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	Return completed workboo by email to:	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/28/2019	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			4

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20182 Barcode Data Filing Period (optional - see instructions)	
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.	10480
		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		UCTIONS: 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 statement of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	714 COMMERCIAL STREET (Number, street, rural route, apartment, or sulte number)	
		EMPORIA, KS 66801 (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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	10480
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobil	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	EMPORIA	KS
Community	LYON COUNTY	KS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM IC	
Name	CABLE ONE, INC.								1048	
E Secondary Transmission Service: Sub- scribers and Rates	CABLE ONE, INC. 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.									
	BLC	DCK 1	r				BLOCK	C2 NO. OF		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CATE	EGORY OF SEF	DRY OF SERVICE SUBSCR			
	Residential: • Service to first set • Service to additional set(s)	1,	,623	40.00						
	 FM radio (if separate rate) 									
	Motel, hotel		11	10.00						
	Commercial		139	40.00						
	Converter Residential		0							
	Non-residential		0	-						
F Services Other Than Secondary Iransmissions: Rates	In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un 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	AN SECONDARY TRANSMISSIONS: RATES alls for rate (not subscriber) information with respect to all your cable system's services that were that is, those services that are not offered in combination with any secondary transmission There are two exceptions: you do not need to give rate information concerning (1) services services or facilities furnished to nonsubscribers. Rate information should include both the nd the unit in which it is usually billed. If any rates are charged on a variable per-program basis, P" in the rate column. ndard rate charged by the cable system for each of the applicable services listed. <i>v</i> ices that your cable system furnished or offered during the accounting period that were not which a separate charge was made or established. List these other services in the form of a d) description and include the rate for each.						smission services ooth the ogram basis, were not		
		BLOCI	K 1					BLOCK 2		
	CATEGORY OF SERVICE			ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services: Pay cable	15.00		i tion: Non-resic el, hotel	iential	90.00	сомм	ERCIAL	40.	
	• Pay cable—add'l channel	9.00		nmercial		90.00	EXPAN		40.	
	Fire protection			cable			L	L RECEIVER	5.	
	 Burglar protection 		• Pay	[,] cable-add'l cha	nnel			R RECEIVER	10.	
	Installation: Residential			protection			DIGITA		14.	
	• First set	90.00		glar protection			ESPAN	IOL TIER	3.	
	 Additional set(s) FM radio (if separate rate) 	60.00 C		services: connect		30.00				
	• Converter			connect		50.00				
						60.00				
			• Out	let relocation		60.00				

	LI CONTINUAR OF OWNED OF								
e		CABLE SYSTEM:		SYSTEM II 1048					
	CABLE ONE, INC. PRIMARY TRANSMITTERS: TELEVISION								
/ ers: on	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an 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 information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	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, <i>except</i> (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 <i>only</i> 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 station, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> 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 network multicast), "I" (for independent), "I-M" Column 4: Give the location of each station. For U.S. stations, list the community with							
ows as Necessary	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KETM-CA	17	I	EMPORIA, KS					
	KSNT	27	Ν						
	NONT	21	IN	TOPEKA, KS					
sary	KTKA-1	49	N-M	TOPEKA, KS TOPEKA, KS					
sary									
sary	КТКА-1	49	N-M	TOPEKA, KS					
sary	КТКА-1 КТКА-2	49 49	N-M I-M	TOPEKA, KS TOPEKA, KS					
sary	KTKA-1 KTKA-2 KTWU	49 49 11	N-M I-M E-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS					
sary	KTKA-1 KTKA-2 KTWU KTWU-2	49 49 11 11	N-M I-M E-M E-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
ssary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH	49 49 11 11 11	N-M I-M E-M E-M E-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS					
ssary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3	49 49 11 11 11 11 12	N-M I-M E-M E-M E-M N	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS					
ssary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13	N-M I-M E-M E-M E-M N N N-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS TOPEKA, KS TOPEKA, KS					
essary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1	49 49 11 11 11 12 13 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS TOPEKA, KS					
eessary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS TOPEKA, KS					
essary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS TOPEKA, KS HUTCHINSON, KS TOPEKA, KS TOPEKA, KS					
essary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSHUTCHINSON, KSTOPEKA, KSTOPEKA, KS					
essary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSHUTCHINSON, KSTOPEKA, KSTOPEKA, KS					
cessary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSHUTCHINSON, KSTOPEKA, KSTOPEKA, KS					
cessary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSHUTCHINSON, KSTOPEKA, KSTOPEKA, KS					
cessary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSHUTCHINSON, KSTOPEKA, KSTOPEKA, KS					
cessary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSHUTCHINSON, KSTOPEKA, KSTOPEKA, KS					
ecessary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSHUTCHINSON, KSTOPEKA, KSTOPEKA, KS					
ecessary	KTKA-1 KTKA-2 KTWU KTWU-2 KTWU-3 KWCH WIBW-1 WIBW-2	49 49 11 11 11 12 13 13	N-M I-M E-M E-M E-M N N-M I-M	TOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSTOPEKA, KSHUTCHINSON, KSTOPEKA, KSTOPEKA, KS					

Accounting P			/STEM:					SYSTEM I
LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.								
	-							104
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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally								
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's locati	tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	It the system's he system's FM ante this point, see pa sed 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 sertain si general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Aexican or Can		-				8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2018/2						FOR	VI SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	CABLE ONE, INC.							10480		
	SUBSTITUTE CARRIAGE				2					
I I			-		-	ion that	ooble evet	m corried as -		
•	In General: In space I, identi									
Substitute		<i>estitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further alanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:		SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special										
Statement and	During the accounting period		r cable system	carry, on a substitute basi	s, any nonne		on program			
Program Log	broadcast by a distant stat	tion?					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 progran	n		
	log in block 2.		1 0	, , , , , , , , , , , , , , , , , , ,						
	2. LOG OF SUBSTITUTE		MS							
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their	meaning is			
	clear. If you need more spa					,	J			
	Column 1: Give the title	of every no	nnetwork televi	ision program ("substitute	program") tha	t, during the	accounting			
	period, was broadcast by a									
	under certain FCC rules, re							l.		
	Do not use general categori "NBA Basketball: 76ers vs.		vies of Daske	toall. List specific program	i lilles, ior exa	ampie, i Lov	e Lucy of			
			dcast live. enter	r "Yes." Otherwise enter "N	lo."					
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.					
				e community to which the			FCC or, in			
	the case of Mexican or Can									
			when your sys	tem carried the substitute	program. Use	numerals, w	ith the mon	th		
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	sable system	l ist the time	e accuratel	V		
	to the nearest five minutes.							у		
	stated as "6:00–6:30 p.m."		i program oann		o p to o. <u>-</u>	eree print erit				
				was substituted for progra						
	to delete under FCC rules a							am		
	was substituted for program	ming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	is in			
	effect on October 19, 1976.									
					WHE	N SUBSTIT	UTE			
	S	UBSTITUT	STITUTE PROGRAM			AGE OCCU		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII		DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то			
						_	_			
							-			
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1						-	-			

Accounting Period:	2018/2			FORM S	6A1-2E. PAGE 6			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			\$	8YSTEM ID# 10480			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a 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 explanati 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 r	system's s ion of how	secondary trans to compute this	mission servi s amount, sec \$ 43	ice			
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 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 \$137	,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$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 lin	ies 1 and 2	2	· · <u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)				
	1. Base amount under statutory formula	\$	263,800.00					
	2. Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	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							
	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	\$	435,194.00					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	171,394.00					
	- 4. Multiply line 3 by .01		\$	1,713.94				
	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,		-	\$	3,032.94			
				Ŧ	_, _ _			
	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)		\$	3,032.94				
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			\$	3,052.94			
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-		-		ghts!			

Accounting Period:	2018/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF CABLE ONE,	OWNER OF CABLE SYSTEM: INC.				SYSTEM ID# 10480
M Channels	to its subscribe1. Enter the tota system carrier2. Enter the tota on which the other	You must give (1) the number of rs, and (2) the cable system's f al number of channels on whic d television broadcast stations al number of activated channel cable system carried television dcast services	total number of act h the cable Is ı broadcast station:	ivated channels during the	accounting period.	
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of account		N IS NEEDED (Identify an	individual to whom	
for Further Information	Name	EMERSON YEARWO			Telephone	602-364-6195
	Address	210 E. EARLL DRIVE (Number, street, rural route, apart PHOENIX, AZ 85012 (City, town, state, zip)	tment, or suite number)		
	Email	emerson.yearw	vood@cableone.l	biz	Fax (optional) 602-364-60	13
O Certification	• I, the undersigr	N (This statement of account m ned, hereby certify that (Check o ner other than corporation or p	ne, <i>but only one</i> , of	the boxes.)		
	X (Offi ir • I have examine	nt of owner other than corpora n line 1 of space B and that the c icer or partner) I am an officer (in n line 1 of space B. and the statement of account and tee, and correct to the best of my tion 1001(1986)]	owner is not a corpo if a corporation) or a hereby declare und	ration or partnership; or a partner (if a partnership) of er penalty of law that all state	the legal entity identified as owr	-
			Enter an electroni	aymond Storck c signature on the line above ing an "/s/ signature" (e.g., /		-
		Typed or printed		MOND STORCK		
		Title: (Title of o	VICE PRESI	DENT corporation or partnership)		
		Date:			2/28/2019	

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 the 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 telephon 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 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 t 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

BALLE ONE, INC. 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 sectorers "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 carrier(s) below. \$ Mare Maining Address Maining Address Mare Maining Address Maining Address Mo Mare maining Address Maining Address Mare maining Address Maining Address Mare maining Address Mare mean explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Q		18/2	FORM SA1-2E. PAGE
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Name Name Mailing Address Mailing Address INTEREST ASSESSMENT Mailing Address Mailing Address Q 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	The Satellite Ho lowing sentence "In deterr service o scribers a For more inform located in the pa During the accou made by satellite X NO	me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- nining the total number of subscribers and the gross amounts paid to the cable system for the basic if providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." ation on when to exclude these amounts, see the note on page (vii) of the general instructions per SA1-2 form. Inting period, did the cable system exclude any amounts of gross receipts for secondary transmissions is carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
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x days Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the	e amount of late payment or underpayment	Interest Assessme
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply		
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 3 Multiply	ine 2 by the number of days late and enter the sum here	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.			
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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	Owner		
Address			
ID number First community served			

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