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 COPYRIG | HT 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> |
| General instructions are located in the first tab of this workbook | 8-26-21 | \$ ALLOCATION NUMBER | For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150 |
| A ACCOUNTING PERIOD COVERED | D BY THIS STATEMENT: (YY | YY/(Period)) | |
| 2021/1 | Period 1 = January 1 - June 30 | Period 2 = July 1 - December 31 | |
| | Barcode Data Filing Period (ontiona | I - see instructions) | |

| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 |
|----------------------|---|--|
| | | |
| | | 20211 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 | | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. |
| System | 1 | |
| | | SPARKLIGHT MAILING ADDRESS OF CABLE SYSTEM: |
| | | 2600 DAVIS BLVD. |
| | 2 | (Number, street, rural route, apartment, or suite number) |
| | | JOPLIN, MO 64804 (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.

F

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM |
|---------------------|--|--|
| ivame | CABLE ONE, INC. | 14 |
| D | Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. | nunities within unincorporated areas and including single, disc rve as a form of system identification hereafter known as the " |
| Area | Note: Entities and properties such as hotels, apartments, condominiums, or mobile h city. | nome parks should be reported in parentheses below the identi |
| Served | | |
| | CITY OR TOWN | STATE |
| First | MIAMI | OK |
| Community | COMMERCE | OK |
| | NORTH MIAMI | OK |
| d Rows as Necessary | OTTAWA | ок |
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| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | SYS. | TEM IC |
|---------------------------|--|--|---|---|----------|-----------------------|------------|---------------------------|--------------------|
| Name | CABLE ONE, INC. | | | | | | | | 1455 |
| _ | SECONDARY TRANSMISSION | SERVICE: SU | IBSCR | IBERS AND R | TES | | | | |
| E | In General: The information in s | | | - | | • | | | |
| Cocordom | system, that is, the retransmissi about other services (including provide the services) | | | | | | | | |
| Secondary Transmission | last day of the accounting period | , , , | | | , | | nose exis | ung on the | |
| Service: Sub- | Number of Subscribers: Both | | | | | | ole system | ı, broken | |
| scribers and | down by categories of secondar | | | | | • | | | |
| Rates | each category by counting the n | | - | ••• | | | | charged | |
| | separately for the particular servert Rate: Give the standard rate of | | | | | | | ge and the | |
| | unit in which it is generally billed | - | | | | | | - | |
| | category, but do not include disc | | | | | | | | |
| | 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 | | | | | d in the count un | der "Servi | ce to the | |
| | first set" and would be counted of | | | | | | | | |
| | Block 2: If your cable system printed in block 1 (for example, f | - | | | | | | | |
| | with the number of subscribers a | | | | | , | ,, | , 0 | |
| | sufficient. | , | 0 | | | | | | |
| | BLO | OCK 1 | | I | | | BLOCK | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIBI | | RATE | CAT | EGORY OF SEF | RVICE | NO. OF SUBSCRIBERS | RAT |
| | Residential: | | | | | | - | | |
| | Service to first set | | 1,120 | 40.00 | RESIDE | ENTIAL | | - | 28. |
| | Service to additional set(s) | | | | HOSPI | TAL | | 88 | 8. |
| | • FM radio (if separate rate) | | | | DORM | | | 438 | 10. |
| | Motel, hotel | | 2 | 7.50-15.00 | | | | | |
| | Commercial | | 68 | 35.00-72.00 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATE | 6 | | | | |
| F | In General: Space F calls for ra | • | , | | • | • • | | | |
| I | not covered in space E, that is, service for a single fee. There a | | | | | , | - | | |
| Services | furnished at cost or (2) services | • | | | • | | • • • | | |
| Other Than | amount of the charge and the un | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | | | | |
| ransmissions: Rates | Block 1: Give the standard ra Block 2: List any services tha | | | | | | | were not | |
| | listed in block 1 and for which a | • • | | | - | | | | |
| Rates | | | | | | | | | |
| Rales | brief (two- or three-word) descrip | otion and includ | | ate for each. | | | | | |
| Rates | brief (two- or three-word) descrip | | | ate for each. | | | | BLOCK 2 | |
| Rales | brief (two- or three-word) descrip CATEGORY OF SERVICE | BLO | CK 1 | ate for each. GORY OF SER | VICE | RATE | CATEG | BLOCK 2 DRY OF SERVICE | RAT |
| Rales | | BLO | CK 1 CATE | | | RATE | CATEG | | RAT |
| Rales | CATEGORY OF SERVICE | BLO | CK 1 CATE Install | GORY OF SER | | RATE 90.00 | CATEGO | | |
| Rales | CATEGORY OF SERVICE Continuing Services: | BLO RATE | CK 1 CATE Install | GORY OF SER ation: Non-res | | | | | |
| Rales | CATEGORY OF SERVICE Continuing Services: • Pay cable | BLO0 RATE 17.07 | CK 1 CATE Install • Mo • Co | GORY OF SER ation: Non-res | | 90.00 | | | RAT 40 . |
| Rales | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel | BLO0 RATE 17.07 | CK 1 CATE Install • Mo • Co • Pa | GORY OF SER ation: Non-res otel, hotel mmercial | idential | 90.00 | | | |
| Rales | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection | BLO0 RATE 17.07 | CK 1 CATE Install • Mo • Co • Pa • Pa | GORY OF SER ation: Non-res otel, hotel mmercial y cable | idential | 90.00 | | | |
| Rales | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection | BLO0 RATE 17.07 | CK 1 CATE Install • Mo • Co • Pa • Pa • Fir | GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl | idential | 90.00 | | | |
| Rales | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential | BLOO RATE 17.07 9.00-12.00 90.00 | CK 1 CATE Install • Mo • Co • Pa • Pa • Fir • Bu | GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection | idential | 90.00 | | | |
| Rales | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set | BLOO RATE 17.07 9.00-12.00 90.00 | CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir • Bu Other | GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection | idential | 90.00 | | | |
| Rales | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | BLOO RATE 17.07 9.00-12.00 90.00 | CK 1 CATE(Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re | GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: | idential | 90.00 50.00-200.00 | | | |
| Rales | CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | BLOO RATE 17.07 9.00-12.00 90.00 | CK 1 CATE(Install • Mo • Co • Pa • Pa • Pa • Pa • Bu • Bu • Bu • Re • Dis | GORY OF SER ation: Non-res otel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect | idential | 90.00 50.00-200.00 | | | |

| unting Period: 2 | 2021/1 | | | FORM SA1-2E. PAGE |
|------------------------------|---|---|---|---|
| Name | LEGAL NAME OF OWNER O | OF CABLE SYSTEM: | | SYSTEM II |
| | CABLE ONE, INC. | | | 1455 |
| | PRIMARY TRANSMITTERS: | TELEVISION | | |
| G Primary ransmitters: | carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a | entify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph. | 1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain sta | me basis under ams [sections tions carried on a |
| Television | basis under specific FCC i • Do <i>not</i> list the station he | S: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (the | | |
| | basis. For further informati | n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro | ee page (v) of the general instruct | ions. |
| | "WETA-2" as the same on Column 2: Give the chann | ed with a station according to its over-the- the form. hel number the FCC assigned to the telev VRC is channel 4 in Washington, D.C. | 0 1 1 1 | |
| | Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location | h case whether the station is a network st ering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the | or network multicast), "I" (for indep "E-M" (for noncommercial educati tions in the paper SA1-2 form he community to which the station | endent), "I-M" ional multicast). is licensed by the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION |
| | KFJX | 13 | I | PITTSBURG, KS |
| | KOAM | 7 | N | PITTSBURG, KS |
| ows as Necessary | KODE | 23 | N | JOPLIN, MO |
| ino ao necessary | KOED | 11 | E | TULSA, OK |
| | KOZJ | 35 | E | JOPLIN, MO |
| | KSNF | 17 | N | JOPLIN, MO |
| | KONF | 1/ | | |
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| EGAL NAME OF | | | | | | | | SYSTEM I 145 |
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| | every radio s | tation ca | arried on a separate and discr nerally receivable by your cab | | | | | Н |
| eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id Column 2: Si Column 3: If | it is carried by nonitoring, to rmation about m. entify the call tate whether t the radio stat | y the sys be recei it the Co sign of e he statio ion's sign | I-Band FM Carriage: Under C stem whenever it is received a ived 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. | t the system's he system's FM ante this point, see pag | adend, and (2) nna, during ce ge (v) of the ge |) it can t ertain sta eneral ir | be expected, ated intervals. Istructions in the. | Primary Transmitters Radio |
| Column 4: G | ive the station | n's locati | on (the community to which th the community with which the | | | C or, in t | he case of | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| Accounting Perio | od: 2021/1 | | | | | | FORM | M SA1-2E. PAGE 5. |
|------------------|---|---------------|------------------|--------------------------------|------------------|-----------------|---------------|-------------------|
| | LEGAL NAME OF OWNER OF | CABLE SYS | TEM: | | | | | SYSTEM ID# |
| Name | CABLE ONE, INC. | | | | | | | 14553 |
| | | | | | | | | |
| | SUBSTITUTE CARRIAGE | | | | | | | |
| | In General: In space I, identi | | | | | | | |
| Substitute | substitute basis during the a explanation of the programm | | | | | | | |
| Carriage: | 1. SPECIAL STATEMENT | - | | | general mea | | o papo. 0/11 | |
| Special | During the accounting per | - | | | s any nonne | twork televi | sion program | n |
| Statement and | broadcast by a distant stat | | | ourly, on a substitute basi | o, any nonne | | | V |
| Program Log | 5 | | | | | | YES | |
| | Note: If your answer is "No | , leave the | rest of this pag | ge blank. If your answer is ' | "Yes," you m | ust complete | e the progra | m |
| | log in block 2. | | | | | | | |
| | 2. LOG OF SUBSTITUTE | | | | | | | |
| | In General: List each subst | | | | wherever pos | ssible, if thei | ir meaning is | 3 |
| | clear. If you need more spa Column 1 . Give the title | | | ision program ("substitute | program") the | at during the | e accounting | r |
| | period, was broadcast by a | | | | | | | |
| | under certain FCC rules, re | | | | | | | |
| | Do not use general categor | | ovies" or "baske | etball." List specific progran | n titles, for ex | ample, "I Lo | ove Lucy" or | |
| | "NBA Basketball: 76ers vs. | | daaat liya anta | r "Yes." Otherwise enter "N | lo." | | | |
| | | | | asting the substitute progra | | | | |
| | | | | ne community to which the | | ensed by the | FCC or, in | |
| | the case of Mexican or Can | adian statio | ons, if any, the | community with which the | station is ide | ntified). | | |
| | | , | when your sys | tem carried the substitute | program. Use | e numerals, | with the mo | nth |
| | first. Example: for May 7 giv | | | | | 1 : | | |
| | to the nearest five minutes. | | | gram was carried by your | | | | зiy |
| | stated as "6:00–6:30 p.m." | | a program cam | | 15 p.m. to 0. | 20.00 p.m. 3 | | |
| | | er "R" if the | listed program | was substituted for progra | mming that y | our system | was require | d |
| | to delete under FCC rules a | • | | o | | | | ram |
| | was substituted for program | • • | your system wa | as permitted to delete unde | r FCC rules a | and regulation | ons in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHE | N SUBSTI | TUTE | |
| | S | UBSTITUT | E PROGRAM | | | AGE OCCL | | 7. REASON FOR |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TI | | DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM - | — то | |
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| Accounting Period: | 2021/1 | | | FORM S | A1-2E. PAGE 6. |
|------------------------------------|--|-----------------------------|--------------------------------------|-----------------------------|---------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | S | YSTEM ID# |
| | | | | | 14553 |
| 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 receipts | system's se ion of how t | econdary transmi o compute this a | ssion service mount, see | 7,553.15 oss 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 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 that | an \$527,600 | 63,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$13 | 37,100 OR | LESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00 | y fee that yo | ou must pay for th | is six-month | |
| | Line 1. Royalty fee for accounting period | | | | |
| | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | | | | 0.00 |
| | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add I | ines 1 and 2 | 2 | | |
| | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE | ESS (but m | ore than \$137,1 | 00) | |
| | 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 | | | | |
| | 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 \$26 | 3,800 (but | less than \$527 | ,600) | |
| | 1. Enter the amount of gross receipts from space K | . \$ | 267,553.15 | | |
| | 2. Base amount under statutory formula | \$ | 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | \$ | 3,753.15 | | |
| | 4. Multiply line 3 by .01 | | \$ | 37.53 | |
| | 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 . | | \$ | 1,356.53 |
| | FILING FEE AND TOTAL REMITTANCE D | UE | | | |
| Filing Fee and Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | | . \$ | 1,356.53 | |
| 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 | | | \$ | 1,376.53 |
| | 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: | 2021/1 | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|---|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. | SYSTEM ID 14553 |
| M Channels | CHANNELS Instructions: You must give (1) the number of channels on which the cable system to its subscribers, and (2) the cable system's total number of activated channels defined. 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 | ering the accounting period. |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Id we can contact about this statement of account.) | entify an individual to whom |
| for Further Information | Name EMERSON YEARWOOD | Telephone 602-364-6195 |
| | 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 accorda 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 cabi (Agent of owner other than corporation or partnership) I am the duly aut in line 1 of space B and that the owner is not a corporation or partner (Officer or partner) I am an officer (if a corporation) or a partner (if a partner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law tha are true, complete, and correct to the best of my knowledge, information, and belief, an [18 U.S.C., Section 1001(1986)] | e system as identified in line 1 of space B; or horized agent of the owner of the cable system as identified ship; or rship) of the legal entity identified as owner of the cable system at all statements of fact contained herein |
| | X /s/ Raymond Storck Enter an electronic signature on the lin Enter signature using an "/s/ signature | e above to certify this statement. |
| | Typed or printed name: RAYMOND STORC | ж |
| | (Title of official position held in corporation or pa | rtnership) August 27, 2021 |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| | FORM SA1-2E. PAGE 8 |
|---|--|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID |
| BLE ONE, INC. | 14553 |
| 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? 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 | |
| | |
| 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 Assessment |
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