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	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		20232 Barcode Data Filing Period (optional - see instructions)
renou		
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)
	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	'	SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	2005 S. MAIN STREET (Number, street, rural route, apartment, or suite number)
		ROSWELL, NM 88203
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2023/2	FORM 844 OF PACE 45					
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b.  SYSTEM ID#					
Name		7427					
	CABLE ONE, INC.						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a 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	city.						
	CITY OR TOWN	STATE					
First	ROSWELL	NM					
Community	CHAVES COUNTY	NM					
Add Rows as Necessary							

Accounting Period: 2023/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

7427

CABLE ONE, INC.

# Ε

#### 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	625	42.00	
<ul> <li>Service to additional set(s)</li> </ul>			
• FM radio (if separate rate)			
Motel, hotel			
Commercial	9	42.00	
Converter			
Residential	625	2.75-15.00	
Non-residential	9	2.75-21.00	

# F

### Services Other Than Secondary Transmissions:

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

7427

#### CABLE ONE, INC.

#### PRIMARY TRANSMITTERS: TELEVISION

# G

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	FDX-DT2
KRQE	13	N	ALBUQUERQUE, NM
KRQE-2	13.2	I-M	ALBUQUERQUE, NM
KRQE-3	13.3	I-M	ALBUQUERQUE, NM
KRQE-SIMUL	13	N	ALBUQUERQUE, NM
KRQE-2-SIMUL	13.2	I-M	ALBUQUERQUE, NM
KASY	36	l	ALBUQUERQUE, NM
KASY-3	36.3	I-M	ALBUQUERQUE, NM
KASY-4	36.4	I-M	ALBUQUERQUE, NM
KASY-5	36.5	I-M	ALBUQUERQUE, NM
KASY-SIMUL	36	l	ALBUQUERQUE, NM
KCHF	10	l	ALBUQUERQUE, NM
KENW	32	E	PORTALES, NM
KENW-SIMUL	32	E	PORTALES, NM
KOAT	7	N	ALBUQUERQUE, NM
KOAT-2	7.2	I-M	ALBUQUERQUE, NM
KOAT-3	7.3	I-M	ALBUQUERQUE, NM
KOAT-SIMUL	7	N	ALBUQUERQUE, NM
KOBR	26	N	ROSWELL, NM
KOBR-2	26.2	I-M	ROSWELL, NM
KOBR-3	26.3	I-M	ROSWELL, NM
KBOR-SIMUL	26	N	ROSWELL, NM
KRTN-LD	18	l	ALBUQUERQUE, NM
KRPV	27	I	ROSWELL, NM

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

FDY-DT2

Form SA1-2E Short Form (Rev. 05-17)

7427

#### CABLE ONE. INC.

1 CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

Add Rows as Necessary

U.S. Copyright Office

G

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.

2 R'CAST CHANNEL NUMBER

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	FDX-D12
KUPT	29	I	HOBBS, NM
KWBQ	29	l	SANTA FE, NM
KWBQ-2	29.2	I-M	SANTA FE, NM
KWBQ-3	29.3	I-M	SANTA FE, NM
KWBQ-5	29.5	I-M	SANTA FE, NM
KWBQ-SIMUL	29	l	SANTA FE, NM
KASA	27	l	SANTA FE, NM
KTEL-2	25	I-M	CARLSBAD, NM

3 TYPE OF STATION

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 7427

#### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Primary Transmitters: Radio

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
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Accounting Perio	d· 2023/2						FORM	SA1-2E. PAGE 5.
Accounting reno	LEGAL NAME OF OWNER OF O	ABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC.							7427
	- ,							7-121
_	SUBSTITUTE CARRIAGE	SPECIAL	STATEMEN	T AND PROGRAM LOG	<b>;</b>			
	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a							carried on a
	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programmi	-			e general instru	ictions in the pa	per SA1-2	form.
Carriage: Special	1. SPECIAL STATEMENT	_		_				
Statement and	and buring the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Program Log								X NO
	Note: If your answer is "No"	, leave the i	rest of this pag	e blank. If your answer is	"Yes," you mu	st complete the	e program	
	log in block 2.			•	·		. •	
	2. LOG OF SUBSTITUTE	PROGRAI	MS					
	In General: List each substi		•		wherever pos	sible, if their m	eaning is	
	clear. If you need more space					A -1	4:	
	<b>Column 1:</b> Give the title of period, was broadcast by a							on
	under certain FCC rules, reg		•	,		•		
	Do not use general categoric		/ies" or "baske	tball." List specific prograi	m titles, for exa	ample, "I Love	Lucy" or	
	"NBA Basketball: 76ers vs. I		agat liva antar	"Voo." Othorwing ontor "I	No."			
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broad	dcast statio	n's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Cana							
	Column 5: Give the mont first. Example: for May 7 give	•	when your syst	em carried the substitute	program. Use	numerals, with	n the mont	h
	Column 6: State the time		substitute prod	gram was carried by your	cable system.	List the times	accurately	,
	to the nearest five minutes.				•		,	
	stated as "6:00-6:30 p.m."	"D":(1)		1 22 4 16				
	Column 7: Enter the lette to delete under FCC rules a					•	•	
	was substituted for program							
	effect on October 19, 1976.	,	·	•		· ·		
					11 ,,,,,,			
	QI	IBSTITLIT	E PROGRAM			EN SUBSTITU IAGE OCCUR		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIME		DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
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Accounting Period:	2023/2			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  CABLE ONE, INC.			\$	7427
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (as identified in space E) during the accounting period. For a further explanation 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.	ystem's sec n of how to	condary transmis compute this ar	ssion service mount, see	72,125.56 ross receipts)
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 because block 3 if the amount of gross receipts in space K is more than \$263,800 because will be space (vi) of the general instructions located in the paper SA1-2 form for more in	out less that oformation.	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is $$52.00$	fee that you	ı must pay for thi	s 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 lin	es 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	00)	
	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)		······		
	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 I	ess than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	272,125.56		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	8,325.56		
	4. Multiply line 3 by .01		\$	83.26	
	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	·····	\$	1,402.26
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,402.26	
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			\$	1,422.26
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1				hts!

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7.
Name	CABLE ONE, I	DWNER OF CABLE SYSTEM: NC.	SYSTEM ID# 7427
M Channels	to its subscribe  1. Enter the tot system carri  2. Enter the tot on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period.  al number of channels on which the cable ed television broadcast stations  al number of activated channels e cable system carried television broadcast stations adcast services	211
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	JENAE.HECK@CABLEONE.BIZ  Telephone	602-364-6092
	Address	210 E EARLL DRIVE (Number, street, rural route, apartment, or suite number)  PHOENIX, AZ 85012-2626 (City, town, state, zip)	
	Email	JENAE.HECK@CABLEONE.BIZ Fax (optional 602-364-601:	3
_	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B	s; or
	(Agen	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
	X (Office	cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.	er of the cable system
	are true, comple	d the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	
	ı	X /s/ Quynh Tran	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: QUYNH TRAN	
		Title: VICE PRESIDENT & TREASURER  (Title of official position held in corporation or partnership)	
		Date: February 26, 2024	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

ounting Period: 2023/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	7427
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  NO	
YES. Enter the total here and list the satellite carrier(s) below	<u>.</u>
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served Accounting period	

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.