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

			HT OFFICE USE ONLY	Return completed workbook by email to:
	ENT OF ACCOUNT			
	ary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
General instru	uctions are located	8/26/2021		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this workbook		ALLOCATION NUMBER	Tel. (202) 707-0150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	
	2021/1			
		Barcode Data Filing Period (optional	- see instructions)	
Accounting				
Period				
В	Instructions: Give the full legal name of the owner of t the subsidiary, not that of the parent corp		iary of another corporation, give the full corp	orate title of
Owner	List any other name or names under whic	h the owner conducts the business of th	e cable system.	
	If there were different owners during the statement of account and royalty fee pay		e last day of the accounting period should sul iod.	bmit a single
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	ssigned by the Licensing Division.	9882
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	CABLE ONE, INC. d/b/a SPARKLIGH	нт		
	BUSINESS NAME(S) OF OWNER OF	F 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)			
	INSTRUCTIONS: In line 1, give any busin	ness or trade names used to iden	tify the business and operation of the	system unless these
C	names already appear in space B. In line			
System	1			
	SPARKLIGHT			
	MAILING ADDRESS OF CABLE SYSTEM	И:		
	2 401 BAYLOR STREET	number)		
	TEXARKANA, TX 75501			
	(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: CABLE ONE, INC. d/b/a SPARKLIGHT	SYSTEM ID# 9882
D	Instructions: List each separate community served by the cable system. A " separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I community." Please use it as the first community on all future filings.	community" is the same as a "community unit" as defined in FCC rules: "a
Area Served	city.	
	CITY OR TOWN	STATE
First Community	ASHDOWN	AR
Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
	CABLE ONE, INC. d/b/a	SPARKLIG	HT						988
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND RA	ATES				
E	In General: The information in s			-		•			
Casandami	system, that is, the retransmissi about other services (including pathates)								
Secondary Transmission	last day of the accounting period						liiose exis	ung on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the n separately for the particular serv <b>Rate:</b> Give the standard rate of	vice at the rate	indicate	ed—not the nur	nber of set	ts receiving ser	vice).	C C	
	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							0,	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted o					d in the count u	nder "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	from those	
	printed in block 1 (for example, f						,.		
	with the number of subscribers a sufficient.	and rates, in the	e right-h	hand block. A t	wo- or thre	e-word descript	ion of the s	service is	
		OCK 1			[		BLOCK	< 2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		197	\$42.00					
	<ul> <li>Service to additional set(s)</li> </ul>			+					
	• FM radio (if separate rate)				••••••				
	Motel, hotel								
	Commercial		7	\$42.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		•	• •			
F	not covered in space E, that is, the service for a single fee. There a					,	,		
Services	furnished at cost or (2) services		,		0		0	,	
Other Than	amount of the charge and the ur		usually	billed. If any ra	ates are ch	narged on a var	iable per-p	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cabl	e system for e	ach of the	applicable servi	ces listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a		·		shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	the the ra	ate for each.					
		BLO				DATE	0.475.0	BLOCK 2	DATE
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE
	\$10.99-50.99	\$10.99-50.99		tel, hotel	lacitua		EXPAN	IDED BASIC	60.0
	Pay cable—add'l channel			mmercial				L FAM PLUS	16.0
	Fire protection		•Pa	y cable					
	•Burglar protection		• Pa	y cable-add'l cl	nannel				
	Installation: Residential			e protection					
	• First set	\$0.00- 90.00		rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		\$90.00			
	• Converter			connect tlet relocation					
				uer reiocation					
			• M ~	ve to new addr	229	\$35.00			

SA1-2E. PAGE	FORM S			2021/1	counting Period: 2
	Ş		CABLE SYSTEM:	LEGAL NAME OF OWNER OF	Name
988			a SPARKLIGHT	CABLE ONE, INC. d/b	
				PRIMARY TRANSMITTERS:	
	ne basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the	(1) stations carried only on a part-ti e carriage of certain network progra I(e)(2) and (4))]; and (2) certain sta rried by your cable system on a sub e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct ogram services such as HBO, ESF -air designation. For example, repo- rision station for broadcasting over tation, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial education totions in the paper SA1-2 form. the community to which the station	Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Stations:</b> 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 <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on th <b>Column 2:</b> Give the channel of license. For example, WI <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter <b>Column 4:</b> Give the location	G Primary Transmitters: Television
	4. LOCATION OF STAT	3. TYPE OF STATION	2. B'CAST CHANNEL NUMBER	1. CALL SIGN	
	ARKADELPHIA, AR	E	13	KETG	
	SHREVEPORT, LA	I	34	KMSS	ld Rows as Necessary
	TEXARKANA, TX	<u> </u>	32	KPXJ	
	SHREVEPORT, LA	N-M	23	KSLA	
	TEXARKANA, TX	N	26	KTAL	
	SHREVEPORT, LA	Ν	28	KTBS	
	SHREVEPORT, LA	N-M	28	KTBS-3	
	SHREVEPORT, LA	N-M	23	KSLA-2	
	SHREVEPORT, LA	I	16	KSHV	
	TEXARKANA, TX	I-M	26	KTAL-2	
	SHREVEPORT, LA	N-M	23	KSLA-3	
	SHREVEPORT, LA	N-M	23	KSLA-4	

LEGAL NAME OF								SYSTEM I 98
	every radio s	tation ca	arried on a separate and discre				ied on an	н
receivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing vive the statior	the sys be recein the Co sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anten his point, see page ed by the cable so e station is licens	idend, and (2) nna, during ce e (v) of the ge ystem as a se ed by the FCC	) it can b ertain sta eneral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						1		

Accounting Perio	d: 2021/1					FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	FEM:				SYSTEM ID#
Name	CABLE ONE, INC. d/b/	a SPARKI	IGHT				9882
	SUBSTITUTE CARRIAGE			T AND PROGRAM LOG			
Substitute	In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor ccounting pe	network televis eriod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regul	ations, or authorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	-			5		
Special	During the accounting per				s anv nonne	twork television program	n
Statement and Program Log	broadcast by a distant stat	-		carry, on a cubolitato baok	o, any nonno		
Program Log						YES	NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mi	ust complete the progra	m
	log in block 2.						
	2. LOG OF SUBSTITUTE			ta lina. I laa ahbuaviatiana y		sible if their meaning i	_
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3</b> : Give the call	ce, please a of every no distant stat gulations, o ies like "mo Bulls." n was broad sign of the s	add additional i nnetwork telev ion and that yo r authorizations vies" or "baske dcast live, ente station broadca	rows to the tables. ision program ("substitute p ur cable system substituted s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute program	orogram") tha d for the prog aral instructio n titles, for ex o." m.	at, during the accounting gramming of another sta ns for further informatio ample, "I Love Lucy" or	g ation n.
	the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	adian static ith and day /e "5/7." es when the	ons, if any, the o when your sys e substitute pro	tem carried the substitute p gram was carried by your o	station is ider program. Use cable system	ntified). numerals, with the mo . List the times accurate	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	and regulation in the second sec	ons in effect du		; enter the let	tter "P" if the listed prog	
	s	UBSTITUT	E PROGRAM			N SUBSTITUTE	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. TIMES FROM — TO	DELETION
			<b>_</b>				
						_	
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	SI	/STEM ID# 9882
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 transmi (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	7 <b>,100.82</b> ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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		
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 Regis See page i of the general instructions in the paper SA1-2 form for more informati		ts!

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: INC. d/b/a SPARKLIGHT			SYSTEM ID# 9882
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 tal number of channels on wh ied television broadcast statio tal number of activated chann e cable system carried televis	ns	accounting period.	12
N Individual to Be Contacted		TO BE CONTACTED IF FURT	THER INFORMATION IS NEEDED (Identify ar pount.)	individual to whom	
for Further Information	Name	EMERSON YEARWO	OOD	Telephone	602-364-6195
	Address	210 E. EARLL DRIVI (Number, street, rural route, apar PHOENIX, AZ 85012 (City, town, state, zip)	rtment, or suite number)		
	Email	EMERSON.YE	EARWOOD@CABLEONE.BIZ	Fax (optional 602-364-601	3
O Certification	I, the undersign     (Owr     (Agen     X     (Offi     I have examine are true, comp	ned, hereby certify that (Check of the other than corporation or in tof owner other than corpor in line 1 of space B and that t cer or partner) I am an officer in line 1 of space B. ed the statement of account and	nust be certified and signed in accordance with one, <i>but only one</i> , of the boxes.) <b>partnership)</b> I am the owner of the cable system <b>ration or partnership)</b> I am the duly authorized a the owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of d hereby declare under penalty of law that all stat my knowledge, information, and belief, and are m X /s/ RAYMOND STORCK Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s	as identified in line 1 of space lingent of the owner of the cable s the legal entity identified as ow ements of fact contained herein ade in good faith.	system as identified
		Typed or printe Title: (1 Date:		August 27, 2021	

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unting Period: 2021/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC. d/b/a SPARKLIGHT	9882
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> 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.	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	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	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	Q Interest Assessment
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