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

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
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	ACCOU	NTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
	202	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20232 Barcode Data Filing Period (optional - see instructions)						
Accounting Period								
В	Giv	tructions: e 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 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.						
		here were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single tement 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.							
	LI	EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	CA	BLE ONE, INC. d/b/a SPARKLIGHT						
	BU	ISINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MA	ALLING ADDRESS OF OWNER OF CABLE SYSTEM						
		0 E EARLL DRIVE mber, street, rural route, apartment, or suite number)						
	PI	HOENIX, AZ 85012 y, town, state, zip)						
С	INSTRUC	CTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these ready 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 1	ENTIFICATION OF CABLE SYSTEM: PARKLIGHT						
		ILING ADDRESS OF CABLE SYSTEM:						
	2 11 (Nui	176 E 1500 North Rd mber, street, rural route, apartment, or sulte number)						
	Ta	aylorville, IL 62568 y, town, state, zip code)						

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. PAGE 1b.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	30004							
	Instructions: List each separate community served by the cable system. A "commu	unity" is the same as a "community unit" as defined in FCC rules: "a							
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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified								
Area Served	a city								
	CITY OR TOWN	STATE							
First	ARGENTA	IL							
Community	OREANA	IL .							
	MACON COUNTY	IL .							
Add Rows as Necessary									

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30004

CABLE ONE, INC. d/b/a SPARKLIGHT

E

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.

BLO	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	12	\$42.00	IPTV	28	54.00	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential	12	2.75-15.00				
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2			
CATEGORY OF SERVICE	RATE	RATE CATEGORY OF SERVICE RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	10.99-19.00	Motel, hotel		Standard Cable	67.75
 Pay cable—add'l channel 		Commercial		Standard IPTV	67.75
Fire protection		• Pay cable		Digital Value Pack	16.00
•Burglar protection		 Pay cable-add'l channel 		Hispanic Tier	6.00
Installation: Residential		Fire protection			
• First set	0-90	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	\$90.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		 Move to new address 	\$30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30004

CABLE ONE, INC. d/b/a SPARKLIGHT

PRIMARY TRANSMITTERS: TELEVISION



Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAND	20	N	DECATUR, IL
WBUI	22	l	DECATUR, IL
WCIA	34	N	CHAMPAIGN, IL
WCIX	11	N	SPRINGFIELD, IL
WEIU	50	Е	CHARLESTON, IL
WICS	15	N	SPRINGFIELD, IL
WILL	9	E	URBANA, IL
WRSP	16	l	SPRINGFIELD, IL
WAND-DT2	20.2	I-M	DECATUR, IL
WICS-DT2	15.2	I-M	SPRINGFIELD, IL
WICS-DT3	15.3	I-M	SPRINGFIELD, IL

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

30004

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.

Primary Transmitters: Radio

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.

- 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
STILL SIGIN	7 11 11 11	3,0	200/11/01/01/01/11/01	O, LE OIOIV	7 (17) 51 1 171	3,5	230/1101101 01/11101
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Accounting Perio	d: 2023/2 LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				FOR	M SA1-2E. PAGE 5. SYSTEM ID#	
Name	CABLE ONE, INC. d/b/a							30004	
	SUBSTITUTE CARRIAGE					on that you	r cable syster	n carried on a	
Substitute	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.								
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE					
Special Statement and	During the accounting peri	od, did youi	r cable system	carry, on a substitute ba	asis, any nonn	etwork teley	<u>/isio</u> n prograi	<u>m</u>	
Program Log	broadcast by a distant stati	on?					YES	NO	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer i	s "Yes," you m	ust comple	te the progra	ım	
	log in block 2.								
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a cunder certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." I was broad sign of the s dcast statio adian statio th and day e "5/7." es when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the owner your system substitute proprogram carried listed program ons in effect du	ows to the tables. sion program ("substitute or cable system substitute. See page (v) of the getball." List specific program "Yes." Otherwise enter sting the substitute program of the substitute program was carried by you and by a system from 6:00 was substituted for progring the accounting period.	e program") the ted for the proneral instruction in titles, for e "No." ram. ne station is lice station is ide e program. Us in cable system 1:15 p.m. to 6: pramming that bod; enter the le	at, during the gramming of the constant of the	ne accounting of another state information cove Lucy" or the FCC or, in with the momes accurate should be the listed program of the program of the should be the listed program of the should be t	g ation on. onth ely	
					WH	WHEN SUBSTITUTE			
	SUBSTITUTE PROGRAM				CARR	IAGE OCC		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
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Accounting Period:	2023/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S'	YSTEM ID#
Name	CABLE ONE, INC. d/b/a SPARKLIGHT		30004
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	nission service amount, see	85516.44 3,778.77 pss receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ 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.	263,800	
	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 you must pay for this accounting period is \$52.00	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	,
	1. Base amount under statutory formula	_	
	2. Enter amount of gross receipts from space K	-	
	3. Subtract line 2 from line 1	-	
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula	_	
	3. Subtract line 2 from line 1	<u>-</u>	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and		50.00	
Total Remittance Due	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form for more informati		ts!

SYSTEM ID# 30004 ast stations 1.
11 104
Telephone 602-364-6092
602-364-6013
regulations) of space B; or the cable system as identified fied as owner of the cable system led herein
ent.
1 1 till n

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Accounting Period: 2023/2 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 30004 CABLE ONE, INC. d/b/a SPARKLIGHT 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-P 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-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **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? X NO 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.

C

Interest Assessment

Line 1 Enter the amount of late payment or underpayment ...

X

Line 2 Multiply line 1 by the interest rate* and enter the sum here ...

x days

Line 3 Multiply line 2 by the number of days late and enter the sum here ...

x 0.00274

Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 ...

\$ - (interest sharms)

* 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	od	

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