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.

Γ

## **SA1-2E** Short Form

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:	
	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	\$ 2/28/22 ALLOCATION NUMBE		For additional information, contact the U.S. Copyright Office Licensing Division at:	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
Accounting Period		Barcode Data Filing Period (optional	- see instructions)		
<b>B</b> Owner	Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare List any other name or names under which	nt corporation.	idiary of another corporation, give the full o he cable system.	corporate	
	If there were different owners during the single statement of account and royalty fe	e payment covering the entire accoun		d submit a	
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM			
	CABLE ONE, INC. d/b/A SPARKLIGH BUSINESS NAME(S) OF OWNER OF		)		
	MAILING ADDRESS OF OWNER OF 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite nu PHOENIX, AZ 85012-2626 (City, town, state, zip)				
С	<b>INSTRUCTIONS:</b> In line 1, give any busir names already appear in space B. In line				
System	1 IDENTIFICATION OF CABLE SYSTEM: SPARKLIGHT MAILING ADDRESS OF CABLE SYSTEM:				
	2 1059 CORONADO CIRCLE (Number, street, rural route, apartment, or suite nu BORGER, TX 79007				
	(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 NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PA( SYSTEM
Name		
	CABLE ONE, INC. d/b/A SPARKLIGHT	6
	Instructions: List each separate community served by the cable system. A "commun	
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	st will serve as a form of system identification hereafter kr
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile l	nome parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BORGER	ТХ
Community	DUMAS	ТХ
	FRITCH	TX
d Rows as Necessary	PAMPA	TX
	PANHANDLE	ТХ
	STINNETT	ТХ
	SUNRAY	ТХ
	WHITE DEER	ТХ
		***
		****

									TEM IC
Name	LEGAL NAME OF OWNER OF C							513	663
	CABLE ONE, INC. d/b/A	SPARKLIG	HT						005
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES				
E	In General: The information in s					y transmission s	ervice of th	e cable	
	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period	, , ,	,		,		iose existii	ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	0		0 , (				charged	
	separately for the particular serv <b>Rate:</b> Give the standard rate c							e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc						·		
	Block 1: In the left-hand block	•		0		•			
	systems most commonly provide that applies to your system. <b>Not</b>								
	categories, that person or entity			•		0			
	subscriber who pays extra for ca								
	first set" and would be counted o					convice that are	difforant fr	am these	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	•							
	with the number of subscribers a								
	sufficient.	-	•		_	•			
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:				0,111			0000011102110	
	Service to first set		1,596	\$42.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel		14	\$10.50					
	Commercial		119	\$125.95					
	Converter								
	Residential	•	1,596	2.75					
	Non-residential		119	5.00					
_	SERVICES OTHER THAN SEC In General: Space F calls for rate				-	l vour cable svst	em's servi	ces that were	
F	not covered in space E, that is, t		,		•	• •			
- ·	service for a single fee. There ar	•			0		0 ( )		
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usualiy	Dilleu. Il ally la	les ale ch	argeu on a vana	bie bei-bit	gram basis,	
ransmissions:	Block 2: List any services that	vour cable eve	tem furr				eriod that v		
ransmissions: Rates	-	• •			-	• ·			
	listed in block 1 and for which a	separate charge		ade or establi	-	• ·	ices in the	form of a	
	-	separate charge otion and includ	e the ra	ade or establi	-	• ·	ices in the		
	listed in block 1 and for which a s brief (two- or three-word) descrip	separate charge otion and includ BLOC	e the ra	ade or establis te for each.	shed. List	these other serv		BLOCK 2	
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge otion and includ	e the ra CK 1 CATEG	ade or establis te for each. GORY OF SER	shed. List	• ·			RATE
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge otion and includ BLOC	e the ra CK 1 CATEG Installa	ade or establis te for each. GORY OF SER ition: Non-res	shed. List	these other serv	CATEGO	BLOCK 2	
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge otion and includ BLOC	e the ra CK 1 CATEG Installa • Mot	ade or establis te for each. GORY OF SER titon: Non-res el, hotel	shed. List	these other serv	CATEGO HBO	BLOCK 2 DRY OF SERVICE	19.0
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charge otion and includ BLOC	e the ra CK 1 CATEG Installa • Mot • Cor	ade or establis te for each. GORY OF SER tion: Non-res rel, hotel nmercial	shed. List	these other serv	CATEGO HBO SHOW	BLOCK 2 DRY OF SERVICE	RATE 19.0 19.0 16.0
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charge otion and includ BLOC	e the ra CK 1 CATEG Installa • Mot • Cor • Pay	ade or establis te for each. GORY OF SER ation: Non-res el, hotel nmercial r cable	vice vice	these other serv	CATEGO HBO SHOW DIGITA	BLOCK 2 DRY OF SERVICE	19.0 19.0
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charge otion and includ BLOC	e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay	ade or establis te for each. GORY OF SER tion: Non-res rel, hotel nmercial	vice vice	these other serv	CATEGO HBO SHOW DIGITA STARZ	BLOCK 2 DRY OF SERVICE	19.0 19.0 16.0
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate charge otion and includ BLOC	e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ade or establis te for each. GORY OF SER titon: Non-res el, hotel nmercial r cable r cable-add'l ch	VICE idential	these other serv	CATEGO HBO SHOW DIGITA STARZ	BLOCK 2 DRY OF SERVICE	19.0 19.0 16.0 19.0
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	separate charge tion and includ BLOC RATE 90.00	e the ra <u>CK 1</u> <u>CATEG</u> <b>Installa</b> • Mot • Cor • Pay • Pay • Fire • Bur	ade or establis te for each. GORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l ch protection	VICE idential	these other serv	CATEGO HBO SHOW DIGITA STARZ EXPAN	BLOCK 2 DRY OF SERVICE FIME L VALUE PAK /ENCORE DED BASIC	19.0 19.0 16.0 19.0 48.0
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charge tion and includ BLOC RATE 90.00	e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ade or establis te for each. GORY OF SER ition: Non-res rel, hotel mmercial r cable r cable-add'l ch p protection glar protection	VICE idential	these other serv	CATEGO HBO SHOW DIGITA STARZ EXPAN DVR	BLOCK 2 DRY OF SERVICE TIME L VALUE PAK /ENCORE DED BASIC CEIVER	19.0 19.0 16.0 19.0 48.0 15.0
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate charge tion and includ BLOC RATE 90.00	e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ade or establis te for each. GORY OF SER titon: Non-res el, hotel mmercial r cable r cable-add'l ch p protection glar protection services:	VICE idential	RATE	CATEGO HBO SHOW DIGITA STARZ EXPAN DVR HD REO	BLOCK 2 DRY OF SERVICE FIME L VALUE PAK /ENCORE DED BASIC CEIVER	19.0 19.0 16.0 19.0 48.0 15.0 7.0
	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charge tion and includ BLOC RATE 90.00	e the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	ade or establis te for each. CORY OF SER ation: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection services: connect	VICE idential	RATE	CATEGO HBO SHOW DIGITA STARZ EXPAN DVR HD REO TIVO Q TIVO M	BLOCK 2 DRY OF SERVICE FIME L VALUE PAK /ENCORE DED BASIC CEIVER	19.0 19.0 16.0 19.0 48.0 15.0 7.0 15.0

N	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	CABLE ONE, INC. d/	/b/A SPARKLIGHT		6
	PRIMARY TRANSMITTERS	: TELEVISION		
G Primary nsmitters: elevision	carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station here, station was carried <i>only</i> oc • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same or <b>Column 2:</b> Give the chan of license. For example, <b>Column 3:</b> Indicate in eace educational station, by em	also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain si ried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- ogram services such as HBO, ES air designation. For example, re- ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde	t-time basis under grams [sections stations carried on a substitute program m Log)—if the lso on some other lctions. SPN, etc. Identify each sport multistream er the air in its community r a noncommercial ependent), "I-M"
	For the meaning of these <b>Column 4:</b> Give the location	terms, see page (iv) of the general instruction of each station. For U.S. stations, list the adian stations, if any, give the name of the	tions in the paper SA1-2 form. he community to which the statio	on is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 9	3. TYPE OF STATION	4. LOCATION OF STATION AMARILLO, TX
's as Necessary	KACV	9	E	AMARILLO, TX
s as Necessary	KACV KAMR	9 19	E	AMARILLO, TX AMARILLO, TX
; as Necessary	KACV KAMR KCIT	9 19 15	E N I	AMARILLO, TX AMARILLO, TX AMARILLO, TX
as Necessary	KACV KAMR KCIT KFDA	9 19 15 10	E N I N	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX
as Necessary	KACV KAMR KCIT KFDA KFDA-2	9 19 15 10 10	E N I N I-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX
as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII	9 19 15 10 10 7	E N I N I-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX
as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2	9 19 15 10 10 7 31	E N I N I-M N I	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX
as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2 KEYU-3	9 19 15 10 10 7 31 31	E N I N I-M N I I I-M I-M	AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX AMARILLO, TX
s as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2 KEYU-3 KVIII-3	9 19 15 10 10 7 31 31 31 7	E N I N I-M N I I I-M	AMARILLO, TX AMARILLO, TX
s as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2 KEYU-3 KVIII-3 KCPN-LP	9 19 15 10 10 7 31 31 31 7 33	E N I N I-M N I I I-M I-M I-M I-M I	AMARILLO, TX AMARILLO, TX
's as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2 KEYU-3 KVIII-3 KCPN-LP KFDA-4	9 19 15 10 10 7 31 31 31 7 33 10	E N I N I-M I I I I-M I-M I-M	AMARILLO, TX AMARILLO, TX
s as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2 KEYU-3 KVIII-3 KVIII-3 KCPN-LP KFDA-4 KMLM-DT	9 19 15 10 10 7 31 31 31 7 33 10 10 15	E N I N I-M I I-M I-M I-M I I I I I I I I I	AMARILLO, TX AMARILLO, TX
s as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2 KEYU-3 KVIII-3 KCPN-LP KFDA-4 KMLM-DT KVII-2	9 19 15 10 10 7 31 31 31 7 33 10 15 7	E N I N I-M I I I-M I-M I-M I I I I I I I I I I	AMARILLO, TX AMARILLO, TX
s as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2 KEYU-3 KVIII-3 KCPN-LP KFDA-4 KMLM-DT KVII-2 KAMR-3	9 19 15 10 10 7 31 31 31 7 33 10 15 7 19	E N I N I-M I I I I I I I I I I I I I I I I I I	AMARILLO, TX AMARILLO, TX
/s as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2 KEYU-3 KVIII-3 KCPN-LP KFDA-4 KMLM-DT KVII-2 KAMR-3 KVII-4	9 19 15 10 10 7 31 31 31 7 33 10 15 7 19 7 19 7	E N I N I-M N I I I-M I-M I I I I I I I I I I I I I I	AMARILLO, TX AMARILLO, TX
rs as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU-2 KEYU-3 KVIII-3 KCPN-LP KFDA-4 KMLM-DT KVII-2 KAMR-3 KVII-4 KACV-SIMUL	9 19 15 10 10 7 31 31 31 7 33 10 15 7 19 7 19 7 9	E N I N I-M I I I I I I I I I I I I I I I I I I	AMARILLO, TX AMARILLO, TX
<i>ı</i> s as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU-2 KEYU-3 KVIII-3 KCPN-LP KFDA-4 KMLM-DT KVII-2 KAMR-3 KVII-4 KACV-SIMUL KAMR-SIMUL	9 19 15 10 10 7 31 31 31 31 7 33 10 15 7 19 7 19 7 9 19 7 9 19	E N I N I-M I I I-M I-M I I I I I I I I I I I N I I I I I I I	AMARILLO, TX AMARILLO, TX
vs as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU KEYU-2 KEYU-3 KVIII-3 KCPN-LP KFDA-4 KMLM-DT KVII-2 KAMR-3 KVII-4 KAMR-SIMUL KAMR-SIMUL	9         19         15         10         10         7         31         31         31         31         31         31         10         7         33         10         7         33         10         15         7         19         7         9         19         7         19         7         19         7         19         7         19         7         19         7	E N I N I-M I I I I I I I I I I I I I I I I I I	AMARILLO, TX         AMARILLO, TX
ws as Necessary	KACV KAMR KCIT KFDA KFDA-2 KVII KEYU-2 KEYU-3 KVIII-3 KCPN-LP KFDA-4 KMLM-DT KVII-2 KAMR-3 KVII-4 KACV-SIMUL KAMR-SIMUL	9 19 15 10 10 7 31 31 31 31 7 33 10 15 7 19 7 19 7 9 19 7 9 19	E N I N I-M I I I-M I-M I I I I I I I I I I I N I I I I I I I	AMARILLO, TX AMARILLO, TX

EGAL NAME OF								SYSTEM I
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stat this by placing	y the sys be receint the Co sign of e the static ion's sign g a check	I-Band FM Carriage: Under C stem whenever it is received a wed at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
			the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
							·	
							·	
							·	

Accounting Perio	od: 2021/2					F	ORM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF CABLE ONE, INC. d/b/						SYSTEM ID# 6632
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per broadcast by a distant sta Note: If your answer is "No	ify every no ccounting p ning that mu <b>T CONCEI</b> riod, did you tion?	nnetwork televi period, under sp ist be included RNING SUBS ur cable system	ision program, broadcast by becific present and former F in this log, see page (v) of t <b>TITUTE CARRIAGE</b> n carry, on a substitute ba	y a <i>distant</i> sta CC rules, reg he general ins usis, any noni	ulations, or authoriz structions in the pap network television p	ations. For a further er SA1-2 form. program S XNO
	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 <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the mor first. Example: for May 7 gir <b>Column 6:</b> State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	titute progr ace, please of every no distant sta gulations, v ries like "mo Bulls." m was broa sign of the adcast stati addast stati addast stati addast stati addast stati addast stati es when th Example: er "R" if the and regulat nming that	am on a separ add additional onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (f ons, if any, the v when your sy e substitute pri a program carr e listed program ions in effect d	I rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0" n was substituted for prog luring the accounting perio as permitted to delete und	e program") t ted for the pro- neral instruct am titles, for a "No." ram. e station is li- e station is li- e station is li- e station is li- e program. U r cable syste 1:15 p.m. to 6 ramming that bd; enter the der FCC rules	hat, during the acco ogramming of anot tions for further info example, "I Love Lu censed by the FCC lentified). se numerals, with the m. List the times ac 3:28:30 p.m. should t your system was <i>r</i> letter "P" if the listed	ounting ner station rmation. loy" or or, in he month courately be required d program
	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 — T	O DELETION
			·		·		
			·				

Accounting Period:	2021/2			FORM	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Mullio	CABLE ONE, INC. d/b/A SPARKLIGHT				6632
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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	system's s ion of how	econdary transi to compute this	mission servi amount, see \$ 49	ce
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	lty fee that	you must pay fo	r this six-mor	itl
	Line 1. Royalty fee for accounting period			· · <u></u>	
	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	ines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	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	3,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	490,882.23		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	227,082.23		
	4. Multiply line 3 by .01		\$	2,270.82	
	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	······.	\$	3,589.82
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,589.82	
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			\$	3,609.82
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		ights!

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: NC. d/b/A SPARKLIGHT				SYSTEM ID# 6632
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number s, and (2) the cable system's I number of channels on whi television broadcast station I number of activated channe able system carried televisio cast services	s total number ich the cable s els on broadcast s	of activated channels durin		21 232
N Individual to Be Contacted		BE CONTACTED IF FURT about this statement of acco		IATION IS NEEDED (Iden	ify an individual to whom	
for Further Information	Name	JENAE HECK			Telephone	602-364-6092
	Address	210 E. EARLL DRIV (Number, street, rural route, apa PHOENIX, AZ 8501 (City, town, state, zip)	rtment, or suite n	umber)		
	Email	JENAE.HECK	@CABLEON	E.BIZ	Fax (optional) 602-364-601	3
O Certification	I, the undersigned     (Owne     (Agent     in I     X     (Office     in I     · I have examined	ed, hereby certify that (Check <b>r other than corporation or</b> <b>t of owner other than corpor</b> line 1 of space B and that the <b>er or partner</b> ) I am an officer line 1 of space B. d the statement of account and e, and correct to the best of m	one, <i>but only o</i> partnership)   ration or partr owner is not a (if a corporatio d hereby declai	ne , of the boxes.) am the owner of the cable s <b>ership)</b> I am the duly author corporation or partnership; o n) or a partner (if a partnersh re under penalty of law that a	ip) of the legal entity identified as ov Il statements of fact contained herei	B; or system as identified vner of the cable system
			Enter an elec	/ RAYMOND STORC	pove to certify this statement.	
		Typed or printe Title: (Title of	VICE PR	AYMOND STORCK ESIDENT eld in corporation or partnership		
		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 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 telephon 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 i 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 th 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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BLE ONE, INC. d/b/A SPARKLIGHT	663
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 flowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	c Special Statement D." Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayn For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
	m. <b>Q</b>
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	m. <b>Q</b>
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for Line 1 Enter the amount of late payment or underpayment	m. <b>Q</b>
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