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					
2/28/22	\$ 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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20212 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)
		DOSINESS NAME(S) OF SWIER OF SABLE STOTEM (III DITTERENT)
		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 is 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		IDENTIFICATION OF CABLE SYSTEM:
	1	SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	221 S. SHARPE AVE. (Number, street, rural route, apartment, or suite number)
		CLEVELAND, MS 38732 (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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL MANE OF OWNER OF GARLE OVETEN	FORM SA1-2E. PAG						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM 266						
	Instructions: List each separate community served by the cable system. A "comm							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	pile home parks should be reported in parentheses below the						
	CITY OR TOWN	STATE						
First Community	CLARKSDALE BATESVILLE	MS MS						
•	COAHOMA COUNTY	MS						
D	COURTLAND	MS						
Rows as Necessary								
	DUNCAN	MS						
	LAMBERT	MS						
	LYON	MS						
	MARKS	MS						
	PANOLA COUNTY	MS						
	POPE	MS						
	QUITMAN	MS						

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 26690

Ε

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		BLOCI	BLOCK 2			
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	417	42.00					
 Service to additional set(s) 							
• FM radio (if separate rate)							
Motel, hotel	19	30.31					
Commercial	17	30.31					
Converter							
Residential							
Non-residential							
		Ī					

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		
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel	100.00	EXPANDED BASIC	57.75
 Pay cable—add'l channel 	9.00	Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	100.00	Burglar protection			
 Additional set(s) 	30.00	Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		 Move to new address 	30.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

26690

Name CABLE ONE, INC.

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WATN	25	N	MEMPHIS, TN
WHBQ	13	<u>l</u>	MEMPHIS, TN
WKNO	29	E	MEMPHIS, TN
WLMT	31	<u>l</u>	MEMPHIS, TN
WMAV	36	E	OXFORD, MS
WMC	5	N	MEMPHIS, TN
WPRQ-LP	12	<u> </u>	CLARKSDALE, MS
WATN-DT2	25	N	MEMPHIS, TN
WREG	3	N	MEMPHIS, TN
WMC-DT2	5.2	N-M	MEMPHIS, TN
WMC-DT3	5.3	N	MEMPHIS, TN
WPXX	33	<u> </u>	MEMPHIS, TN
WHCQ-DT5	9	I-M	CLEVLAND, MS
WLMT-DT2	31.2	I-M	MEMPHIS, TN
WREG-SIMUL	3	N	MEMPHIS, TN
WMC-SIMUL	5	N	MEMPHIS, TN
WHCQ-DT5-SIMUL	9	I-M	CLEVLAND, MS
WPXX-SIMUL	33	<u> </u>	CLEVLAND, MS
WHBQ-SIMUL	13	<u> </u>	MEMPHIS, TN

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 26690

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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Associating Dovin	.d. 2021 /2						FOR	M CA4 OF DACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FORI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	CABLE ONE, INC.							26690
Substitute Carriage: Special	In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every non accounting p ning that mu T CONCER	nnetwork televi eriod, under sp st be included RNING SUBS	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE	v a distant stat CC rules, regi he general ins	ulations, d	or authorization in the paper S	ns. For a further 6A1-2 form.
Statement and Program Log	During the accounting per broadcast by a distant sta	•	ır cable syster	n carry, on a substitute ba	sis, any nonn	ietwork te	YES	X NO
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	nust com	plete the pro	gram
	log in block 2.							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	titute progra ace, please of every no distant state gulations, of ries like "mo Bulls." m was broa sign of the adcast stati nation state exact stati reduces "5/7." es when the Example: a ter "R" if the and regulati nming that	am on a separ add additional onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, ente- station broadcon's location (tons, if any, the when your sy e substitute pre- a program care listed program ions in effect d	rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the general and the community to which the community to which the stem carried the substitute program was carried by your ried by a system from 6:01 m was substituted for proglating the accounting period	e program") the d for the program instruction titles, for each of the station is lided a program. Using the cable system of th	nat, during ogrammin ions for fu example, ' eensed by entified). se numera m. List the :28:30 p.r your systetter "P" i	g the account g of another informa 'I Love Lucy" the FCC or, als, with the retimes accurm, should be tem was required.	ting station ation. or in month rately
	s	UBSTITUT	E PROGRAM	1		N SUBST	TITUTE CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. FROM	TIMES TO	DELETION
							_	
							_	
							_	"
							_	
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							_	

counting Period:	2021/2			FORM S	A1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			(SYSTEM II 2669					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s' (as identified in space E) during the accounting period. For a further explanatio 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.	ystem's secon of how to	condary transm compute this a	ission service amount, see						
	IMPORTANT: You must complete a statement in space P concerning gross re-	ceipts.		(Amount of g	ross receipts)					
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 the sepage (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	n \$527,600	263,800						
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that yo	ou must pay for	this six-mon						
	Line 1. Royalty fee for accounting period									
	Line 1. Royalty fee for accounting period									
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	00)						
	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									
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8									
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but l	ess than \$527	,600)						
	Enter the amount of gross receipts from space K	\$	497,488.28							
	2. Base amount under statutory formula		263,800.00							
	3. Subtract line 2 from line 1	\$	233,688.28							
	4. Multiply line 3 by .01		\$	2,336.88						
	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 .		\$	3,655.88					
	FILING FEE AND TOTAL REMITTANCE DU	E								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	• • • • • • • • • • • • • • • • • • • •	\$	3,655.88						
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			\$	3,675.88					

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	CABLE ONE, II	OWNER OF CABLE SYSTEM: NC.				SYSTEM ID# 26690
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	ou must give (1) the number of s, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels able system carried television ast services	otal number of activated chann the cable s broadcast stations	nnels during the a	ccounting period.	19 293
N Individual to Be Contacted		BE CONTACTED IF FURTH		DED (Identify an ir	ndividual to whom	
for Further Information	Name	JENAE HECK			Telephone	602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartr PHOENIX, AZ 85012 (City, town, state, zip)	ment, or suite number)		Fay (optional) 502 254 501	2
	CIIIali	JENAE.HECK(JCABLEUNE.BIZ		Fax (optional) 602-364-601	3
O Certification	I, the undersigned (Owne) (Agent in I) X (Office in I) I have examined	(This statement of account med, hereby certify that (Check or other than corporation or put of owner other than corporatine 1 of space B and that the other or partner) I am an officer (ine 1 of space B. If the statement of account and e, and correct to the best of myon 1001(1986)]	partnership) I am the owner of ation or partnership) I am the owner of ation or partnership) I am the owner is not a corporation or partner (if a corporation) or a partner (if hereby declare under penalty	f the cable system e duly authorized at artnership; or if a partnership) of	as identified in line 1 of space gent of the owner of the cable the legal entity identified as over	system as identified wner of the cable system
			X /s/ Raymond S Enter an electronic signature of Enter signature using an "/s/ s	on the line above to		
		Typed or printed Title: (Title of of	Name: RAYMOND S VICE PRESIDENT ficial position held in corporation or			
		Date:			February 28, 2022	

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.

ounting Period: 2021/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
BLE ONE, INC.	26690
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)