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

				Return completed workbook	
STATEME	NT OF ACCOUNT	FOR COPYRIGH	by email to:		
•	/ Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov	
-	ns (Short Form) ions are located f this workbook	\$ 8/22/24 ALLOCATION NUMBER		For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31		
Period					
В	Instructions: Give the full legal name of the owner of th title of the subsidiary, not that of the pare		sidiary of another corporation, give the full corp	porate	
Owner	List any other name or names under whic	h the owner conducts the business of	the cable system.		
	If there were different owners during the single statement of account and royalty for		the last day of the accounting period should sunting period.	ıbmit a	
	Check here if this is the system's first filin	g. If not, enter the system's ID number	r assigned by the Licensing Division.	63477	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM			
	BUSINESS NAME(S) OF OWNER OF	GABLE STSTEM (IF DIFFEREN	1)		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	210 E. EARLL DRIVE	imber)			
	PHOENIX, AZ 85012	annoor)			

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

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.

(City, town, state, zip)

SPARKLIGHT

BRAZIL, IN 47834 (City, town, state, zip code)

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM: 604 E. NATIONAL AVENUE

Number, street, rural route, apartment, or suite number)

С

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	CABLE ONE, INC.	634
D	Instructions: List each separate community served by the cable system. A "commu "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.	communities within unincorporated areas and including single list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	PARAGON	IN
Community	MORGAN COUNTY	IN
dd Rows as Necessary		
, , , ,		

	LEGAL NAME OF OWNER OF C	ARI E SVSTEM					FORM SA1-	TEM ID		
Name		ADLE STOTEM.					010	6347		
	CABLE ONE, INC.									
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	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									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Fransmission							ioung on un			
Service: Sub-						-				
scribers and	, 0	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broker down by categories of secondary transmission service. In general, you can compute the number of subscribers in								
Rates	each category by counting the r separately for the particular serv	•		•	•	•	ns charge			
	Rate: Give the standard rate of						arge and the			
	unit in which it is generally billed	d. (Example: "\$2	20/mth"). Summari	ze any stand	ard rate variatio	ons within	a particular rate			
	category, but do not include disc									
	Block 1: In the left-hand block systems most commonly provide	•		0						
	that applies to your system. Not									
	categories, that person or entity		Ũ		0					
	subscriber who pays extra for ca	able service to a	additional sets wou	uld be include	ed in the count	under "Ser	vice to the			
	first set" and would be counted	•		• • • •			• • • • • • • • • • • •			
	Block 2: If your cable system printed in block 1 (for example,	-								
					,		, 0			
	with the number of subscribers and rates, in the right-hand block. A two- or three-word des sufficient.									
	BLC	DCK 1				BLOC				
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:	000001102		0,112						
	Service to first set		0							
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for ra		,	•	,	•				
•	not covered in space E, that is, service for a single fee. There a				,	,				
Services	furnished at cost or (2) services		,	0		0	· ·			
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions: Rates	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 no									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were nc 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.									
		BLOC	к 1				BLOCK 2			
	CATEGORY OF SERVICE		CATEGORY OF S	ERVICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		nstallation: Non-							
	• Pay cable		 Motel, hotel 							
	Pay cable—add'l channel		Commercial							
	Fire protection		• Pay cable							
	•Burglar protection		• Pay cable-add	l channel						
	Installation: Residential		• Fire protection							
	• First set		• Burglar protect	ion						
			Other services:							
	 Additional set(s) 	I `								
	Additional set(s) FM radio (if separate rate)		 Reconnect 							
			 Reconnect Disconnect 							
	• FM radio (if separate rate)			on						

				FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF CAB	LE SYSTEM:		SYSTEM ID# 63477			
	CABLE ONE, INC.			03477			
G rimary smitters:	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, <i>except</i> (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.						
levision	Substitute Basis Stations: With basis under specific FCC rules, r • Do not list the station here in sy station was carried only on a sub • List the station here, and also in basis. For further information cor Column 1: List each station's ca multicast stream associated with "WETA-2" as the same on the fo Column 2: Give the channel num of license. For example, WRC is Column 3: Indicate in each case educational station, by entering t (for independent multicast), "E" (" For the meaning of these terms, Column 4: Give the location of e	a respect to any distant stations ca egulations, or authorizations: bace G—but do list it in space I (th ostitute basis. In space I, if the station was carried accrning substitute basis stations, Il sign. <i>Do not</i> report origination p a station according to its over-the rm. Inber the FCC assigned to the tele channel 4 in Washington, D.C. whether the station is a network the letter "N" (for network), "N-M" (for noncommercial educational), of see page (iv) of the general instru- ach station. For U.S. stations, list	arried by your cable system on a s he Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- program services such as HBO, ES a-air designation. For example, re- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde pr "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. the community to which the station he community with which the station	n Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial pendent), "I-M" itional multicast).			
	1. CALL SIGN	7	3. TYPE OF STATION	4. LOCATION OF STATION			
		1	J. TIPE OF STATION				
	WFYI	21	-				
			-	INDIANAPOLIS, IN			
ecessarv	WHMB	7	Е	INDIANAPOLIS, IN			
ecessary				INDIANAPOLIS, IN			
essary	WHMB	7					
cessary	WHMB WIPX	7 28		INDIANAPOLIS, IN BLOOMINGTON, IN			
cessary	WHMB WIPX WISH-TV	7 28 9	E 1 1 1 1 1 N	INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN			
cessary	WHMB WIPX WISH-TV WNDY-TV	7 28 9 9		INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN MARION, IN			
ecessary	WHMB WIPX WISH-TV WNDY-TV WRTV	7 28 9 9 25	 	INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN MARION, IN INDIANAPOLIS, IN			
cessary	WHMB WIPX WISH-TV WNDY-TV WRTV WRTV	7 28 9 9 25 13	I I I N N N	INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN MARION, IN INDIANAPOLIS, IN INDIANAPOLIS, IN			
ecessary	WHMB WIPX WISH-TV WNDY-TV WRTV WTHR WTIU	7 28 9 9 25 13 33	I I I N N E	INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN MARION, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN			
Necessary	WHMB WIPX WISH-TV WNDY-TV WRTV WRTV WTHR WTIU WTIU	7 28 9 9 25 13 33 27	I I I N N E	INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN MARION, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN			
s Necessary	WHMB WIPX WISH-TV WNDY-TV WRTV WRTV WTHR WTIU WTIU	7 28 9 9 25 13 33 27	I I I N N E	INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN MARION, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN			
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s Necessary	WHMB WIPX WISH-TV WNDY-TV WRTV WRTV WTHR WTIU WTIU	7 28 9 9 25 13 33 27	I I I N N E	INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN MARION, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN			
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s Necessary	WHMB WIPX WISH-TV WNDY-TV WRTV WRTV WTHR WTIU WTIU	7 28 9 9 25 13 33 27	I I I N N E	INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN MARION, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN			
as Necessary	WHMB WIPX WISH-TV WNDY-TV WRTV WRTV WTHR WTIU WTIU	7 28 9 9 25 13 33 27	I I I N N E	INDIANAPOLIS, IN BLOOMINGTON, IN INDIANAPOLIS, IN MARION, IN INDIANAPOLIS, IN INDIANAPOLIS, IN BLOOMINGTON, IN			

		CABLE S	YSTEM:					SYSTEM I
CABLE ONE	, INC.							634
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
opecial Instruc	tions Conce	rnina Al	II-Band FM Carriage: Under (Copyright Of	fice regulations	s. an FM si	anal is generally	Primary
eceivable if (1) on the basis of r for detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing	y the sys be rece t the Co sign of he statio ion's sig g a chec	stem whenever it is received a ived at the headend, with the opyright Office regulations on 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	at the system system's FM this point, se sed by the ca	i's headend, ar 1 antenna, durir 2e page (v) of tl 2e page (v) as tl 20 able system as	d (2) it car ng certain s ne general a separate	be expected, stated intervals. instructions in the.	Transmitters Radio
			the community with which the			1000, 1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIG	GN AM or F	M S/D	LOCATION OF STATION	
				r			1	

	od: 2024/1						FORM	I SA1-2E. PAGE 5.		
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	CABLE ONE, INC.							63477		
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
Substitute										
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log										
Frogram Log	5				"X"	L				
	Note: If your answer is "No	o", leave the	e rest of this pa	ge blank. If your answer is	ryes," you r	nust comp	lete the prog	jram		
	log in block 2. 2. LOG OF SUBSTITUTE		AMS							
	In General: List each subs			ate line. Use abbreviations	wherever po	ossible, if t	heir meaning	a is		
	clear. If you need more spa	ace, please	add additional	rows to the tables.						
				vision program ("substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor									
	"NBA Basketball: 76ers vs.						-			
				er "Yes." Otherwise enter " asting the substitute progra						
				the community to which the		censed by	the FCC or,	in		
	the case of Mexican or Car	nadian stati	ons, if any, the	community with which the	station is id	entified).				
			when your sy	stem carried the substitute	program. Us	se numera	ls, with the n	nonth		
	first. Example: for May 7 giv		e substitute pr	ogram was carried by your	cable system	m Listthe	times accur	ately		
	to the nearest five minutes.							atory		
	stated as "6:00–6:30 p.m."									
				n was substituted for progr						
	to delete under FCC rules a was substituted for program							ogram		
	effect on October 19, 1976.		,			ana regu				
	WHEN SUBSTITUTE									
1	S	UBSTITUT	E PROGRAM	I				7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		CARRI 5. MONTH	AGE OCC		7. REASON FOR DELETION		
				4. STATION'S LOCATION	CARRI	AGE OCC	URRED			
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
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		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				
		2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCC				

Accounting Period:	2024/1	FORM SA	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.	S	YSTEM II 6347
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service amount, see	85516.44 1,952.44 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	this six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2024/1			FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF CABLE ONE,	WNER OF CABLE SYSTEM:		SYSTEM ID# 63477
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c		ns	tions 10 10
N Individual to			ON IS NEEDED (Identify an individual to whom	
Be Contacted for Further Information	Name	JENAE HECK	Telepi	hone 602-364-6092
	Address	210 E. EARLL DRIVE (Number, street, rural route, apartment, or suite numbe	r)	
		PHOENIX, AZ 85012 (City, town, state, zip)		
	Email	JENAE.HECK@CABLEONE.B	Fax (optional) 602-36	4-6013
O Certification	I, the undersign (Owned) (Agen in X (Office)	d, hereby certify that (Check one, <i>but only one</i> , other than corporation or partnership) I am of owner other than corporation or partners ne 1 of space B and that the owner is not a corp	the owner of the cable system as identified in line 1 of ship) I am the duly authorized agent of the owner of the	space B; or cable system as identified
	I have examine	the statement of account and hereby declare u , and correct to the best of my knowledge, info	inder penalty of law that all statements of fact contained rmation, and belief, and are made in good faith.	l herein
		Enter an electron	uynh Tran ic signature on the line above to certify this statement. sing an "/s/ signature" (e.g., /s/ John Smith)	_
		Typed or printed name: QUY	NH TRAN	
		Title: VICE PRESI (Title of official position held in	IDENT & TREASURER 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.

BAL NAME OF OWNER OF CABLE SYSTEM: BLE ONE, INC. SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS	SYSTEM ID: 63477
	6347
SPECIAL STATEMENT CONCERNING CROSS RECEIPTS EVOLUSIONS	
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the 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 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	

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