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	
	Instructions:
В	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. 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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	DENTIFICATION OF CABLE SYSTEM:
System	1 SPARKLIGHT
	MAILING ADDRESS OF CABLE SYSTEM:
	2 230 5TH AVENUE (Number, street, rural route, apartment, or suite number)
	MCCOMB, MS 39648 (City, town, state, zip code)
L	

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.

		FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI						
	CABLE ONE, INC. d/b/a SPARKLIGHT	83						
	Instructions: List each separate community served by the cable system. A "co							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn							
	as the "first community." Please use it as the first community on all future filing							
Area	Note: Entities and properties such as hotels, apartments, condominiums, or m	obile home parks should be reported in parentheses below the						
Served	identified city.							
	CITY OR TOWN	STATE						
First	WAYNESBORO	MS						
Community	BUCKATUNNA	MS						
	CLARA	MS						
I Rows as Necessary								
,								
		1						

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

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	443	\$40.00				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial		\$40.00				
Converter						
Residential						
Non-residential						
		1				

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	\$9-\$18.00	Motel, hotel		EXPNADED BASIC	44.00
 Pay cable—add'l channel 		Commercial		DIGITAL FAM PAK	13.00
 Fire protection 		• Pay cable		STARZ SUPER PAK	18.00
•Burglar protection		 Pay cable-add'l channel 		SHOWTIME UNLMTD	18.00
Installation: Residential		Fire protection		HBO THE WORKS	27.00
• First set	\$40.00	Burglar protection		НВО	18.00
 Additional set(s) 		Other services:		CINEMAX	13.00
• FM radio (if separate rate)		Reconnect	90.00		
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 	\$45.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 8306

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 76.50(4)(2) and (4) and (4) and (4) and (5) and (6) and (6) and (7) and (7) and (8) are size at the 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
WDAM	7	N	LAUREL, MS
WGBC	31	l	MERIDIAN, MS
WHLT	22	N	HATTIESBURG, MS
WMAW	28	E	MERIDIAN, MS
WDAM-2	7.2	N-M	LAUREL, MS
WHLT-2	22.2	I-M	HATTIESBURG, MS
WDAM-3	7.3	I-M	LAUREL, MS
WDAM-5	7.5	I-M	LAUREL, MS
WTOK	13	N	LAUREL, MS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. d/b/a SPARKLIGHT

8306

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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ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FORM	SYSTEM ID#
Name	CABLE ONE, INC. d/b/							8306
Substituto	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your substitute basis during the accounting period, under specific present and former FCC rules, regulations, or an explanation of the programming that must be included in this log, see page (v) of the general instructions in the							
Substitute Carriage: Special Statement and Program Log	1. SPECIAL STATEMENT During the accounting per broadcast by a distant state of the	CONCER iod, did you ion? ', leave the ', lea	e rest of this paragram on a separagram on a separagram on a deliversition and that your authorization ovies" or "bask" deast live, entestation broadcon's location (toons, if any, the when your systems a program carr	ge blank. If your answer is ate line. Use abbreviations rows to the tables. Vision program ("substitute bur cable system substitute see page (v) of the generated." List specific program or "Yes." Otherwise enter "asting the substitute program the community to which the community with which the stem carried the substitute program was carried by your ied by a system from 6:01	sis, any nonr s "Yes," you r s wherever pe e program") ti ed for the pro- neral instruct am titles, for e 'No." ream. e station is lid e program. Use r cable systel :15 p.m. to 6	network te must comp ossible, if hat, during ogrammin ions for fu example, " censed by entified). se numera m. List the i:28:30 p.r	yes plete the prog their meaning g the account g of another s arther informa 'I Love Lucy' the FCC or, als, with the me e times accura m. should be	no NO gram g is station tion. or in month
	Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete undeffect on October 19, 1976. SUBSTITUTE PROGRAM			riod; enter the letter "P" if the listed p			7. REASON FOI	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO —	DEELION

_	2021/2			FORM S	A1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			s	YSTEM II			
	CABLE ONE, INC. d/b/a SPARKLIGHT				830			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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 re			\$ 14	3,846.37			
	, , , ,			(Amount of gire	oss 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 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 in	but less tha	an \$527,600	263,800				
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR L	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon				
	Line 1. Royalty fee for accounting period							
	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 lin	nes 1 and 2						
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	100)				
	Base amount under statutory formula	\$	263,800.00					
	2. Enter amount of gross receipts from space K	\$	143,846.37	_				
	3. Subtract line 2 from line 1	\$	119,953.63	_				
	4. Enter the amount of gross receipts from space K		. \$	143,846.37				
	5. Enter the amount from line 3		. \$	119,953.63				
	6. Subtract line 5 from line 4		\$	23,892.74				
	7. Multiply line 6 by .005 (enter figure here)			\$	119.46			
	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		\$	119.46			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but I	ess than \$527	,600)				
	Enter the amount of gross receipts from space K							
	Base amount under statutory formula			-				
	Subtract line 2 from line 1			-				
				=				
	Multiply line 3 by .01			1 310 00				
	6. Interest charge. Enter the amount from line 4, space Q, page 8							
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6 .						
	FILING FEE AND TOTAL REMITTANCE DU	ΙE						
Filing Fee and								
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	119.46				
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			\$	139.46			

Accounting Period:	2021/2		FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC. d/b/a SPARKLIGHT		SYSTEM ID# 8306
M Channels	CHANNELS Instructions: You must give (1) the number of channels to its subscribers, and (2) the cable system's total number 1. Enter the total number of channels on which the cable system carried television broadcast stations	stations	112
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFOR we can contact about this statement of account.) Name JENAE HECK	MATION IS NEEDED (Identify an individual to whom Telephone 602	2-364-6092
Information	Address 210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite PHOENIX, AZ 85012 (City, town, state, zip)		
	Email JENAE.HECK@CABLEO	NE.BIZ Fax (optional) 602-364-6013	
O Certification	Owner other than corporation or partnership (Agent of owner other than corporation or partin line 1 of space B and that the owner is not in line 1 of space B. (Officer or partner) I am an officer (if a corporation in line 1 of space B.	I am the owner of the cable system as identified in line 1 of space B; of the the cable system as identified in line 1 of space B; of the owner of the cable syst a corporation or partnership; or the legal entity identified as owner clare under penalty of law that all statements of fact contained herein	tem as identified
	Enter an ele Enter signa	ectronic signature on the line above to certify this statement. ture using an "/s/ signature" (e.g., /s/ John Smith) RAYMOND STORCK	
		RESIDENT held in corporation or partnership) February 28, 2022	
	A1111111111111111111111111111111111111		

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 8306 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** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 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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Accounting period