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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	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.	4163						
	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	NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	SPARKLIGHT MAILING ADDRESS OF CABLE SYSTEM:							
	1930 BREWER RD. (Number, street, rural route, apartment, or suite number)							
	DYERSBURG, TN 83024 (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.

Accounting Period:	2021/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	FORM SA1-2E. PAGE 1b. SYSTEM ID# 34163
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor) discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, or	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area Served	identified city.	
First Community	CITY OR TOWN FRIENDSHIP	STATE TN
Add Rows as Necessary		

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

SYSTEM ID#

CABLE ONE, INC.

SYSTEM 34163

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	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	26	94.50			
 Service to additional set(s) 	25	2.75			
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	1	94.50			
Converter					
 Residential 					
Non-residential					
		†			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	42.00	Motel, hotel	90.00	EXPANDED BASIC	52.50
 Pay cable—add'l channel 	16.00	Commercial	90.00	FAMILY PLUS	16.00
Fire protection		• Pay cable		STARZ SUPER	19.00
•Burglar protection		• Pay cable-add'l channel		SHOWTIME	10.99
Installation: Residential		Fire protection		НВО	19.00
• First set	90.00	Burglar protection		CINEMAX	19.00
 Additional set(s) 	60.00	Other services:			
 FM radio (if separate rate) 		Reconnect	90.00		
Converter		Disconnect			
		Outlet relocation	90.00		
		 Move to new address 	30.00		
				100000000000000000000000000000000000000	

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 34163

CABLE ONE, INC.

G

Primary Transmitters: Television

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
WBBJ	35	N	JACKSON, TN
WBBJ-2	35	N-M	JACKSON, TN
WLMT-2	31	I-M	MEMPHIS, TN
WHBQ	13	<u> </u>	MEMPHIS, TN
WKNO	29	E	MEMPHIS, TN
WLJT	27	E	LEXINGTON, TN
WLMT	31	<u>l</u>	MEMPHIS, TN
WMC	5	N	MEMPHIS, TN
WMC-2	5	I-M	MEMPHIS, TN
WMC-3	5	I-M	MEMPHIS, TN
WPXX	33	l	MEMPHIS, TN
WREG	28	N	MEMPHIS, TN
WATN-2	25	I-M	MEMPHIS, TN
WMC-4	5	I-M	MEMPHIS, TN
WANT-SIMUL	25	N	MEMPHIS, TN
WMC-SIMUL	5	N	MEMPHIS, TN
WREG-SIMUL	28	N	MEMPHIS, TN
WHBQ-SIMUL	13		MEMPHIS, TN
WPJU-SIMUL	33	<u> </u>	MEMPHIS, TN

Accounting Period: 2021/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 34163

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
						ļ 	
						ļ 	
						ļ 	
						 	
		1		<u> </u>	l	1	<u> </u>

ccounting Period: 2021/2 LEGAL NAME OF OWN Name						FORI	M SA1-2E. PAGE 5.		
Name CABLE ONE INC	IER OF CABLE SYS	STEM:					SYSTEM ID#		
CABLE ONE, INC) .						34163		
Substitute Carriage: Special Statement and Program Log In General: In space substitute basis durin explanation of the pro 1. SPECIAL STATE • During the accounti broadcast by a dista	I, identify every non- ig the accounting p ogramming that mu EMENT CONCEF ing period, did you ant station?	nnetwork televi period, under sp ist be included RNING SUBS ur cable system	ENT AND PROGRAM LO ision program, broadcast by becific present and former Frin this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute basinge blank. If your answer is	a distant state CC rules, regene general instance.	ulations, or structions in	authorization the paper Sevision prog	ns. For a further A1-2 form.		
clear. If you need mo Column 1: Give the period, was broadcast under certain FCC ru Do not use general of "NBA Basketball: 764 Column 2: If the p Column 3: Give the Column 4: Give the the case of Mexican Column 5: Give the first. Example: for Ma Column 6: State the to the nearest five m stated as "6:00–6:30 Column 7: Enter the	ore space, please the title of every no st by a distant starules, regulations, categories like "mores vs. Bulls." program was broathe call sign of the he broadcast station Canadian station the month and day ay 7 give "5/7." the times when the inutes. Example: a p.m." the letter "R" if the	add additional connetwork telection and that your authorization ovies" or "bask addast live, ent station broadd on's location (ons, if any, they when your sy e substitute pra program car	ate line. Use abbreviations rows to the tables. vision program ("substitute our cable system substitutens. See page (v) of the general and the substitutens. The community of 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 prograturing the accounting perioduring the accounting perioduring the accounting perioduricable system that the stem carried the substituted for program was substituted for program was substituted for program in the accounting perioduring the accounting the ac	e program") the ed for the program titles, for earn. e station is lided to program. Use the program. Use the cable system is 15 p.m. to 6 program to 6 program. The cable system is 15 p.m. to 6 program that	nat, during ogramming ions for furiexample, "I censed by tentified). See numeral m. List the :28:30 p.m.	the account of another information Love Lucy" he FCC or, s, with the ritimes accur, should be m was requ	ing station tion. or in month ately		
	was substituted for programming that your system was permitted to delete un effect on October 19, 1976. SUBSTITUTE PROGRAM					when substitute CARRIAGE OCCURRED 7. REASON			
1. TITLE OF PROGR	2 11/52		1	5. MONTH AND DAY	6. T				
		L			FROW -	— то	DELETION		
					TES OF NO CALL SIGN 4. STATIONS LOCATION AND DAT	Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM	AND I I		

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#					
- Traino	CABLE ONE, INC.		34163					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission services amount, see	0,472.43					
	CORVEIGHT BOVALTY FEE							
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 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.	\$263,800						
	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 accounting period is \$52.00	or this six-mon	ti					
	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,	100)						
	1. Base amount under statutory formula							
	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 less than \$527)	7,600)						
	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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		ights!					

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.
Name	CABLE ONE, II	OWNER OF CABLE SYSTEM:			SYSTEM ID# 34163
M Channels	to its subscribers 1. Enter the total	number of channels on which	channels on which the cable system carried televal number of activated channels during the acco		20
	on which the ca	number of activated channel able system carried television ast services	roadcast stations		275
N Individual to Be Contacted		BE CONTACTED IF FURTH	R INFORMATION IS NEEDED (Identify an indiv)	vidual to whom	
for Further Information	Name	JENAE HECK		Telephone	602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, aparti PHOENIX, AZ 85012 (City, town, state, zip)			
	Email	JENAE.HECK@	CABLEONE.BIZ Fa	ax (optional) 602-364-601	.3
	CERTIFICATION	(This statement of account m	st be certified and signed in accordance with Cop	pyright Office regulations	5)
O Certification	• I, the undersigne	ed, hereby certify that (Check o	e,but only one , of the boxes.)		
	(Owner	r other than corporation or p	tnership) I am the owner of the cable system as ide	entified in line 1 of space	B; or
			on or partnership) I am the duly authorized agent oner is not a corporation or partnership; or	of the owner of the cable	system as identified
		er or partner) I am an officer (i ine 1 of space B.	a corporation) or a partner (if a partnership) of the le	egal entity identified as ov	vner of the cable system
		e, and correct to the best of my	reby declare under penalty of law that all statement nowledge, information, and belief, and are made in		n
			X /s/ Raymond Storck		
			nter an electronic signature on the line above to cert nter signature using an "/s/ signature" (e.g., /s/ John	•	
		Typed or printed	ame: RAYMOND STORCK		
		Title: (Title of o	/ICE PRESIDENT cial position held in corporation or partnership)		
		Date:	Fe	ebruary 28, 2022	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	34163
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."	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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	

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