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 \$ 2/25/2021 ALLOCATION NUMBER						
\$ 2/25/2021	FOR COPYRIGHT OFFICE USE ONLY					
\$ 2/25/2021 ALLOCATION NUMBER	DATE RECEIVED	AMOUNT				
	2/25/2021	\$ 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	CCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
	20201 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 85012-2626 (City, town, state, zip)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these mes already appear in space B. In line 2, give the mailing address of the system, it different from the address given in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	CABLE ONE, INC. d/b/a/ SPARKLIGHT MAILING ADDRESS OF CABLE SYSTEM:	
	1515 S 20TH AVE	
	(Number, street, rural route, apartment, or suite number)	
	SAFFORD, AZ 85546 (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.

Accounting Period:	2020/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	CABLE ONE, INC.	10577
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated community	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
	community." Please use it as the first community on all future filings.	,
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the identified
Served	city.	
		1
	CITY OR TOWN	STATE
First	SAFFORD	AZ
Community	CLIFTON	AZ
	GRAHAM COUNTY	AZ
Add Rows as Necessary	MORENCI	AZ
	PIMA	AZ
	SOLOMON	AZ
	SWIFT TRAIL THATCHER	AZ
	ITATOTER	AZ

E

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	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	SUBSCRIBERS	NATE	CATEGORT OF SERVICE	SUBSCRIBERS	NATE
Residential:					
Service to first set	1,356	40.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel	421	12.75			
Commercial	38	40.00			
Converter					
Residential					
Non-residential					

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	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel	90.00	EXPANDED BASIC	44.00
 Pay cable—add'l channel 	9.00	Commercial	90.00		
 Fire protection 		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	90.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		Move to new address	30.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10577

4. LOCATION OF STATION

CABLE ONE, INC.

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

2. B'CAST CHANNEL NUMBER

KASW PHOENIX, AZ 27 **KAZT** 7 ı PHOENIX, AZ KAZT-2 7 I-M PHOENIX, AZ **KNXV** 15 N PHOENIX, AZ **KPHO** PHOENIX, AZ 17 N **KPNX** MESA, AZ 12 Ν **KSAZ** PHOENIX, AZ 10 KTAZ 39 Ī PHOENIX, AZ KTVK 24 PHOENIX, AZ **KTVW** 33 I PHOENIX, AZ KUTP 26 N PHOENIX, AZ KAET 8 Ε PHOENIX, AZ KPNX-2 PHOENIX, AZ 12 I-M KTAZ-2 39 I-M PHOENIX, AZ KPHO-2 17 I-M PHOENIX, AZ KAZT-4 7 PHOENIX, AZ I-M KTVK-2 24 I-M PHOENIX, AZ KTVK-4 24 I-M PHOENIX, AZ KASW-3 27 I-M PHOENIX, AZ **KPPX** PHOENIX, AZ 51 ı

3. TYPE OF STATION

Add Rows as Necessary

ccounting Period: 2020/1	FORM SA1-2E. PAGE 4.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

10577

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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						L	

Accounting Perio							FOR	M SA1-2E. PAGE 5.	
Name	CABLE ONE, INC.	CABLE SYST	EM:					SYSTEM ID# 10577	
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy every non	network televis	ion program, broadcast by cific present and former FC	a <i>distant</i> static C rules, regula	itions, or a	uthorizations.	For a further	
Substitute Carriage: Special Statement and Program Log	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
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 meani 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 account period, was broadcast by a distant station and that your cable system substituted for the programming of anothe under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "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 of 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 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 accuse 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 rectored to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in								g ation in. inth ely	
	s	UBSTITUT	E PROGRAM		1 1	N SUBST	TITUTE CURRED	7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION	
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Accounting Period:	2020/1			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			;	10577
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 explanat 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 in	system's setion of how	econdary transm 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 th	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that you	ı must pay for this	s six-month	
	•				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but me	ore 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				
	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 \$26	3,800 (but	less than \$527,	600)	
	Enter the amount of gross receipts from space K	\$	380,783.36		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	116,983.36		
	4. Multiply line 3 by .01		\$	1,169.83	
	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		\$	2,488.83
	FILING FEE AND TOTAL REMITTANCE DI	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	2,488.83	
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			\$	2,508.83
	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:	2020/1				FORM SA1-2E. PAGE 7
Name	CABLE ONE,	OWNER OF CABLE SYSTEM:			SYSTEM ID# 10577
M Channels	to its subscrib 1. Enter the to system can 2. Enter the to on which th	ers, and (2) the cable system's total tal number of channels on which the	oadcast stations	accounting period.	288
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER t about this statement of account.)	INFORMATION IS NEEDED (Identify an in	ndividual to whom	
for Further Information	Name	EMERSON YEARWOOD		Telephone 602-364	-6195
	Address	210 E. EARLL DRIVE	or suite number)		
		PHOENIX, AZ 85012-262	,		
		(City, town, state, zip)			
	Email	emerson.yearwood@	@cableone.biz	Fax (optional 602-364-6013	
	CERTIFICATIO	(This statement of account must be	pe certified and signed in accordance with 0	Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check one, bu	ut only one, of the boxes.)		
	(Owr	er other than corporation or partne	ership) I am the owner of the cable system as	identified in line 1 of space B; or	
	(4.50)	of a surround than the analysis and	are neutropychia) I am the duly outborized agon	nt of the summer of the cable system as identified	wified
	(Age		or partnership) I am the duly authorized agenter is not a corporation or partnership; or	nt of the owner of the cable system as iden	nunea
	X (Offi	cer or partner) I am an officer (if a co in line 1 of space B.	orporation) or a partner (if a partnership) of the	e legal entity identified as owner of the cabl	e system
	are true, comp		y declare under penalty of law that all stateme wledge, information, and belief, and are made		
			X /s/ Raymond Storck		
			er an electronic signature on the line above to er signature using an "/s/ signature" (e.g., /s/ J		
		Typed or printed nam	ne: RAYMOND STORCK		
			CE PRESIDENT		
		(Title of o	official position held in corporation or partnership)		
		Date:		February 25, 2021	

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ounting Period: 2020/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
BLE ONE, INC.	10577
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 Name 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. 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	-
* 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	

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