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.

8-26-21

STATEMENT OF ACCOUNT for Secondary Transmissions by

Cable Systems (Short Form)

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at:

General instru	ctions are located			Office Licensing Divis
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT: (YYY)	Y/(Period))	
	2021/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2	0211 Barcode Data Filing Period (optional - s	see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner the subsidiary, not that of the parent	r of the cable system. If the owner is a subsidiar corporation.	γ of another corporation, give the full corp	orate title of
Owner	List any other name or names under	which the owner conducts the business of the c	able system.	
		the accounting period, only the owner on the la payment covering the entire accounting period		bmit a single
	Check here if this is the system's first	filing. If not, enter the system's ID number assig	gned by the Licensing Division.	37607
	LEGAL NAME OF OWNER/MA	LING ADDRESS OF CABLE SYSTEM		
	CABLE ONE, INC. d/b/a SPARK	LIGHT		
	BUSINESS NAME(S) OF OWNE	R 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			
	(City, town, state, zip)			
С		business or trade names used to identify line 2, give the mailing address of the s	-	•
System	IDENTIFICATION OF CABLE SYSTE	M:		
	SPARKLIGHT			
	MAILING ADDRESS OF CABLE SYS	STEM:		
	2 604 E. NATIONAL AVEN (Number, street, rural route, apartment, or			
	BRAZIL, IN 47834			
	(City, town, state, zip code)			

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

DATE RECEIVED

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 suffciency of the fling, a determination that would be made by a court of law.

.....

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	3760
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	mmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "firs
Area Served	city.	
	CITY OR TOWN	STATE
First	MONROVIA	IN
Community	MORGAN COUNTY	IN
	HENDRICKS COUNTY	IN
dd Rows as Necessary		

	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	
	CABLE ONE, INC. d/b/a	SPARKLIG	HT						3760
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RA	TES				
E	In General: The information in s			-		•			
. .	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 system	broken	
scribers and	down by categories of secondary	•					-		
Rates	each category by counting the n					•			
	separately for the particular serv								
	Rate: Give the standard rate c	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·	,		ny standa	rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ice that cable	
	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					I in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system	0			· · ·	service that are	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-h	and block. A tw	o- or thre	e-word descript	ion of the	service is	
	sufficient.								
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIND			0,111			CODUCTUDEILO	
	Service to first set		122	\$42.00					
	Service to additional set(s)			· · · · · · · · · · · · · · · · · · ·					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	\$56.00					
	Converter			\$30.00					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES					
E	In General: Space F calls for rat	•	,		-	• •			
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services		,		0		0 (/	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		,	2		0		0	
ransmissions:	Block 1: Give the standard rat			•					
Rates	Block 2: List any services that	• •			-	-	-		
	listed in block 1 and for which a s brief (two- or three-word) descrip	• •			snea. List	these other ser	vices in th	e ionn of a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	7 00 45 00		tion: Non-resi	dential		EVTEN		E2 E
	Davidable	7.00-15.00		el, hotel					52.5
	• Pay cable		• Cor	nmercial			• • • • • • • • • • • • • • • • • • • •		16.0
	• Pay cable—add'l channel		_				STARZ		40.0
	Pay cable—add'l channel Fire protection		• Pay	cable			• • • • • • • • • • • • • • • • • • • •		19.0
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pay • Pay	cable-add'l ch	annel		SHOW	TIME UNLTD	19.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Pay • Fire	cable-add'l cha protection	annel		SHOW CINEM	TIME UNLTD	19.0 19.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	\$100.00	• Pay • Pay • Fire • Bur	cable-add'l ch protection glar protection	annel		SHOW	TIME UNLTD	
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Pay • Fire • Bur Other s	cable-add'l ch protection glar protection services:	annel		SHOW CINEM	TIME UNLTD	19.0 19.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burn Other s • Rec	cable-add'l cha protection glar protection services: connect	annel	\$40.00	SHOW CINEM	TIME UNLTD	19.0 19.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burn Other s • Rec	cable-add'l ch protection glar protection services:	annel	\$40.00	SHOW CINEM	TIME UNLTD	19.0 19.0
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Bun • Bun • Rec • Disc	cable-add'l cha protection glar protection services: connect	annel	\$40.00	SHOW CINEM	TIME UNLTD	19.0 19.0

ting Period: 2	2021/1			F	FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF				SYSTEM ID#
	CABLE ONE, INC. d/b				37607
G rrimary smitters: levision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a 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 informatic Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including in n during the accounting period, <i>except</i> in n effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations can les, regulations, or authorizations: a in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-tin e carriage of certain network program 1(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a sub- ble Special Statement and Program L I both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESPI -air designation. For example, repor- vision station for broadcasting over t station, an independent station, or a for network multicast), "I" (for indepe- or "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station is	ne basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF	STATION
	WCLJ	42	I	BLOOMINGTON, IN	
	WFYI	21	Е	INDIANAPOLIS, IN	
s Necessary	WHMB	20	I	INDIANAPOLIS, IN	
	WIPX	27	I	BLOOMINGTON, IN	
	WISH	9	Ι	INDIANAPOLIS, IN	
	WNDY	32	Ι	MARION, IN	
	WRTV	25	Ν	INDIANAPOLIS, IN	
	WTHR	13	N	INDIANAPOLIS, IN	
	WTIU	14	Е	BLOOMINGTON, IN	
	WTTV	48	I	BLOOMINGTON, IN	
	WXIN	45	I	INDIANAPOLIS, IN	
	WXIN WISH-2	45 9	I.M	INDIANAPOLIS, IN INDIANAPOLIS, IN	
			I I-M		

EGAL NAME OF								SYSTEM II 376
	·							
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of r or detailed info aper SA1-2 for Column 1: Id	it is carried by monitoring, to prmation abou m. lentify the call	/ the sys be recei t the Co sign of e	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM.	the system's hea system's FM ante	adend, and (2 nna, during ce) it can b ertain sta	be expected, ated intervals.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing ive the statior	a checl i's locatio	nal was electronically processon k mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	CABLE ONE, INC. d/b/	a SPARKI	LIGHT					37607
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG	i			
	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instru	uctions in th	e paper SA1-	2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork telev	ision progran	n
Program Log	broadcast by a distant sta	tion?				l	YES	NO
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is	"Yes," you mu	ust complet	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			(
	In General: List each subst				wherever pos	sidie, it the	eir meaning is	5
				sion program ("substitute	program") tha	at, during th	ne accounting	1
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming o	of another sta	tion
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy" or	
				r "Yes." Otherwise enter "I				
		0		isting the substitute progra ne community to which the		ensed by th	e FCC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	th and day		tem carried the substitute			, with the mor	nth
	first. Example: for May 7 giv					1 :- 4 4 4:		h.,
	to the nearest five minutes.			gram was carried by your ed by a system from 6:01:				ыу
	stated as "6:00–6:30 p.m."	Example. c	a program oann		10 p.m. to 0.2	.0.00 p.m.		
				was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	and regulat	ions in	
					WHE	EN SUBST	ITUTE	
		UBSTITUT 2. LIVE?	E PROGRAM		5. MONTH	IAGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
					.			
							_	
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2021/1	FORM SA1-2E. PAGE 6
Name		SYSTEM ID#
	CABLE ONE, INC. d/b/a SPARKLIGHT	37607
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entra 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
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 th	is six-month
	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	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 \$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	
Eiline Eiline		
Filing Fee and Total Remittance	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati	

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: NC. d/b/a SPARKLIGHT			SYSTEM ID# 37607
M Channels	to its subscriber		f channels on which the cable system carried otal number of activated channels during the a		
			5		12
			_		
		al number of activated channels cable system carried television			252
	and nonbroa	dcast services			
N Individual to		D BE CONTACTED IF FURTH about this statement of accour	IER INFORMATION IS NEEDED (Identify an in nt.)	ndividual to whom	
Be Contacted					
for Further Information	Name	EMERSON YEARWOO	OD	Telephone	602-364-6195
	Address	210 E. EARLL DRIVE			
	,	(Number, street, rural route, apartm	nent, or suite number)		
		PHOENIX, AZ 85012 (City, town, state, zip)			
	Email	EMERSON VEA	RWOOD@CABLEONE.BIZ	Fax (optional 602-364-60	12
	Linai				
	CERTIFICATION	(This statement of account mus	st be certified and signed in accordance with (Copyright Office regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check one	e, <i>but only one</i> , of the boxes.)		
	(Owne	r other than corporation or pa	artnership) I am the owner of the cable system a	as identified in line 1 of space I	3; or
	(Agent		tion or partnership) I am the duly authorized ag e owner is not a corporation or partnership; or	ent of the owner of the cable s	system as identified
	X (Offic	er or partner) I am an officer (if in line 1 of space B.	a corporation) or a partner (if a partnership) of t	he legal entity identified as own	ner of the cable system
		te, and correct to the best of my	ereby declare under penalty of law that all stater / knowledge, information, and belief, and are ma		
			X /s/ RAYMOND STORCK		
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed	name: RAYMOND STORCK		
			VICE PRESIDENT e of official position held in corporation or partnership)		
		Date:		August 27, 2021	
L	1				

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punting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC. d/b/a SPARKLIGHT	3760
 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 Y ES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	
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
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	
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	
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	
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	
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	
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	

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