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

STATEN	IENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
	lary Transmissions by tems (Short Form)	DATE RECEIVED	AMOUNT \$	<u>coplicsoa@loc.gov</u> For additional information,
	ructions are located b of this workbook	2-26-24	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY	YY/(Period))	
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	

		2023/2
A		20232 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:
	I	SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	0	235 S 6TH STREET
	2	(Number, street, rural route, apartment, or suite number)
		COTTONWOOD, AZ 86326 (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 sufficiency of the fling, a determination that would be made by a court of law.

No	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	10585
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated con unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will s community." Please use it as the first community on all future filings.	nity" is the same as a "community unit" as defined in FCC rules: "a nunnities within unincorporated areas and including single, discrete
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	home parks should be reported in parentheses below the identified
Serveu		
	CITY OR TOWN	STATE
First	COTTONWOOD	AZ
Community	CLARKDALE CORNVILLE	AZ AZ
	PAGE SPRINGS	AZ
Add Rows as Necessary	YAVAPAI APACHE	AZ
	YAVAPAI COUNTY	AZ

Accounting Period	d: 2023/2							FORM SA1-	2F PAGE 2
	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							TEM ID#
Name	CABLE ONE, INC.								10585
E Secondary	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including p	pace E should on of television ay cable) in sp	cover a and ra ace F,	all categories of dio broadcasts not here. All the	f secondary by your sy e facts you	stem to subscrib state must be th	ers. Give i	nformation	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						o svetom	brokon	
scribers and	down by categories of secondary	•							
Rates	each category by counting the nu separately for the particular servi Rate: Give the standard rate cl unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block	umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed	in tha indicate h categ 20/mth") for adva	at category (the ed—not the num lory of service.). Summarize a ance payment.	number of nber of set Include bo ny standar	f persons or orga s receiving servio th the amount of d rate variations	nizations o ce). the charge within a pa	charged e and the articular rate	
	systems most commonly provide that applies to your system. Note	to their subsc Where an in	ribers. dividua	Give the number I or organization	er of subsc n is receivi	ribers and rate for ng service that fa	or each list alls under o	ed category different	
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system h	0							
	printed in block 1 (for example, ti with the number of subscribers a sufficient.	nd rates, in the					n of the se	rvice is	
	BLC	OCK 1 NO. OF	:				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		394	42.00	IPTV			202	54.00
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel				IPTV			10	70.05
	Commercial				IPIV			12	79.95
	Converter Residential		394	2 75 45 00					
	Non-residential		394	2.75-15.00					
	• Non-residential								
F Services Other Than	SERVICES OTHER THAN SECC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un	e (not subscrib hose services e two exceptio or facilities furr	per) info that are ns: you nished t	ormation with re ont offered in do not need to o nonsubscribe	espect to al combinatio give rate i ers. Rate in	on with any secor information conc information should	ndary trans erning (1) s I include be	mission services oth the	
Secondary	enter only the letters "PP" in the		usualiy	Dilleu. Il ally la	ales ale ch	arged on a varia	bie pei-pio	gram basis,	
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	your cable sys	stem fu	rnished or offer	ed during t	the accounting p	eriod that v		
	brief (two- or three-word) descrip	tion and includ	e the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SEF	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Install						
	• Pay cable	10.99-19.99	-	otel, hotel					67.75
	• Pay cable—add'l channel		-	ommercial					67.75
	Fire protection		-	y cable					
	•Burglar protection		-	y cable-add'l c	nannel		пізраг	NIC TIER	6.00
	Installation: Residential	0.00.00		e protection					
	First set Additional set(s)	0-90.00		rglar protectior services:	I				
	 Additional set(s) FM radio (if separate rate) 			services:		0-90.00			
	• Converter		-	sconnect		0-30.00			
	Convertor		-	Itlet relocation		90.00			
				ove to new add	ress	90.00			

Nama	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	CABLE ONE, INC.			10
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including tra- em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the	 stations carried only on a part-ti carriage of certain network progra 	ime basis under ams [sections
Primary ansmitters:		e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph.	e)(2) and (4))]; and (2) certain sta	tions carried on a
Television	Substitute Basis Station	s: With respect to any distant stations car	ried by your cable system on a su	bstitute program
		ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis.	Special Statement and Program	Log)—if the
	basis. For further informati	also in space I, if the station was carried l on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro	ee page (v) of the general instruct	ions.
	multicast stream associate	d with a station according to its over-the-a	-	-
	"WETA-2" as the same on Column 2: Give the chann	the form. nel number the FCC assigned to the televi	sion station for broadcasting over	the air in its community
		VRC is channel 4 in Washington, D.C. h case whether the station is a network st	ation an independent station or a	noncommercial
	educational station, by ent	ering the letter "N" (for network), "N-M" (fo	r network multicast), "I" (for indep	endent), "I-M"
	· · · ·), "E" (for noncommercial educational), or erms, see page (iv) of the general instruct		onal multicast).
	Column 4: Give the locati	on of each station. For U.S. stations, list t	ne community to which the station	-
	FCC. For Mexican or Cana	adian stations, if any, give the name of the	community with which the station	i is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KAET	8	E	PHOENIX, AZ
	KASW	27	I	PHOENIX, AZ
ows as Necessary	KAZT	7	I	PHOENIX, AZ
	KAZT-2	7.2	I-M	PHOENIX. AZ
	KAZT-4	7.4	I-M	PHOENIX, AZ
	KNXV	15	Ν	PHOENIX, AZ
	KPAZ	20	I	PHOENIX, AZ
	КРНО	17	Ν	PHOENIX, AZ
	KPNX	18	Ν	MESA, AZ
	KSAZ	10	I	PHOENIX, AZ
	KTAZ	29	I	PHOENIX, AZ
	ктүк	24	I	PHOENIX, AZ
	KUTP	26	I	PHOENIX, AZ
	КРНО-2	17.2	I	PHOENIX, AZ
	KTVK-2	24.2	N-M	PHOENIX, AZ
				PHOENIX, AZ
	КТVК-3	24.3	I-M	
			<u></u> I-М	
	KPNX-2	18.2	I-M	MESA, AZ
	KPNX-2 KPNX-3	18.2 18.3	I-M N-M	MESA, AZ MESA, AZ
	KPNX-2 KPNX-3 KPNX-4	18.2 18.3 18.4	I-M N-M N-M	MESA, AZ MESA, AZ MESA, AZ
	KPNX-2 KPNX-3 KPNX-4 KAZT-3	18.2 18.3 18.4 7.3	I-M N-M N-M N-M	MESA, AZ MESA, AZ MESA, AZ MESA, AZ
	KPNX-2 KPNX-3 KPNX-4 KAZT-3 KASW-3	18.2 18.3 18.4 7.3 27.3	I-M N-M N-M N-M I-M	MESA, AZ MESA, AZ MESA, AZ MESA, AZ PHOENIX, AZ
	KPNX-2 KPNX-3 KPNX-4 KAZT-3	18.2 18.3 18.4 7.3	I-M N-M N-M N-M	MESA, AZ MESA, AZ MESA, AZ MESA, AZ

ounting Period: 2	- -			FORM SA1-2E. PA
Name		F CABLE SYSTEM:		SYSTEM 105
	CABLE ONE, INC.			100
G Primary ransmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC m • Do not list the station her station was carried only on • List the station here, and 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	entify every television station (including tra- m during the accounting period, <i>except</i> (7 in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61(s explained in the next paragraph. :: With respect to any distant stations car- ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried I on concerning substitute basis stations, su n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-a the form. el number the FCC assigned to the televi (RC is channel 4 in Washington, D.C. n case whether the station is a network st ering the letter "N" (for network), "N-M" (for	1) stations carried only on a part- carriage of certain network progr (e)(2) and (4))]; and (2) certain statistic ried by your cable system on a su special Statement and Program both on a substitute basis and als ee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep sion station for broadcasting over ation, an independent station, or or network multicast), "I" (for indep	elevision stations) time basis under ams [sections ations carried on a ubstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M"
	For the meaning of these te Column 4: Give the location	"E" (for noncommercial educational), or erms, see page (iv) of the general instruct on of each station. For U.S. stations, list the dian stations, if any, give the name of the	tions in the paper SA1-2 form. he community to which the station	n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KPHO-SIMUL	17	I	PHOENIX,AZ
	KAZT-SIMUL	7	I	PHOENIX,AZ
ws as Necessary	KAET-SIMUL	8	Е	PHOENIX,AZ
	KSAZ-SIMUL	10	I	PHOENIX,AZ
	KPNX-SIMUL	18	N	MESA, AZ
	KNXV-SIMUL	15	N	PHOENIX,AZ
	KTAZ-SIMUL	29	I	PHOENIX,AZ
	KUTP-SIMUL	26	I	PHOENIX,AZ
	KTVK-SIMUL	24	I	PHOENIX,AZ

Accounting P							FURI	I SA1-2E. PAGE
		CABLE S	YSTEM:					SYSTEM II
CABLE ONE	., INC.							105
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1 : lo Column 2 : S	it is carried by monitoring, to prmation abou rm. dentify the call state whether t	y the sys be recei t the Co sign of e the static	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried.	the system's hea ystem's FM ante nis point, see pag	adend, and (2) nna, during ce je (v) of the ge) it can b ertain sta eneral in	e expected, ted intervals. structions in the.	Primary Transmitters: Radio
signal, indicate Column 4: O	this by placing Give the station	g a check n's locati	nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	e station is licens	ed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0		5. 22 51011		0,0		
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Nama	Accounting Perio							FOR	M SA1-2E. PAGE 5.
Substitute SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In Generat: In space 1, 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 special statement and Program log Program Log 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 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 substitute of tor the programming of another station. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball. "Rer vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the cull sign of the station is location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian station's location (the community to which the restation is lotentifed). <td< th=""><th></th><th>LEGAL NAME OF OWNER OF</th><th>CABLE SYST</th><th>EM:</th><th></th><th></th><th></th><th></th><th>SYSTEM ID#</th></td<>		LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
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 SUBSITUTE 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 program log in block 2. 2. LOG OF SUBSITITE 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 forgarm") 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 PCC 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. (Souther information. Do not use general categories like "movies" or "basketball." List specific program. Use numerals, with the month first. Example: for May 7 give '57." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." 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 disentified). Column 6: Site the dime system 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: Entre the letter "R" if the list	Name	CABLE ONE, INC.							10585
Substitute Carriage: Special Statement and Program Log substitute basic 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 "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 file of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for there programming of another station under certain FCC rules, regulations, see page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball." Gers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 4: Give the boadcast station's location (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 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 t		SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LOG				
Carriage: Special Statement and Program Log 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? Image: Type:	I Substitute	substitute basis during the ad	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Special Statement and Program Log • During the accounting period, id your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Special Statement and 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. Image: Special Statement and log in block 2. Image: Special Statement and 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." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: 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 licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations is dentified). Column 6: 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 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			-		• • • • • •	general motic			2 101111.
broadcast by a distant station? Image: Statement and Program Log Image: Statement and 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 nonetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: Teres vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with which the station is identified). Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "FC' if the listed program was substituted for programming that your system was se						0.00000000	huark tala	vision program	~
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 "NBA Basketball: 7Gers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is 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. 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."				r cable system	carry, on a substitute basi	s, any nonne	INOLK IEIEN		
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 "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the contal sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." 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 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 required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was subs	Program Log								
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		1. TITLE OF PROGRAM				5. MONTH	6.	TIMES	DELETION
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Accounting Period:	2023/2		FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			8YSTEM ID# 10585
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amounts (gross receipts) paid to your cable system by subscribers for the system's see (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transmi compute this a	ission service mount, see \$2:	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less tha • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less tha See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that yo accounting period is \$52.00	u 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 lines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but me	ore than \$137,1	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	239,139.71		
	3. Subtract line 2 from line 1	24,660.29		
	4. Enter the amount of gross receipts from space K	\$ 2	239,139.71	
	5. Enter the amount from line 3	\$	24,660.29	
	6. Subtract line 5 from line 4	\$ 2	214,479.42	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,072.40
	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		\$	1,072.40
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula \$			
	3. Subtract line 2 from line 1	200,000.00		
	4. Multiply line 3 by .01			
	Multiply line 3 by 51 S. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		4 240 00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6.			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filia - Factoria				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	1,072.40	
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		\$	1,092.40
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for			ghts!

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: NC.			SYSTEM ID# 10585
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	rs, and (2) the cable system's al number of channels on whi	ns	the accounting period.	32 286
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of acco	HER INFORMATION IS NEEDED (Identify unt.)	/ an individual to whom	
for Further Information	Name	JENAE HECK		Telephone 602	2-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apart PHOENIX, AZ 85012 (City, town, state, zip)	tment, or suite number)		
	Email		@CABLEONE.BIZ	Fax (optional 602-364-6013	
	CERTIFICATION	(This statement of account m	nust be certified and signed in accordance	with Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check c	one, <i>but only one</i> , of the boxes.)		
	(Owne	er other than corporation or p	partnership) I am the owner of the cable sys	tem as identified in line 1 of space B; or	
	(Agen		ation or partnership) I am the duly authorize ne owner is not a corporation or partnership;		n as identified
	X (Offic	er or partner) I am an officer (in line 1 of space B.	(if a corporation) or a partner (if a partnership	 of the legal entity identified as owner of 	the cable system
	are true, comple		hereby declare under penalty of law that all s ny knowledge, information, and belief, and ar		
	1		X /s/ Quynh Tran		
			Enter an electronic signature on the line abov Enter signature using an "/s/ signature" (e.g.,		
		Typed or printed	d name: QUYNH TRAN		
		Title:	VICE PRESIDENT & TREASUF		
		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 filing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	1058
BLE ONE, INC.	1050
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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub- Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary tran made by satellite carriers to satellite dish owners?	nsmissions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Name Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	I-2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA Line 1 Enter the amount of late payment or underpayment	I-2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	I-2 form.
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