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

		h		Return completed workbook
STATEME	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
-	ms (Short Form)	8/28/20	\$	For additional information, contact the U.S. Copyright
	ctions are located of this workbook	0/20/20	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150
]
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2020/1		·	
		l		
	20201	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co	-	liary of another corporation, give the full cor	porate title
Owner	List any other name or names under which	n the owner conducts the business of th	e cable system.	
	If there were different owners during the a single statement of account and royalty fe	.	ne last day of the accounting period should sund period.	ubmit a
				34163

		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	34163
		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 u already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System		IDENTIFICATION OF CABLE SYSTEM:	
	1	SPARKLIGHT	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1930 BREWER RD. (Number, street, rural route, apartment, or suite number)	
		DYERSBURG, TN 83024 (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 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.

b1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	34163
D	Instructions: List each separate community served by the cable system. A "d "a separate and distinct community or municipal entity (including unincorpor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future f Note: Entities and properties such as hotels, apartments, condominiums, or	community" is the same as a "community unit" as defined in FCC rules: prated communities within unincorporated areas and including single, nat you list will serve as a form of system identification hereafter knowr ilings.
Served	identified city.	
	CITY OR TOWN	STATE
First	FRIENDSHIP	TN
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	
Name	CABLE ONE, INC.								3416
_	SECONDARY TRANSMISSION		IBSCRI	BERS AND RA	TES				
E	In General: The information in s					y transmission	service of	the cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including p	, , ,	,		,		those exis	ting on the	
Service: Sub-	last day of the accounting period Number of Subscribers: Both						ble svstem	n, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n	umber of billing	gs in tha	t category (the n	umber c	f persons or or	ganizations		
	separately for the particular serv Rate: Give the standard rate of							ac and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	· ·	,		,			F	
	Block 1: In the left-hand block			•					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of							, ,,	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					,		<i>,</i> 0	
	sufficient.	,	Ŭ			•			
	BLC	DCK 1 NO. OF					BLOCK	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		35	40.00					
	 Service to additional set(s) 		57						
	• FM radio (if separate rate)								
	Motel, hotel			7.00					
	Commercial		1	84.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES					
F	In General: Space F calls for ra	•	,			• •			
•	not covered in space E, that is, t service for a single fee. There ar						-		
Services	furnished at cost or (2) services	•					0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		ha aabl		h of the	annliaghla agus	aaa liatad		
Fransmissions: Rates	Block 2: List any services that	• •				• •		t were not	
	listed in block 1 and for which a	• •			-	-	-		
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	CE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			tion: Non-resid	ential				
	• Pay cable	49.00		el, hotel		90.00			44.0
	Pay cable—add'l channel	15.00	_	nmercial		90.00		Y PLUS SUPER	16.0 19.0
	Fire protection		-	cable	اممما		SHOW		
	•Burglar protection		· ·	cable-add'l cha	inter		HBO		19.0 19.0
	Installation: Residential • First set	90.00		protection glar protection			CINEM	Δχ	19.
	Additional set(s)			ervices:			SINEN	~~	13.
	• FM radio (if separate rate)	00.00		onnect		90.00			
	• Converter			connect		50.00			
				let relocation		90.00			
			• 10103	e to new addres	S	30.00			

ccounting Period:	2020/1			FORM SA1-2E. PAGE 3.				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#				
Name	CABLE ONE, INC.			34163				
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary Transmitters:	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.							
Television	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	With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (t	the Special Statement and Program I	Log)—if the				
	Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, WI Column 3: Indicate in each	's call sign. <i>Do not</i> report origination with a station according to its over-th he form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network	program services such as HBO, ESF e-air designation. For example, repo evision station for broadcasting over station, an independent station, or a	PN, etc. Identify each ort multistream the air in its community noncommercial				
	(for independent multicast), For the meaning of these te Column 4: Give the location FCC. For Mexican or Canac	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis lian stations, if any, give the name of t	or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station the community with which the station	onal multicast). is licensed by the is identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WATN	25	N	MEMPHIS, TN				
	WBBJ-DT1	43	N-M	JACKSON, TN				
Add Rows as Necessary	WBBJ-DT2	43	N-M	JACKSON, TN				
	WDYR-LP	33	I	DYERSBURG, TN				
	WHBQ	13	I	MEMPHIS, TN				
	WKNO	29	E	MEMPHIS, TN				
	WLJT	47	Е	LEXINGTON, TN				
	WLMT	31	I	MEMPHIS, TN				
	WMC	5	N	MEMPHIS, TN				
	WMC-2	5	I-M	MEMPHIS, TN				
	WMC-3	5	I-M	MEMPHIS, TN				
	WPXX	51	l	MEMPHIS, TN				
	WREG	28	Ν	MEMPHIS, TN				

EGAL NAME OF		C, DLL 0	Lini.					SYSTEM 34′
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem 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 < 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 licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0) it can ertain st eneral ii 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	
OALL SIGN		3/0	LOCATION OF STATION	UALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	CABLE ONE, INC.							34163
	SUBSTITUTE CARRIAG)G			
I I	In General: In space I, ident				-	tion that ve	ur cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	-			-		YES	×NO
r rogram Log	-				() () I		_	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must comp	lete the proc	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Llas abbraviation	o whorever p	oogibla if t	hair maanin	a io
	clear. If you need more spa				s wherever p			y is
				vision program ("substitute	e program") t	hat, during	the account	ting
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	_		dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
	Column 4: Give the broa	adcast stati	on's location (the community to which th	e station is li		the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	is, with the r	nonth
			e substitute pr	ogram was carried by you	r cable syste	m List the	times accur	ately
	to the nearest five minutes.							atory
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w	as permitted to delete und		s and regul		
					r 1			1
						N SUBSTI		
	S	1	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION
		100 01110	ONEL OTOIN		THE BITT	1110	10	
							<u> </u>	
							_	
							<u> </u>	
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								1
1								

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	S	YSTEM ID# 34163
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	1,008.36 ss 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 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t	his six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Ellin - Frank			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/1							FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER CABLE ONE, INC.	R OF CABLE SYSTEM:						SYSTEM ID: 3416:
M Channels	 to its subscribers, and Enter the total numb system carried televis Enter the total numb on which the cable sy 	st give (1) the number o (2) the cable system's to ber of channels on which sion broadcast stations ber of activated channels ystem carried television ervices	otal number of n the cable s broadcast stat	activated channels d	luring the ac	ecounting period.	st stations	13 275
N Individual to Be Contacted	we can contact about t	CONTACTED IF FURTH	nt.)	TION IS NEEDED (Id	dentify an ind			
for Further Information	Name EM	ERSON YEARWO	OD				Telephone	602-364-3195
	(Num PH	DE. EARLL DRIVE ber, street, rural route, apartr OENIX, AZ 85012 town, state, zip) emerson.yearw	ment, or suite nun			Fax (optional) e	502-364-6013	
O Certification	(Agent of ov in line 1 of X (Officer or p in line 1 of • I have examined the st	reby certify that (Check c er than corporation or p wher other than corpora of space B and that the corporation partner) I am an officer (of space B. tatement of account and correct to the best of my 11(1986)]	ene, but only on partnership) I a ation or partne owner is not a c if a corporation hereby declare v knowledge, in X /s/ Enter an electu Enter signatur d name: RA	e, of the boxes.) am the owner of the ca ership) I am the duly a corporation or partners I) or a partner (if a part e under penalty of law formation, and belief, I Raymond Storc ronic signature on the I e using an "/s/ signatur	able system a nuthorized ag hip; or thership) of t that all state and are mad k ine above to e" (e.g., /s/ J CK	as identified in line gent of the owner of the legal entity ider ments of fact conta le in good faith.	1 of space B of the cable s ntified as own ained herein	ystem as identified ner of the cable system
		Date:				August 28, 20	20	

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-	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
BLE ONE, INC.	3416
 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	
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 Assessmen
^	
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 \$	-
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 \$ -	-
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 - (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. For further assistance please	-
x	-
x	
x	
x	
x	

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