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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CABLE ONE, INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		210 E. EARLL DRIVE [Number, street, rural route, apartment, or suite number)
		PHOENIX, AZ 85012 (City, town, state, zip)
	INSTI	RUCTIONS: 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: 1610 ARLINGTON
	2	(Number, street, rural route, apartment, or suite number)
		ADA, OK 74820 (City, 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.

Accounting Period:	2023/2							
	Lead was as a ware as a same a construction	FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	CABLE ONE, INC.	7918						
_	Instructions: List each separate community served by the cable system. A "community							
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								
	CITY OR TOWN	STATE						
First	ADA	ОК						
Community	BYNG	OK						
	DAVIS	OK						
Add Rows as Necessary	FRANCIS	OK						
	PONTOTOC	OK						
	ROFF	OK						
	SULPHUR	OK						

Accounting Period: 2023/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 7918

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	791	42.00	IPTV	287	54.00		
 Service to additional set(s) 							
 FM radio (if separate rate) 							
Motel, hotel							
Commercial	98	42.00	IPTV	6	79.95		
Converter							
Residential	791	2.75-15.00					
Non-residential	98	2.75-21.00					
		1		T T			

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	CATEGORY OF SERVICE	RATE	CATI	EGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential				
 Pay cable 	10.99-19.00	Motel, hotel		STAI	NDARD CABLE	67.
 Pay cable—add'l channel 		Commercial		STAI	NDARD IPTV	67.
 Fire protection 		• Pay cable		DIGI	TAL VALUE PACK	16.
Burglar protection		 Pay cable-add'l channel 		HISP	ANIC TIER	6.
Installation: Residential		Fire protection				
 First set 	90.00	Burglar protection				
 Additional set(s) 	60.00	Other services:				
 FM radio (if separate rate) 		Reconnect	60.00			
 Converter 		Disconnect	30.00			
		Outlet relocation				
		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#

7918

PRIMARY TRANSMITTERS: TELEVISION

CABLE ONE, INC.



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
KETA-DT1	13	E	OKLAHOMA CITY, OK
KETA-SIMUL	13	E	OKLAHOMA CITY, OK
KTEN-DT1	17	N	ADA, OK
KTEN-DT2	17.2	I-M	ADA, OK
KTEN-DT3	17.3	N-M	ADA, OK
KTEN-SIMUL	17	N	ADA, OK
KXII-DT1	12	N	SHERMAN, TX
KXII-DT2	12.2	I-M	SHERMAN, TX
KXII-DT3	12.3	I-M	SHERMAN, TX
KXIISIMUL	12	N	SHERMAN, TX
KXII-DT3-SIMUL	12.3	I-M	SHERMAN, TX
KAUT-DT1	19	l	OKLAHOMA CITY, OK
KAUT-DT2	19.2	I-M	OKLAHOMA CITY, OK
KFOR-DT1	27	N	OKLAHOMA CITY, OK
KFOR-DT2	27.2	I-M	OKLAHOMA CITY, OK
KFOR-DT3	27.3	I-M	OKLAHOMA CITY, OK
KFOR-DT4	27.4	I-M	OKLAHOMA CITY, OK
KFOR-SIMUL	27	N	OKLAHOMA CITY, OK
KWTV-DT1	25	N	OKLAHOMA CITY, OK
KSBI	23	l	OKLAHOMA CITY, OK
KWTV-SIMUL	25	N	OKLAHOMA CITY, OK
KOCB-DT1	33	l	OKLAHOMA CITY, OK
KOCB-DT2	33.2	I-M	OKLAHOMA CITY, OK

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

7918

PRIMARY TRANSMITTERS: TELEVISION

CABLE ONE, INC.



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
KOCB-DT3	33.3	I-M	OKLAHOMA CITY, OK
KOCB-SIMUL	33	l	OKLAHOMA CITY, OK
KOCO-DT1	7	N	OKLAHOMA CITY, OK
KOCO-DT2	7.2.	I-M	OKLAHOMA CITY, OK
KOKH-DT1	24	l	OKLAHOMA CITY, OK
KOKH-DT2	24.2	I-M	OKLAHOMA CITY, OK
KOKH-DT3	24.3	I-M	OKLAHOMA CITY, OK
KOKH-SIMUL	24	l	OKLAHOMA CITY, OK
KOCO-SIMUL	7	N	OKLAHOMA CITY, OK
KTEN-DT3-SIMUL	17.3	N-M	ADA, OK

Accounting Period: 2023/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

7918

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

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.

Primary Transmitters: Radio

- 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						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	CABLE ONE, INC.							7918		
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG	<u> </u>					
Substitute	In General: In space I, identii substitute basis during the ac explanation of the programmi	counting pe	eriod, under spe	cific present and former FC	CC rules, regul	ations, or a	uthorizations.	For a further		
Carriage:	1. SPECIAL STATEMENT	CONCERI	NING SUBSTI	TUTE CARRIAGE						
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute ba	sis, any nonne	etwork tele	vision progra	ım		
Statement and Program Log	broadcast by a distant stati	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program roadcast by a distant station?								
Program Log	Note: If your answer is "No'		rest of this nad	ne blank If your answer is	s "Ves " vou m	uet comple				
	-	, leave the	rest of this pat	ge blatik. II your aliswer is	s res, you iii	iusi compi	ete trie progra	alli		
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in						ng ation on. r onth ely			
						EN SUBST		7 0540011500		
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	IAGE OCC	TIMES	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO			
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Accounting Period:	2023/2			FORM	SA1-2E. PAGE 6.			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			;	SYSTEM ID#			
	CABLE ONE, INC.				7918			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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 explana 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	system's s tion of how	secondary transm v to compute this	ission service amount, see				
_	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less t	han \$527,600	263,800				
	BLOCK 1: GROSS RECEIPTS OF \$1:	37,100 OF	RLESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	ou must pay for this	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	nes 1 and 2		· · <u>· · · · · · · · · · · · · · · · · </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but n	nore than \$137,1	00)				
	Base amount under statutory formula	\$	263,800.00					
	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				<u>-</u> ,			
	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 \$26	3,800 (bu	t less than \$527,	,600)				
	Enter the amount of gross receipts from space K	\$	506,334.17					
	Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	242,534.17					
	4. Multiply line 3 by .01		\$	2,425.34	-			
	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 .		\$	3,744.34			
	FILING FEE AND TOTAL REMITTANCE D	UE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,744.34	_			
Due	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			\$	3,764.34			
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA				hts!			

Accounting Period:	2023/2					FORM SA1-2E. PAGE
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:				SYSTEM ID 791
M Channels	to its subscribe 1. Enter the total system carrie 2. Enter the total on which the	rs, and (2) the cable system's to all number of channels on which ad television broadcast stations all number of activated channels cable system carried television	n the cable s		accounting period.	33 278
N Individual to Be Contacted		D BE CONTACTED IF FURTHI about this statement of accoun		RMATION IS NEEDED (Identify an i	ndividual to whom	
for Further Information	Name	JENAE HECK			Telepho	one 602-364-6092
	Address 	210 E. EARLL DRIVE (Number, street, rural route, apartme PHOENIX, AZ 85012-2 (City, town, state, zip)		number)		
	Email	Jenae.Heck@cal	ibleone.bi	iz	Fax (optional 602-364	-6013
O Certification	I, the undersigned (Owned) (Agent) X (Official Control of the cont	d, hereby certify that (Check one, or other than corporation or par of owner other than corporation in line 1 of space B and that the corporation of owner or partner) I am an officer (if a in line 1 of space B. the statement of account and here, and correct to the best of my keep, and correct to the best of my keep.	e, but only or rtnership) ion or parti owner is no a corporation	ified and signed in accordance with one, of the boxes.) I am the owner of the cable system as thership) I am the duly authorized age of a corporation or partnership; or ion) or a partner (if a partnership) of the are under penalty of law that all statemes, information, and belief, and are made	identified in line 1 of space ant of the owner of the cable e legal entity identified as o	e B; or e system as identified wner of the cable system
		Typed or printed n	Enter an ele Enter signa name:	/s/ Quynh Tran lectronic signature on the line above to ature using an "/s/ signature" (e.g., /s/ QUYNH TRAN RESIDENT & TREASURER losition held in corporation or partnership)	John Smith)	
		Date.			1 Columny 20, 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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC.	7918
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." 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	<u>-</u>
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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 (interest charge)	_
* 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.