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

i						
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	ACC	OUNTING 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 (City, town, state, zip)
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	name	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: SPARKLIGHT
		MAILING ADDRESS OF CABLE SYSTEM:
	2	1629 S. BRAHMA BLVD (Number, street, rural route, apartment, or suite number)
		KINGSVILLE, TX 78363 (City, town, state, zip code)

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.

		FORM SA1-2E. PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Nume	CABLE ONE, INC.	25615						
	Instructions: List each separate community served by the cable system. A "community served by the cable system."	munity" is the same as a "community unit" as defined in FCC rules: "a						
D	separate and distinct community or municipal entity (including unincorporated of							
	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	ill serve as a form of system identification hereafter known 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 mol	pile home parks should be reported in parentheses below the identified						
Served	city.							
	CITY OR TOWN	STATE						
First	KINGSVILLE	TX						
Community	KINOOVILLE	1/4						
Add Rows as Necessary								

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Ε

Name

CABLE ONE, INC.

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).

25615

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		BLOCH	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	149	\$42.00	IPTV	115	54.00
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial	24	\$84.95	IPTV	8	84.95
Converter					
Residential	149	2.75-15.00			
Non-residential	24	2.95-21.00			

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 1				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 PACK	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:		ĺ		
 FM radio (if separate rate) 		Reconnect				
 Converter 		Disconnect				
		Outlet relocation		İ		
		Move to new address		İ		
				İ		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25615

CABLE ONE, INC.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDF-TV	22.2	I-M	CORPUS CHRISTI, TX
KEDT	23.3	E	CORPUS CHRISTI, TX
KIII	8.3	N	CORPUS CHRISTI, TX
KEDT-SIMUL	23.3	E	CORPUS CHRISTI, TX
KRIS	26.1	N	CORPUS CHRISTI, TX
KSCC	19.3	<u> </u>	CORPUS CHRISTI, TX
KZTV	10.2	N	CORPUS CHRISTI, TX
KRIS-2	26.2	I-M	CORPUS CHRISTI, TX
KIII-2	8.4	I-M	CORPUS CHRISTI, TX
KIII-3	8.5	I-M	CORPUS CHRISTI, TX
KIII-4	8.6	I-M	CORPUS CHRISTI, TX
KIII-SIMUL	8.3	N	CORPUS CHRISTI, TX
KSCC-2	19.4	I-M	CORPUS CHRISTI, TX
KSCC-3	19.5	I-M	CORPUS CHRISTI, TX
KSCC-4	19.6	I-M	CORPUS CHRISTI, TX
KSCC-SIMUL	19.3	l	CORPUS CHRISTI, TX
KZTV-SIMUL	10.2	N	CORPUS CHRISTI, TX
K22JA-D	22.1	l	CORPUS CHRISTI, TX
KRIS-SIMUL	26.1	N	CORPUS CHRISTI, TX
KRIS-2-SIMUL	26.2	I-M	CORPUS CHRISTI, TX

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.

25615

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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Accounting Pario	d. 2024/1						FOR	M SA1 2E DACE 5		
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FUR	M SA1-2E. PAGE 5. SYSTEM ID#		
Name	CABLE ONE, INC.							25615		
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM L	.OG					
ı	In General: In space I, identi	ccounting pe	eriod, under spe	cific present and former	FCC rules, regu	lations, or a	uthorizations.	For a further		
Substitute	explanation of the programm				the general inst	ructions in the	ne paper SA1-	-2 form.		
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • 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 stat	ion?					YES	NO		
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answei	is "Yes," you n	nust comple	ete the progra	ım		
	log in block 2.									
	2. LOG OF SUBSTITUTE In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976.	titute progratice, please and every not distant state gulations, or ies like "mo Bulls." In was broad sign of the addast static and and day we "5/7." In the Example: a ser "R" if the and regulation ming that ye and regulation in the series where when the series when the	am on a separa add additional innetwork televition and that your authorizations vies" or "basked deast live, enterstation broades on's location (the one, if any, the owner your system a program carrielisted program carrielisted program one in effect du	rows to the tables. ision program ("substitu ur cable system substitus. See page (v) of the gatball." List specific program ("Yes." Otherwise enteresting the substitute procommunity to which community with which them carried the substituted gram was carried by your dealing the accounting periods.	ute program") the tuted for the program instruction in titles, for each of the station is likely as the station is likely as the station is likely as the program. Use program in the program in the program in the programming that find; enter the lender FCC rules	nat, during togramming ons for furth example, "I I beensed by the entified). See numerals m. List the togram is 28:30 p.m. your systemetter "P" if the entified of the entifie	he accounting of another state information cover Lucy" or the FCC or, in the securate should be a man was required the listed progetions in	g ation on. onth ely		
		UBSTITUT	E PROGRAM 3. STATION'S			RIAGE OCC		7. REASON FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		•	— то			
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:				9	YSTEM II			
Name	CABLE ONE, INC.					256 ²			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines all amounts (gross receipts) paid to your cable system by s (as identified in space E) during the accounting period. For page (vii) of the general instructions located in the paper S Gross receipts from subscribers for secondary transm during the accounting period	subscribers for the r a further explanat A1-2 form. ission service(s)	system's s ion of how	secondary trans to compute thi	mission service s amount, see \$ 14	7,030.13			
	<u> </u>	concerning gross r	eceipis.		(Amount of gr	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 \$ • Use block 2 if the amount of gross receipts in space K is m • Use block 3 if the amount of gross receipts in space K is m See page (vi) of the general instructions located in the paper SA	nore than \$137,100 nore than \$263,800	but less t	han \$527,600	\$263,800				
	BLOCK 1: GROSS R	ECEIPTS OF \$13	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 accounting period is \$52.00	0 or less, the royalty	fee that yo	ou must pay for t	nis six-month				
	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								
	BLOCK 2: GROSS RECEIPTS OF 1. Base amount under statutory formula				,				
	Enter amount of gross receipts from space K			·	_				
	3. Subtract line 2 from line 1				_				
	Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3				116,769.87				
	6. Subtract line 5 from line 4				30,260.26				
	7. Multiply line 6 by .005 (enter figure here)				\$	151.30			
	8. Interest charge. Enter the amount from line 4, space Q, page	je 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 \$527,600)								
	Enter the amount of gross receipts from space K								
	Base amount under statutory formula		\$	263,800.00	_				
	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 st	atutory formula)		\$	1,319.00				
	6. Interest charge. Enter the amount from line 4, space Q, page	ge 8			0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PE	ERIOD. Add lines 4,	5, and 6 .						
	FILING FEE AND TOTAL	REMITTANCE DU	JE						
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2,	, or 3, above)		\$	151.30				
Due	2. Filing Fee (See the instructions for more information on filing	g fee calculations)		\$	20.00				
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add	d lines 2 and 3			\$	171.30			
	Important: Your remittance must be in the form of	f an electronic pay ns in the paper SA1	ment paya	ble to the Regi	ster of Copyrigh	nts!			

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.
Name	CABLE ONE, IN	WNER OF CABLE SYSTEM:			SYSTEM ID# 25615
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the comments to the subscribers.	s, and (2) the cable system's to number of channels on which it television broadcast stations number of activated channels sable system carried television	s	accounting period.	20
N Individual to Be Contacted	we can contact a	bout this statement of accour	HER INFORMATION IS NEEDED (Identify an int.)	individual to whom	
for Further Information	Name	JENAE HECK		Telephone 6	02-364-6092
		210 E. EARLL DRIVE	6		
		(Number, street, rural route, apartm PHOENIX, AZ 85012	nent, of Suite number)		
		(City, town, state, zip)			
	Email	JENAE.HECK@	CABLEONE.BIZ	Fax (optional 602-364-6013	
	CERTIFICATION (This statement of account mu	ust be certified and signed in accordance with	Copyright Office regulations)	
O Certification	• I, the undersigned	, hereby certify that (Check one	e, but only one, of the boxes.)		
	(Owner	other than corporation or par	artnership) I am the owner of the cable system as	s identified in line 1 of space B; or	
			tion or partnership) I am the duly authorized age e owner is not a corporation or partnership; or	ent of the owner of the cable system	m as identified
		r or partner) I am an officer (if an line 1 of space B.	a corporation) or a partner (if a partnership) of the	e legal entity identified as owner o	f the cable system
		e, and correct to the best of my	ereby declare under penalty of law that all statem knowledge, information, and belief, and are made		
	1		X /s/ Quynh Tran		
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed r	name: QUYNH TRAN		
			VICE PRESIDENT & TREASURER e of official position held in corporation or partnership)		
		Date:		August 22, 2024	

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ounting Period: 2024/1		FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
BLE ONE, INC.		25615
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gr service of providing secondary transmissions of primary be scribers and amounts collected from subscribers receiving	n 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic proadcast transmitters, the system shall not include sub-	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the located in the paper SA1-2 form.	e note on page (vii) of the general instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any a made by satellite carriers to satellite dish owners?	amounts of gross receipts for secondary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below	v	
Name Mailing Address	Name Mailing Address	
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	x	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the s	sum here	
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 b	lock 3 line 6 (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licontact the Licensing Division at (202) 707-8150 or licensing	, ,	
** This is the decimal equivalent of 1/365, which is the interes	st assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of aclist below the owner, address, first community served, ID number	, , , , , , , , , , , , , , , , , , , ,	
Owner		
Address		
ID number First community served		
i ii si community serveu		
Accounting period		

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