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.

**STATEMENT OF ACCOUNT** for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

## SA1-2E Short Form

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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20232 Barcode Data Filing Period (optional - see instructions)
В		<b>Instructions:</b> 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 (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 as already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
		SPARKLIGHT           MAILING ADDRESS OF CABLE SYSTEM:
	2	221 S. SHARPE AVENUE (Number, street, rural route, apartment, or sulte number)
		(City, town, state, zip code)

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

2-26-24

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	5686
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom city.	nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First Community	HOLLANDALE	MS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	
Name	CABLE ONE, INC.								568
F	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIE	ERS AND RA	TES				
E	In General: The information in s	•		U U					
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	• • •						ng on the	
Service: Sub-	Number of Subscribers: Both	·					le system,	broken	
scribers and	down by categories of secondary				•				
Rates	each category by counting the n	•		<b>U V V</b>				charged	
	separately for the particular serv Rate: Give the standard rate c					•	,	e and the	
	unit in which it is generally billed.	-	-	•			-		
	category, but do not include disc	ounts allowed for	or adva	nce payment.					
	Block 1: In the left-hand block								
	systems most commonly provide							0,	
	that applies to your system. <b>Not</b> categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	once again unde	r "Servi	ce to additiona	l set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	ind fales, in the	ngnt-na	and Diock. A lw	o- or three	-word description	on or the se	ervice is	
		OCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		40	¢ 40.00					
	Service to first set		12	\$42.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential		12	2.75-15.00					
	Non-residential		12	2.75-15.00					
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISS	IONS: RATES					
-	In General: Space F calls for rat	te (not subscribe	er) infor	mation with res	spect to all	your cable syst	em's servi	ces that were	
Г	not covered in space E, that is, t						-		
	service for a single fee. There ar furnished at cost or (2) services	•			•	nformation conc	erning (1)		
	iumisneu al cost or (2) services	or facilities furth	sneu io	nonouhooriho	ro Doto int	formation about	l include h		
Services Other Than	amount of the charge and the un								
Services Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the	nit in which it is u							
Other Than Secondary	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat	nit in which it is u rate column. re charged by the	isually l e cable	oilled. If any ra system for ea	tes are cha ch of the a	arged on a varia pplicable servic	ble per-pro es listed.	ogram basis,	
Other Than Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	hit in which it is u rate column. Te charged by the t your cable syst	usually l e cable tem furr	billed. If any ra system for ea hished or offere	tes are cha ch of the a ed during tl	arged on a varia pplicable servic he accounting p	ble per-pro es listed. eriod that v	ogram basis, were not	
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	hit in which it is u rate column. te charged by the tyour cable syst separate charge	usually l e cable tem furr was m	oilled. If any ra system for ea hished or offere ade or establis	tes are cha ch of the a ed during tl	arged on a varia pplicable servic he accounting p	ble per-pro es listed. eriod that v	ogram basis, were not	
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Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	hit in which it is u rate column. the charged by the tyour cable syst separate charge tion and include BLOC RATE	e cable em furr was m the rat CATEG	billed. If any ra system for ea nished or offere ade or establis e for each. ORY OF SER	tes are cha ch of the a ed during th hed. List t	arged on a varia pplicable servic he accounting p	ble per-pro	ogram basis, were not form of a	RATE
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	hit in which it is u rate column. the charged by the tyour cable syst separate charge tion and include BLOC RATE	e cable em furr was m the rat CK 1 CATEG	billed. If any ra system for ea hished or offere ade or establis e for each. ORY OF SER tion: Non-res	tes are cha ch of the a ed during th hed. List t	arged on a varia pplicable servic ne accounting p hese other serv	ble per-pro	ogram basis, were not form of a BLOCK 2 ORY OF SERVICE	
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	hit in which it is u rate column. the charged by the tyour cable syst separate charge tion and include BLOC RATE	e cable eem furr was m the rat CK 1 CATEG Installa • Mot	billed. If any ra system for ea hished or offere ade or establis e for each. ORY OF SER' tion: Non-res el, hotel	tes are cha ch of the a ed during th hed. List t	arged on a varia pplicable servic ne accounting p hese other serv	ble per-pro	were not form of a BLOCK 2 ORY OF SERVICE	RATE 67.75
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	hit in which it is u rate column. the charged by the tyour cable syst separate charge tion and include BLOC RATE	e cable eem furr was m the rat <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor	billed. If any ra system for ea hished or offere ade or establis e for each. ORY OF SER tion: Non-res el, hotel nmercial	tes are cha ch of the a ed during th hed. List t	arged on a varia pplicable servic ne accounting p hese other serv	ble per-pro es listed. eriod that v ices in the CATEG STANE DIGITA	ogram basis, were not form of a BLOCK 2 ORY OF SERVICE OARD IPTV AL VALUE PAK	67.75 16.00
Other Than Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	hit in which it is u rate column. the charged by the tyour cable syst separate charge tion and include BLOC RATE	e cable em furr e was m e the rat CK 1 CATEG Installa • Mot • Con • Pay	billed. If any ra system for ea hished or offere ade or establis e for each. ORY OF SER' tion: Non-res el, hotel nmercial cable	tes are cha ch of the a ed during tl shed. List t /ICE idential	arged on a varia pplicable servic ne accounting p hese other serv	ble per-pro es listed. eriod that v ices in the CATEG STANE DIGITA	were not form of a BLOCK 2 ORY OF SERVICE	67.75 16.00
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	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM I
lame	CABLE ONE, INC.			56
	PRIMARY TRANSMITTERS:	TELEVISION		
G imary smitters: evision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Station</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, V <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried I on concerning substitute basis stations, so on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	1) stations carried only on a part-tin carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub special Statement and Program L both on a substitute basis and also ee page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repo sion station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indepen- "E-M" (for noncommercial education tions in the paper SA1-2 form. ne community to which the station	me basis under ams [sections tions carried on a postitute program og)—if the og)—if the on some other ons. PN, etc. Identify each ort multistream the air in its community the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WABG	32	Ν	GREENWOOD, MS
				<i>,</i>
	WMAO	25	E	GREENWOOD, MS
lecessary	WMAO WNBD	25 33	E N	
ecessary				GREENWOOD, MS
ecessary	WNBD	33	N	GREENWOOD, MS GRENADA, MS
ecessary	WNBD WABG-2	33 32.2	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS
Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
s Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS
as Necessary	WNBD WABG-2 WXVT	33 32.2 17	N I-M	GREENWOOD, MS GRENADA, MS GREENWOOD, MS CLEVELAND, MS

EGAL NAME OF		UABLE S	YSTEM:					SYSTEM I 56
	t every radio s	station ca	rried on a separate and discre nerally receivable by your cable					н
eceivable if (1) in the basis of a cor detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recei t the Co sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM ante his point, see pag ed by the cable se e station is licens	adend, and (2) nna, during ce je (v) of the ge ystem as a sej ed by the FCC	) it can b ertain sta eneral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
		[						
		+						
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		+						
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		[						
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		[						
		+						

	d: 2023/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							5686
	SUBSTITUTE CARRIAGE	: SPECIAI		T AND PROGRAM LOG				
Substitute	In General: In space I, identiti substitute basis during the ac explanation of the programmi	fy every non ccounting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by a cific present and former FCC	C rules, regula	tions, or auth	orizations. F	or a further
Carriage:		-		• • • • • •	gonoral motia			
Special	1. SPECIAL STATEMENT	-						
Statement and	<ul> <li>During the accounting period</li> </ul>		r cable system	carry, on a substitute basis	s, any nonnet		on program	
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				vherever pos	sible, if their	meaning is	
	clear. If you need more spa							
	column 1: Give the title period, was broadcast by a			sion program ("substitute p				ion
	under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.							
				" "Yes." Otherwise enter "N				
				sting the substitute program			-00 :	
	the case of Mexican or Can			e community to which the s			-CC or, in	
				em carried the substitute p			ith the mon	th
	first. Example: for May 7 giv	,	, ,	·	5 -	,		
	Column 6: State the time	es when the	substitute prog	gram was carried by your c	able system.	List the time	s accurate	у
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m."	or "D" if the	licted program	was substituted for progra	mming that w	our evetors w	ios require	~
	to delete under FCC rules a				• •			
	was substituted for program			ing are accounting portou,				
			our system wa	s permitted to delete under	FUC TUES a	nu regulation	13 111	
	effect on October 19, 1976.		our system wa	s permitted to delete under	FCC fules a	nu regulation	15 111	
			our system wa	s permitted to delete under				
	effect on October 19, 1976.		-	·	WHE	N SUBSTIT	UTE	
	effect on October 19, 1976.		E PROGRAM	·	WHE	N SUBSTIT	UTE RRED	7. REASON FOR DELETION
	effect on October 19, 1976.		-	·	WHE	N SUBSTIT	UTE RRED	7. REASON FOR DELETION
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM		WHE CARRI 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED MES	

Accounting Period:	2023/2	FORM	SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	;	SYSTEM ID# 5686
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	ssion service nount, see	
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 than or equal to \$26 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 • 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.	53,800	
	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 \$137,10	00)	
	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)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	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		
<b></b> _			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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 informatic		ghts!

Accounting Period:	2023/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O CABLE ONE, IN	WNER OF CABLE SYSTEM: NC.				SYSTEM ID# 5686
M Channels	to its subscriber 1. Enter the tota system carrie 2. Enter the tota on which the	ou must give (1) the number s, and (2) the cable system's Il number of channels on white television broadcast station Il number of activated channe cable system carried television dcast services	total number of activate ch the cable ns els on broadcast stations	d channels during the a		6
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of account		NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	JENAE HECK			Telephone 60	02-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartu				
		PHOENIX, AZ 85012				
		(City, town, state, zip)				
	Email	JENAE.HECK@	CABLEONE.BIZ		Fax (optional <u>602-364-6013</u>	
O		(This statement of account m	-		Copyright Office regulations)	
Certification		d, hereby certify that (Check o r other than corporation or p			as identified in line 1 of space B; c	or.
		of owner other than corpora in line 1 of space B and that th			ent of the owner of the cable syst	em as identified
		<b>er or partner)</b> I am an officer ( in line 1 of space B.	if a corporation) or a partr	ner (if a partnership) of t	he legal entity identified as owner	of the cable system
		the statement of account and te, and correct to the best of m ion 1001(1986)]	•	•		
	I		X /s/ Quynh	Tran		
			Enter an electronic signat Enter signature using an '		•	
		Typed or printed	I name: QUYNH T	RAN		
		Title:	VICE PRESIDEN		ER	
		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.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I 568
BLE ONE, INC.	000
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."	- Special Statement Concerning Gross
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 Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name 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.	Q
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
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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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q
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