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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/28/2018	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20181 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.	1482
		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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	2229 BROADWAY (Number, street, rural route, apartment, or suite number)	
		PARSONS, KS 67357	
		(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 sufficiency of the fing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	CABLE ONE, INC.	1482
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	ited communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PARSONS	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name	CABLE ONE, INC.	ADEL OTOTEM.						010	148
Е	SECONDARY TRANSMISSION			-	-				
	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period						1	hard and	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv Rate: Give the standard rate c							ic and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed f	for adva	ance payment.	-				
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity	should be cour	nted as	a subscriber in	each appl	icable category.	Example:	a residential	
	subscriber who pays extra for ca first set" and would be counted of					in the count un	der "Servio	ce to the	
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, t	iers of services	that in	clude one or m	ore second	dary transmissio	ns), list the	em, together	
	with the number of subscribers a sufficient.	and rates, in the	e right-h	and block. A tv	vo- or three	e-word description	on of the s	ervice is	
		DCK 1					BLOCK	٢2	
		NO. OF		RATE	CAT			NO. OF	RAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RAIE	CAT	EGORY OF SEF	VICE	SUBSCRIBERS	RAI
	Service to first set		856	40.00	BULK			13	25.
	Service to additional set(s)				NURSI	NG HOMES		37	15.
	• FM radio (if separate rate)				HOSPI	ΓAL		55	8.
	Motel, hotel		2	10.00					
	Commercial		91	8.00-15.00					
	Converter								
	Residential Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•				
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	or facilities furn	ished to	o nonsubscribe	ers. Rate in	formation shoul	d include b	ooth the	
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	ates are ch	arged on a varia	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat		ne cable	e system for ea	ach of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	rices in the	e form of a	
	CATEGORY OF SERVICE	BLOO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res			0,1120	0111 01 0211102	
	• Pay cable	17.00	• Mo	tel, hotel		COST	DIGITA	L ACCESS	5.0
	 Pay cable—add'l channel 	9.00		mmercial		COST	EXPAN	IDED BASIC	40.0
	Fire protection			y cable	_	COST			
	 Burglar protection 			y cable-add'l ch	nannel				
			• ⊢ ire	e protection					
	Installation: Residential	00.00	• P	•					
	Installation: Residential • First set	90.00 60.00		rglar protection					
	Installation: Residential • First set • Additional set(s)		Other	rglar protection services:		90.00			
	Installation: Residential • First set		Other • Re	rglar protection		90.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other • Re • Dis	rglar protection services: connect		90.00			

	LEGAL MANE OF OWNER OF			OVOTEM I
e	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II 148
	CABLE ONE, INC.			
y ers: on	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a for network multicast), "I" (for indepe or "E-M" (for noncommercial education ictions in the paper SA1-2 form. the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KFJX	14		PITTSBURG, KS
	KJRH	56	Ν	TULSA, OK
ary	KJRH KOAM	56 7	N	
·				TULSA, OK
	KOAM	7	N	TULSA, OK PITTSBURG, KS
	KOAM KODE	7 43	N N	TULSA, OK PITTSBURG, KS JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
ŗ	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
ŗ	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
ŗ	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
ŗ	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO
·	KOAM KODE KSNF	7 43 46	N N N	TULSA, OK PITTSBURG, KS JOPLIN, MO JOPLIN, MO

Accounting P	eriod: 2018	/1					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID 148
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Identify the call tate whether if the radio stat this by placing tive the station	y the sys be recein the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain sl jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							+	

Accounting Perio	od: 2018/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	CABLE ONE, INC.						1482
					-		
	SUBSTITUTE CARRIAGE						
1	In General: In space I, identi						
Subatituta	substitute basis during the ac explanation of the programm						
Substitute Carriage:	1. SPECIAL STATEMEN				general motion		-2 101111.
Special						work tolovision program	~
Statement and	During the accounting period	-	r cable system	carry, on a substitute basi	s, any nonner		
Program Log	broadcast by a distant stat	lion ?				YES	× 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 progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst				wherever pos	sible, if their meaning is	6
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	vrogram") tha	t during the accounting	
	period, was broadcast by a						
	under certain FCC rules, re						
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love Lucy" or	
	"NBA Basketball: 76ers vs.			«». « ».			
				r "Yes." Otherwise enter "N sting the substitute progra			
				e community to which the		nsed by the FCC or. in	
	the case of Mexican or Can						
	Column 5: Give the mon	th and day		tem carried the substitute			nth
	first. Example: for May 7 giv						
				gram was carried by your o			ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. snouid be	
		er "R" if the	listed program	was substituted for progra	mming that v	our system was require	ed
	to delete under FCC rules a						
	was substituted for program		our system wa	s permitted to delete under	r FCC rules a	nd regulations in	
	effect on October 19, 1976.						
						N SUBSTITUTE	
	s	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
							"
						_	
							"
						_	
						_	
						_	
						_	
							1
						_	
1							1

	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM I
Name	CABLE ONE, INC.				14
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fil all amounts (gross receipts) paid to your cable system by subscribers for t (as identified in space E) during the accounting period. For a further expla page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s	he systen nation of I	n's secondary tra	ansmission serv	ice
	during the accounting period IMPORTANT: You must complete a statement in space P concerning groups				46,675.00 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, • Use block 3 if the amount of gross receipts in space K is more than \$263, See page (vi) of the general instructions located in the paper SA1-2 form for more	100 but le 300 but le	ss than or equal ss than \$527,60	to \$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 rog accounting period is \$52.00	alty fee th	nat you must pay	for this six-month	ı
	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	d lines 1 a	nd 2	· · · · ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR I	ESS (bu	t more than \$13	37,100)	
	1. Base amount under statutory formula	\$	263,800.0	0	
	2. Enter amount of gross receipts from space K	\$	246,675.0	0	
	3. Subtract line 2 from line 1	\$	17,125.0	0	
	4. Enter the amount of gross receipts from space K		\$	246,675.00	-
	5. Enter the amount from line 3		\$	17,125.00	-
	6. Subtract line 5 from line 4		\$	229,550.00	
	7. Multiply line 6 by .005 (enter figure here)			. \$	1,147.75
	8. Interest charge. Enter the amount from line 4, space Q, page 8			· · <u> </u>	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line	s 7 and 8		\$	1,147.75
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$	263,800 (but less than \$5	527,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula			0	
	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 line				•
	FILING FEE AND TOTAL REMITTANCE	DUE			
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,147.75	
otal Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculation			20.00	-
		5)	· · · · <u> </u>	20.00	-
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,167.75
			ayable to the Re		

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM ID 1482
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	6 234
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name EMERSON YEARWOOD Telephone 6	02-364-6195
	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626 (City, town, state, zip)	
	Email emerson.yearwood@cableone.biz Fax (optional) 602-364-6013	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; of (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Raymond Storck 	tem as identified
	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: RAYMOND STORCK Title: VICE PRESIDENT (Title of official position held in corporation or partnership) Date: 08/28/2018	

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	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
BLE ONE, INC.	148
 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 Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
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	-
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 \$	-
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	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	-
x	-
Line 3 Multiply line 2 by the number of days late and enter the sum here -	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	

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