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	OUNTING 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)	
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.	37607
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		CABLE ONE, INC. d/b/a SPARKLIGHT	
		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	
		(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 s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	<u>L'</u>	SPARKLIGHT	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	604 E. NATIONAL AVENUE [Number, street, rural route, apartment, or suite number)	
		BRAZIL, IN 47834 (City, town, state, zip code)	
	1	(Oily, Oilli, State, 219 Oode)	

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									
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#								
Name	CABLE ONE, INC. d/b/a SPARKLIGHT	37607								
	Instructions: List each separate community served by the cable system. A "community served by the cable system."									
D	"a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known								
Area Served	identified city.									
	CITY OR TOWN	STATE								
First	MONROVIA	IN								
Community	MORGAN COUNTY	IN								
	HENDRICKS COUNTY	IN								
Add Rows as Necessary										

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	95	\$42.00			
Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial	2	\$56.00			
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	7.00-15.00	Motel, hotel		EXTENDED BASIC	52.50
 Pay cable—add'l channel 		Commercial		DIGITAL FAM PLUS	16.00
Fire protection		• Pay cable		STARZ SUPER PAK	19.00
•Burglar protection		 Pay cable-add'l channel 		SHOWTIME UNLTD	19.00
Installation: Residential		Fire protection		CINEMAX	19.00
• First set	\$100.00	Burglar protection		HBO	19.00
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	\$40.00		
Converter		Disconnect			
		Outlet relocation	30.00		
		 Move to new address 	\$30.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 37607

CABLE ONE, INC. d/b/a SPARKLIGHT

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
WCLJ	42	<u> </u>	BLOOMINGTON, IN
WFYI	21	E	INDIANAPOLIS, IN
WHMB	20	<u> </u>	INDIANAPOLIS, IN
WIPX	27	<u>l</u>	BLOOMINGTON, IN
WISH	9	<u>l</u>	INDIANAPOLIS, IN
WNDY	32	<u>l</u>	MARION, IN
WRTV	25	N	INDIANAPOLIS, IN
WTHR	13	N	INDIANAPOLIS, IN
WTTV-DT3	48.3	I-M	BLOOMINGTON, IN
WTTV	48	<u>l</u>	BLOOMINGTON, IN
WXIN	45	<u> </u>	INDIANAPOLIS, IN
WXIN-DT2	45.2	I-M	INDIANAPOLIS, IN
WXIN-DT3	45.3	I-M	INDIANAPOLIS, IN
WTTV-DT2	48,2	I-M	BLOOMINGTON, IN
WRTV-SIMUL	25	N	INDIANAPOLIS, IN
WTTV-SIMUL	48	<u>l</u>	BLOOMINGTON, IN
WXIN-SIMUL	45	<u>l</u>	INDIANAPOLIS, IN
WTHR-SIMUL	13	N	INDIANAPOLIS, IN
WFUI-SIMUL	21	E	INDIANAPOLIS, IN
WISH-SIMUL	9	<u>l</u>	INDIANAPOLIS, IN

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

37607

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>

Accounting Perio	nd: 2021/2						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1010	SYSTEM ID#
Name	CABLE ONE, INC. d/b	a SPARK	LIGHT					37607
Substitute	SUBSTITUTE CARRIAG In General: In space I, identification is substitute basis during the a explanation of the programm	tify every no	nnetwork televi	sion program, broadcast by ecific present and former F	<i>i</i> a <i>distant</i> sta CC rules, reg	ulations, d	or authorizatio	ns. For a further
Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograic Column 3: Give the call Column 4: Give the brothe case of Mexican or Calumn 5: Give the mofirst. Example: for May 7 give Column 6: State the times.	riod, did yoution? ", leave the PROGRA titute prograce, please of every not distant stategulations, ries like "mo Bulls." m was broasign of the adcast stating addant stating that and day ve "5/7." es when the	e rest of this pa AMS am on a separadd additional connetwork televition and that your authorization ovies" or "baskindcast live, entestation broade on's location (tons, if any, they when your syste substitute pro	ge blank. If your answer is ate line. Use abbreviations rows to the tables. vision program ("substitute our cable system substitute our cable system substitute is. See page (v) of the ge etball." List specific program "Yes." Otherwise enter asting the substitute your carried the substitute or carried the substitute or carried the substitute or carried by you	s "Yes," you is wherever per program") to ted for the program titles, for earn. e station is life a station is life program. Ur	ossible, if hat, during ogrammir tions for fuexample, censed by entified). se numer m. List the	yes plete the programming of another urther information of the ECC or, als, with the restriction of times accurrently the section of the programming of the programmi	y is ting station ation. or in month
	to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for progto delete under FCC rules and regulations in effect during the accounting periods substituted for programming that your system was permitted to delete uneffect on October 19, 1976.					letter "P" i s and regu	f the listed prulations in	
	TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES	DELETION

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT	S	7STEM II 376
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)	mission service	
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 42 (Amount of gro	2,067.76 pss 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 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-montl	
	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		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	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 otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	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	ster of Copyric	nhtsl

Accounting Period:	2021/2				FORM SA1-2E. PAGE 7.					
Name		WNER OF CABLE SYSTEM: NC. d/b/a SPARKLIGHT			SYSTEM ID# 37607					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable									
					20					
	on which the ca	number of activated channels able system carried television bro ast services			280					
N Individual to Be Contacted		BE CONTACTED IF FURTHER bout this statement of account.)	INFORMATION IS NEEDED (Identify an	individual to whom						
for Further Information	Name	JENAE HECK		Telephone 602	2-364-6092					
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment	, or suite number)		101001001001001001001001001001001001001					
		PHOENIX, AZ 85012 (City, town, state, zip)		114111111111111111111111111111111111111						
	Email	JENAE.HECK@CA	BLEONE.BIZ	Fax (optional) 602-364-6013						
0	CERTIFICATION	This statement of account must	be certified and signed in accordance with	h Copyright Office regulations)						
Certification	I, the undersigner	d, hereby certify that (Check one, <i>b</i>	out only one, of the boxes.)							
	(Owne	other than corporation or partn	ership) I am the owner of the cable system	as identified in line 1 of space B; or	r					
			or partnership) I am the duly authorized a r is not a corporation or partnership; or	gent of the owner of the cable syste	em as identified					
		er or partner) I am an officer (if a c ine 1 of space B.	orporation) or a partner (if a partnership) of	the legal entity identified as owner	of the cable system					
		e, and correct to the best of my kno	by declare under penalty of law that all state wledge, information, and belief, and are ma							
			X /s/ RAYMOND STORCK							
			er an electronic signature on the line above t er signature using an "/s/ signature" (e.g., /s,	•						
		Typed or printed nar	me: RAYMOND STORCK							
			CE PRESIDENT I position held in corporation or partnership)							
		Date:		February 28, 2020						

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 37607 CABLE ONE, INC. d/b/a SPARKLIGHT 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 fol-"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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Concerning Gross **Receipts Exclusion** 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 Name Name Mailing Address 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. Interest Assessment x = 0.00274Line 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

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 th 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.

Address

ID number

First community served Accounting period