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					
8/22/24	\$					
	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							
		20241 Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		CABLE ONE, INC.							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
		210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite number)							
		PHOENIX, AZ 85012-2626 (City, town, state, zip)							
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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	1	IDENTIFICATION OF CABLE SYSTEM:							
	J	SPARKLIGHT							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	303 N. 4TH STREET (Number, street, rural route, apartment, or suite number)							
		PONCA CITY, OK 74601 (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 sufficiency of the fling, a determination that would be made by a court of law.

	·	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	SYSTEM 202
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you 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 mobil	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	PONCA CITY	OK
Community	KAY COUNTY	OK
	OSAGE	OK
d Rows as Necessary	TONKAWA	OK

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

20241

CABLE ONE, INC.

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	779	42.00	IPTV	105	54.00		
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial	43	84.95		-			
Converter							
Residential	779	2.95-15.00					
Non-residential	43	2.75-21.00					
					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	10.99-19.00	Motel, hotel		STANDARD CABLE	77.75
 Pay cable—add'l channel 		Commercial		STANDARD IPTV	77.75
Fire protection		• Pay cable		DIGITAL VALUE PAK	16.00
•Burglar protection		Pay cable-add'l channel		HISPANIC TIER	6.00
Installation: Residential		Fire protection			
• First set	\$50-100.00	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

CABLE ONE. INC.

3131EWID# 20241

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
K38AK	38	Е	PONCA CITY
K38AK-SIMUL	38	E	PONCA CITY
KAUT	19	<u> </u>	OKLAHOMA CITY
KAUT-2	19.2	I-M	OKLAHOMA CITY
KAUT-SIMUL	19	<u> </u>	OKLAHOMA CITY
KFOR	27	N	OKLAHOMA CITY
KFOR-2	27.2	I-M	OKLAHOMA CITY
KFOR-3	27.3	I-M	OKLAHOMA CITY
KFOR-4	27.4	I-M	OKLAHOMA CITY
KFOR-SIMUL	27	N	OKLAHOMA CITY
косо	7	N	OKLAHOMA CITY
KOCO-2	7.2	I-M	OKLAHOMA CITY
KOCO-SIMUL	7	N	OKLAHOMA CITY
косв	33	<u> </u>	OKLAHOMA CITY
KOCB-2	33.2	I-M	OKLAHOMA CITY
KOCB-3	33.3	I-M	OKLAHOMA CITY
KOCB-SIMUL	33	l	OKLAHOMA CITY
кокн	24	<u> </u>	OKLAHOMA CITY
KOKH-2	24.2	I-M	OKLAHOMA CITY
KOKH-3	24.3	I-M	OKLAHOMA CITY
KOKH-SIMUL	24	<u> </u>	OKLAHOMA CITY
КОРХ	18	<u> </u>	OKLAHOMA CITY
KOPX-SIMUL	18	I	OKLAHOMA CITY

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name CABLE ONE, INC.

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

KSBI 23 **OKLAHOMA CITY KTBO** 15 **OKLAHOMA CITY** KTBO-SIMUL 15 **OKLAHOMA CITY** KTUZ 29 SHAWNEE, OK KWTV **OKLAHOMA CITY** 25 N KWTV-SIMUL 25 Ν **OKLAHOMA CITY**

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

20241

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC. 20241

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.

H

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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Accounting Perio	.d. 2024/1						FOR	M SA1 2E DACE 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	CABLE ONE, INC.							20241		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	ENT AND PROGRAM LO	G					
ı	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried of									
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	cial During the accounting period did your cable system carry on a substitute basis, any nonnetwork television program.									
Statement and Program Log	broadcast by a distant sta	ition?	•	•	·		YES	X NO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complet									
	log in block 2.	, loave the	rest of this pe	age blank. If your anower is	7 100, your	nuot oomp	oloto trio pro	gram		
	2. LOG OF SUBSTITUT	E PROGRA	AMS							
	In General: List each subs				wherever po	ossible, if t	their meanin	g is		
	clear. If you need more spa			I rows to the tables. vision program ("substitute	nrogram") th	nat during	the accoun	tina		
	period, was broadcast by a									
	under certain FCC rules, re Do not use general catego									
	"NBA Basketball: 76ers vs		ovies of basi	tetball. List specific progra	iiii iiiies, ioi e	sxample,	I Love Lucy	OI		
	1 0		,	er "Yes." Otherwise enter "						
				casting the substitute progr the community to which the		censed by	the FCC or	in		
	the case of Mexican or Ca	nadian stati	ons, if any, the	e community with which the	e station is ide	entified).	,			
	Column 5: Give the mo first. Example: for May 7 g	,	when your sy	stem carried the substitute	program. Us	se numera	als, with the i	month		
			e substitute pr	ogram was carried by you	r cable syster	m. List the	times accur	rately		
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.n	n. should be	-		
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	listed program	n was substituted for progr	ramming that	vour syst	em was <i>regi</i>	uired		
	to delete under FCC rules	and regulat	ions in effect o	during the accounting perio	d; enter the l	etter "P" if	the listed pr			
	was substituted for prograi effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regu	lations in			
	effect off October 19, 1970	'-			1					
						N SUBST				
	S		E PROGRAM	1		AGE OCC		7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	TIMES TO			
							_			
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		_								
							_			
		 								
							-=			
							_=			

counting Period:	2024/1			FORM S	SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			(SYSTEM II				
	CABLE ONE, INC.				2024				
14	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an	ıd the amoı	unt vou pav. En	ter the total of					
K 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			\$ 50	07,078.48				
	IMPORTANT: You must complete a statement in space P concerning gross re	ceipts.		(Amount of g	ross receipts)				
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:								
Copyright Royalty Fee	 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 								
Royalty Fee	• Use block 2 if the amount of gross receipts in space K is more than \$137,100 l			263,800					
	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 I See page (vi) of the general instructions located in the paper SA1-2 form for more i 								
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	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			-					
	Base amount under statutory formula	\$	263,800.00	_					
	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 I	ess than \$527	,600)					
	Enter the amount of gross receipts from space K	\$	507,078.48						
	Base amount under statutory formula		263,800.00	•					
	3. Subtract line 2 from line 1		243,278.48	•					
	4. Multiply line 3 by .01	-		2,432.78					
	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 .		\$	3,751.78				
	FILING FEE AND TOTAL REMITTANCE DU	E							
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,751.78					
otal Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00					
Due									
Due	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3.771.78				
Due	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,771.78				

Accounting Period:	2024/1			FORM SA1-2E. PAGE 7					
Name	CABLE ONE,	OWNER OF CABLE SYSTEM:		SYSTEM ID# 20241					
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								
	Enter the total on which the co	al number of activated channel cable system carried television		208					
N Individual to Be Contacted		about this statement of accou							
for Further Information	Name Address	JENAE HECK 210 E. EARLL DRIVE		ne 602-364-6092					
		(Number, street, rural route, apart PHOENIX, AZ 85012 (City, town, state, zip)							
	Email	JENAE.HECK(CABLEONE.BIZ Fax (optional) 602-364-6	013					
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or								
	in X (Office	line 1 of space B and that the ocer or partner) I am an officer	ttion or partnership) I am the duly authorized agent of the owner of the cab wner is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as						
	in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
			X /s/ Quynh Tran Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_					
		Typed or printe	name: QUYNH TRAN						
		Title:	VICE PRESIDENT & TREASURER (ficial position held in corporation or partnership)						
		Date:	August 22, 2024						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period: 2024/1 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 20241 CABLE ONE, INC. 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? NO YES. Enter the total here and list the satellite carrier(s) below. \$ 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 Accounting period

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