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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Return completed workbook by email to:		
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	<u> </u>	
General instru	ems (Short Form) uctions are located of this workbook	2-26-24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED B	SY THIS STATEMENT: (YY	'YY/(Period))		
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
	20232	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period					
в	Instructions: Give the full legal name of the owner of th the subsidiary, not that of the parent corpo		diary of another corporation, give the full corp	porate title of	
Owner	List any other name or names under which		ie cable system.		
		accounting period, only the owner on th	he last day of the accounting period should su	ıbmit a single	
	Check here if this is the system's first filing	. If not, enter the system's ID number a	issigned by the Licensing Division.	10841	
	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			
	(Number, street, rural route, apartment, or suite nu	umber)			
	PHOENIX, AZ 85012-2626 (City, town, state, zip)				
С	INSTRUCTIONS: In line 1, give any busine names already appear in space B. In line 2				
System	1 IDENTIFICATION OF CABLE SYSTEM:				
	MAILING ADDRESS OF CABLE SYSTEM:	<u>.</u>			
	2 221 S. SHARPE AVENUE (Number, street, rural route, apartment, or suite nu				
	CLEVELAND, MS 38732				

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.

		FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM				
	CABLE ONE, INC.	108				
	Instructions: List each separate community served by the cable system. A "communit					
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve 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 h	ome parks should be reported in parentheses below the identif				
Served	city.					
	CITY OR TOWN	STATE				
First	CLEVELAND	MS				
Community	BOLIVAR COUNTY	MS				
	BOYLE	MS				
d Rows as Necessary	DREW	MS				
	MERIGOLD	MS				
	MOUND BAYOU	MS				
	PACE	MS				
	RENOVA	MS				
	RULEVILLE	MS				
	SHAW	MS				
	SHELBY	MS				
	SHELBY SUNFLOWER COUNTY					
	SUNFLOWER COUNTY	MS				

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID	
Name	CABLE ONE, INC.								1084	
E Secondary Transmission Service: Sub- scribers 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 subscriber who pays extra for cal first set" and would be counted o Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a	ble service to a nce again unde nas rate catego ers of services	addition er "Serv ories for that ind	al sets would b vice to additiona secondary trai clude one or m	e included al set(s)." nsmission s ore second	in the count un service that are lary transmissio	der "Servic different fr ons), list the	e to the om those em, together		
	sufficient.	DCK 1					BLOC	()		
		NO. OF					BLOOM	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	• Service to first set		592	42.00	IPTV		1	62	54.0	
	Service to additional set(s)		002	42.00			I		04.0	
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		58	42.00	IPTV			2	79.9	
	Converter									
	Residential		592	2.75-15.00						
	Non-residential		58	2.75-21.00						
F Services Other Than Secondary ransmissions: 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.									
		BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services: Pay cable	10.99 - 19.00		ation: Non-res otel, hotel	idential		STAND	ARD CABLE	67.7	
	• Pay cable—add'l channel	10.00 - 10.00		mmercial				L VALUE PAK1	16.0	
	• Fire protection		_	y cable					6.0	
	•Burglar protection			y cable-add'l cl	nannel		•••••	ARD IPTV	67.7	
	Installation: Residential		• Fire	e protection						
	• First set	0.00 - 90.00	• Bu	rglar protection						
	 Additional set(s) 			services:						
	• FM radio (if separate rate)			connect		90.00				
	• Converter			sconnect						
				tlet relocation		60.00 30.00				
			- IVIO							

	LEGAL NAME OF OWNER OF	CABLE SYSTEM		SYSTEM I				
ame	CABLE ONE, INC.	OADEE OTOTEM.		108				
	PRIMARY TRANSMITTERS:	TELEVISION						
G mary mitters: vision	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, <i>except</i> (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, or authorizations: • Do <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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).							
	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. LOCATIO							
	WABG-DT1	32	N	GREENWOOD, MS				
		32.2						
	WABG-D12	32.2	I-M	GREENWOOD, MS				
ressary	WABG-DT2 WHCQ-LP		I-M	GREENWOOD, MS				
cessary	WHCQ-LP	9	I	CLEVELAND, MS				
cessary	WHCQ-LP WMAB	9 25	l E	CLEVELAND, MS COLUMBUS, MS				
cessary	WHCQ-LP WMAB WNBD-LD	9 25 33	i E N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS				
cessary	WHCQ-LP WMAB WNBD-LD WXVT	9 25 33 17	I E N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS				
cessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL	9 25 33 17 33	I E N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GRENADA, MS				
ccessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL	9 25 33 17 33 32	I E N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GRENADA, MS GREENVILLE, MS				
lecessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL	9 25 33 17 33 32 17	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS				
lecessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL	9 25 33 17 33 32 17 32.2	I E N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS				
Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				
: Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL	9 25 33 17 33 32 17 32.2	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS				
Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				
s Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				
s Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				
s Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				
IS Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				
s Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				
as Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				
as Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				
as Necessary	WHCQ-LP WMAB WNBD-LD WXVT WNBD-SIMUL WABG-SIMUL WXVT-SIMUL WAGBG-DT2-SIMUL WFXW	9 25 33 17 33 32 17 32 15	I E N N N N N	CLEVELAND, MS COLUMBUS, MS GRENADA, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENVILLE, MS GREENWOOD, MS GREENVILLE, MS				

EGAL NAME OF		CABLE SI	/STEM:					SYSTEM II
CABLE ONE	, INC.							1084
	every radio s	tation ca	rried on a separate and discret rerally receivable by your cable				ed on an	Н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for	it is carried by monitoring, to prmation about m.	the syst be receiv the Cop	-Band FM Carriage: Under C tem whenever it is received at yed at the headend, with the sy pyright Office regulations on th each station carried.	the system's hea /stem's FM anten	dend, and (2) na, during cer	it can be tain stat	e expected, ed intervals.	Primary Transmitters Radio
Column 3: If ignal, indicate t Column 4: G	the radio stati his by placing ive the statior	on's sigr a check n's locatio	n is AM or FM. al was electronically processe mark in the "S/D" column. on (the community to which the he community with which the s	station is license	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2023/2						FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							10841
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	substitute basis during the a	General: In space I, identify <i>every nonnetwork television program,</i> broadcast by a <i>distant</i> station, that your cable system carried on a <i>bstitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.						
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE				
Special	 During the accounting per 				is, any nonnei	work telev	ision prograr	m
Statement and Program Log	broadcast by a distant sta	tion?	-	-	-		YES	XNO
	Note: If your answer is "No	" leave the	rest of this nac	e blank. If your answer is '	"Yes " vou mi	ist complet		_
	log in block 2.				res, you me	or complet	le the progra	
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs				wherever pos	sible, if the	ir meaning i	S
	clear. If you need more spa				program") tha	t during th		-
	period, was broadcast by a			sion program ("substitute ur cable svstem substitute				
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furth	er informatio	n.
	Do not use general categor		vies" or "baske	tball." List specific progran	n titles, for ex	ample, "I L	ove Lucy" or	
		n was broad		"Yes." Otherwise enter "N				
		•		sting the substitute progra e community to which the		nsed by th	e FCC or. in	
	the case of Mexican or Car						o : o o oi,	
		,	when your sys	tem carried the substitute	program. Use	numerals,	with the mo	nth
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	cable system	l ist the tir	nes accurate	alv
	to the nearest five minutes.	Example: a	i program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	should be	Siy
	stated as "6:00-6:30 p.m."							
	Column 7: Enter the lett to delete under FCC rules a			was substituted for progra				
	was substituted for program							Ialli
	effect on October 19, 1976.		·			-		
	S	UBSTITUT	E PROGRAM			N SUBST		
	1. TITLE OF PROGRAM	2. LIVE?			CARRI	AGE OCC	URRED	7. REASON FOR
			3. STATION'S		5. MONTH	6.	TIMES	7. REASON FOR DELETION
		Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION				
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	
					5. MONTH	6.	TIMES	

Accounting Period:	2023/2			FORM	SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.				SYSTEM ID 1084			
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 s ion of how	secondary transm to compute this a	ission service mount, see	09,843.37			
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, block 2, or block 3. Use block 2 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 \$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	y fee that y	ou must pay for th	iis six-month				
1	Line 1. Royalty fee for accounting period							
l	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but n	nore than \$137,	100)				
	1. 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)				-			
	7. Multiply line 6 by .005 (enter figure nere) 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	63,800 (bu	it less than \$527	,600)				
	1. Enter the amount of gross receipts from space K	. \$	309,843.37	-				
	2. Base amount under statutory formula	\$	263,800.00	-				
	3. Subtract line 2 from line 1	\$	46,043.37	-				
	4. Multiply line 3 by .01		\$	460.43	-			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) .		\$	1,319.00	<u>-</u>			
	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		\$	1,779.43			
	FILING FEE AND TOTAL REMITTANCE D	UE						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,779.43				
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		<u>\$</u>	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,799.43			
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				ghts!			

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYS CABLE ONE, INC.	TEM:	SYSTEM ID# 10841
M	• • • •	umber of channels on which the cable system carried tele stem's total number of activated channels during the acc	
Channels	1. Enter the total number of channels system carried television broadcast	on which the cable stations	12
	2. Enter the total number of activated on which the cable system carried t and nonbroadcast services	elevision broadcast stations	263
N Individual to	INDIVIDUAL TO BE CONTACTED IF we can contact about this statement c	FURTHER INFORMATION IS NEEDED (Identify an individent of account.)	vidual to whom
Be Contacted for Further Information	Name JENAE HECK		Telephone 602-364-6092
	Address 210 E. EARLL D (Number, street, rural rou PHOENIX, AZ 8	te, apartment, or suite number)	
	(City, town, state, zip)	HECK@CABLEONE.BIZ	Fax (optional 602-364-6013
	CERTIFICATION (This statement of acc	ount must be certified and signed in accordance with Cop	oyright Office regulations)
O Certification	• I, the undersigned, hereby certify that (C	Check one, <i>but only one</i> , of the boxes.)	
	(Owner other than corporati	on or partnership) I am the owner of the cable system as i	dentified in line 1 of space B; or
	in line 1 of space B and	corporation or partnership) I am the duly authorized agent d that the owner is not a corporation or partnership; or officer (if a corporation) or a partner (if a partnership) of the	
	in line 1 of space B.	and hereby declare under penalty of law that all statemer	
	are true, complete, and correct to the be [18 U.S.C., Section 1001(1986)]	est of my knowledge, information, and belief, and are made i	in good faith.
		X /s/ Quynh Tran	
		Enter an electronic signature on the line above to cer Enter signature using an "/s/ signature" (e.g., /s/ Joh	
	Typed or	printed name: QUYNH TRAN	
	Title:	VICE PRESIDENT & TREASURER (Title of official position held in corporation or partnership)	
	Date:		Februaury 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.

	FORM SA1-2E. PAG
	SYSTEM 108
BLE ONE, INC.	100
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros
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.	Receipts Exclusio
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	
Nama	
Name Name Mailing Address Mailing Address	
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
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C	Cable Worksheet		Total amount of remittance	c'd Initials	
			Date of remittance	Check EFT	□ FILING FEES
Cable ID #					Amount Initials
Examined by	I	Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗆 Januai	ry 1 - June 30, 2017] July 1 - December 31, 2017	
	□ Letter	sent		Information received	
		ted	C	Phone call/Date/Contact	
Space B Owner					
	□ Letter	sent		Information received	
		ted] Phone call/Date/Contact	
Space D Area Served					
	□ Letter	sent] Information received	
		ted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	🗆 Letter	sent		Information received	
and Rates		ted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	□ Letter	sent	E] Information received	
		ted	C	Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		ted		Phone call/Date/Contact	

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