOW In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of the special state of the programming that must be included in this log, see page (v) of the special state of this page blank. If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0' 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 permitted to delete underfect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	CABLE ONE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant statisubstitute basis during the accounting period, under specific present and former FCC rules, regul explanation of the programming that must be included in this log, see page (v) of the general instr.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonne broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you m log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever por 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") the period, was broadcast by a distant station and that your cable system substitute for the program cretain FCC rules, regulations, or authorizations. See page (v) of the general instruction to not use general categories like "movies" or "basketball." List specific program titles, for exember 1. Since the call sign of the station broadcasting the substitute program.  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 5: Give the month and day when your system carried the substitute program. Use first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the letter the letter "R" if the listed program was perm	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in the station of the programming that must be included in this log, see page (v) of the general instructions in the station of the programming that must be included in this log, see page (v) of the general instructions in the station of the program period, did your cable system carry, on a substitute basis, any nonnetwork televity 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 comple log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L "NBA Basketball: 76ers vs. Bulls."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals first. Example: for May 7 give "57."  Column 3: Give the call sign of the station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community to which the station is identified).  Column 5: Give the month and day when your system carried by suprementations. It is the tit to the neares	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. I explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  * 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 prograt log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. 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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 6: State the times when the substitute program was carried by your cable system. List the times

ccounting Period:	2023/2				SA1-2E. PAGI				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.				SYSTEM II 103				
<b>K</b> 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 sion of how	secondary transm to compute this a	ission service mount, 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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less t	han \$527,600	63,800					
	BLOCK 1: GROSS RECEIPTS OF \$1:	37,100 OF	RLESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for th	is 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	ines 1 and	2	· · <u> </u>					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but r	more than \$137,	100)					
	Base amount under statutory formula	\$	263,800.00	-					
	Enter amount of gross receipts from space K			-					
	3. Subtract line 2 from line 1			<u>-</u>					
	Enter the amount of gross receipts from space K		· · ·		<u>.</u>				
	5. Enter the amount from line 3				<u>.</u>				
	6. Subtract line 5 from line 4				<u>.</u>				
	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 (bu	ıt less than \$527	,600)					
	Enter the amount of gross receipts from space K	. \$	415,704.80	-					
	2. Base amount under statutory formula	\$	263,800.00	<u>-</u>					
	3. Subtract line 2 from line 1	\$	151,904.80	-					
	4. Multiply line 3 by .01		\$	1,519.05					
	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	<u>.</u>				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6		\$	2,838.05				
	FILING FEE AND TOTAL REMITTANCE D	UE							
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,838.05					
Due	Filing Fee (See the instructions for more information on filing fee calculations)		<b>\$</b>	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,858.05				
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA				ghts!				

Accounting Period: 2023/2 FORM SA1-2E. PAGE 7.					
Name	CABLE ONE, I	F OWNER OF CABLE SYSTEM: , INC.	SYSTEM ID# 10312		
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.  24  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.				
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)				
Be Contacted for Further Information	Name	<b>JENAE HECK</b> Telephone <b>602-364-6092</b>			
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)  PHOENIX, AZ 85012-2626 (City, town, state, zip)			
	Email	JENAE.HECK@CABLEONE.BIZ Fax (optional 602-364-6013			
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)				
Certification	• 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				
	(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.				
	<ul> <li>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)]</li> </ul>				
X /s/Quynh Tran					
		Enter an electronic signature on the line above to certify this statement.  Enter signature using an "/s/ signature" (e.g., /s/ John Smith)			
		Typed or printed name: QUYNH TRAN			
	Title: VICE PRESIDENT & TREASURER  (Title of official position held in corporation or partnership)				
		Date: February 26, 2024			

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.

counting Period: 2023/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	10312
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."	P Special Statement Concerning Gross Receipts Exclusion
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	
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
x	-
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	-
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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