



[illegible]

**SYSTEM ID#**  
**6632**

## 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).

**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 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.

[illegible]

| Name                                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLE ONE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                    |                        | <b>SYSTEM ID#</b><br><b>6632</b> |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>G</b><br><br><b>Primary Transmitters: Television</b> | <p><b>PRIMARY TRANSMITTERS: TELEVISION</b></p> <p><b>In General:</b> 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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do <i>not</i> 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.</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> |                    |                        |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                         | <table border="1"> <thead> <tr> <th>1. CALL SIGN</th> <th>2. B'CAST CHANNEL NUMBER</th> <th>3. TYPE OF STATION</th> <th>4. LOCATION OF STATION</th> </tr> </thead> <tbody> <tr><td>KACV</td><td>9</td><td>E</td><td>AMARILLO, TX</td></tr> <tr><td>KACV-2</td><td>9.2</td><td>E-M</td><td>AMARILLO, TX</td></tr> <tr><td>KACV-3</td><td>9.3</td><td>E-M</td><td>AMARILLO, TX</td></tr> <tr><td>KAMR</td><td>19</td><td>N</td><td>AMARILLO, TX</td></tr> <tr><td>KAMR-3</td><td>19.3</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td>KCIT</td><td>15</td><td>I</td><td>AMARILLO, TX</td></tr> <tr><td>KCIT-2</td><td>15.2</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td>KCIT-3</td><td>15.3</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td>KCIT-4</td><td>15.4</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td>KDFA</td><td>10</td><td>N</td><td>AMARILLO, TX</td></tr> <tr><td>KDFA-4</td><td>10.4</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td>KVII</td><td>20</td><td>N</td><td>AMARILLO, TX</td></tr> <tr><td>KVII-2</td><td>20.2</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td>KVII-3</td><td>20.3</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td>KVII-4</td><td>20.4</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td>KCPN-LD</td><td>33</td><td>I</td><td>AMARILLO, TX</td></tr> <tr><td>KEYU</td><td>31</td><td>I</td><td>AMARILLO, TX</td></tr> <tr><td>KEYU-2</td><td>31.2</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td>KEYU-3</td><td>31.3</td><td>I-M</td><td>AMARILLO, TX</td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |                        |                                  | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION | KACV | 9 | E | AMARILLO, TX | KACV-2 | 9.2 | E-M | AMARILLO, TX | KACV-3 | 9.3 | E-M | AMARILLO, TX | KAMR | 19 | N | AMARILLO, TX | KAMR-3 | 19.3 | I-M | AMARILLO, TX | KCIT | 15 | I | AMARILLO, TX | KCIT-2 | 15.2 | I-M | AMARILLO, TX | KCIT-3 | 15.3 | I-M | AMARILLO, TX | KCIT-4 | 15.4 | I-M | AMARILLO, TX | KDFA | 10 | N | AMARILLO, TX | KDFA-4 | 10.4 | I-M | AMARILLO, TX | KVII | 20 | N | AMARILLO, TX | KVII-2 | 20.2 | I-M | AMARILLO, TX | KVII-3 | 20.3 | I-M | AMARILLO, TX | KVII-4 | 20.4 | I-M | AMARILLO, TX | KCPN-LD | 33 | I | AMARILLO, TX | KEYU | 31 | I | AMARILLO, TX | KEYU-2 | 31.2 | I-M | AMARILLO, TX | KEYU-3 | 31.3 | I-M | AMARILLO, TX |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 1. CALL SIGN                                            | 2. B'CAST CHANNEL NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 3. TYPE OF STATION | 4. LOCATION OF STATION |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KACV                                                    | 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | E                  | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KACV-2                                                  | 9.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KACV-3                                                  | 9.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | E-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KAMR                                                    | 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N                  | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KAMR-3                                                  | 19.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KCIT                                                    | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I                  | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KCIT-2                                                  | 15.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KCIT-3                                                  | 15.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KCIT-4                                                  | 15.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KDFA                                                    | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N                  | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KDFA-4                                                  | 10.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KVII                                                    | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | N                  | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KVII-2                                                  | 20.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KVII-3                                                  | 20.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KVII-4                                                  | 20.4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KCPN-LD                                                 | 33                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I                  | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KEYU                                                    | 31                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | I                  | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KEYU-2                                                  | 31.2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| KEYU-3                                                  | 31.3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | I-M                | AMARILLO, TX           |                                  |              |                          |                    |                        |      |   |   |              |        |     |     |              |        |     |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |      |    |   |              |        |      |     |              |      |    |   |              |        |      |     |              |        |      |     |              |        |      |     |              |         |    |   |              |      |    |   |              |        |      |     |              |        |      |     |              |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLE ONE, INC.</b> | <b>SYSTEM ID#</b><br><b>6632</b> |
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| <b>K</b><br><b>Gross Receipts</b> | <p><b>GROSS RECEIPTS</b><br/> <b>Instructions:</b> 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.<br/>           Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . .</p> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <b>\$ 217,678.01</b><br/> <small>(Amount of gross receipts)</small> </div> <p><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.</p> |
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| <b>L</b><br><b>Copyright Royalty Fee</b>                                                    | <p><b>COPYRIGHT ROYALTY FEE</b><br/> <b>Instructions:</b> To compute the royalty fee you owe:<br/>           • Complete block 1, block 2, or block 3.<br/>           • Use block 1 if the amount of gross receipts in space K is \$137,100 or less.<br/>           • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800.<br/>           • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.<br/>           See page (vi) of the general instructions located in the paper SA1-2 form for more information.</p> <p style="text-align: center;"><b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b></p> <p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.</p> <p>Line 1. Royalty fee for accounting period . . . . .</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . <b>0.00</b></p> <p>Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .</p> <p style="text-align: center;"><b>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</b></p> <table style="width: 100%;"> <tr><td>1. Base amount under statutory formula . . . . .</td><td style="text-align: right;"><b>\$ 263,800.00</b></td></tr> <tr><td>2. Enter amount of gross receipts from space K . . . . .</td><td style="text-align: right;"><b>\$ 217,678.01</b></td></tr> <tr><td>3. Subtract line 2 from line 1 . . . . .</td><td style="text-align: right;"><b>\$ 46,121.99</b></td></tr> <tr><td>4. Enter the amount of gross receipts from space K . . . . .</td><td style="text-align: right;"><b>\$ 217,678.01</b></td></tr> <tr><td>5. Enter the amount from line 3 . . . . .</td><td style="text-align: right;"><b>\$ 46,121.99</b></td></tr> <tr><td>6. Subtract line 5 from line 4 . . . . .</td><td style="text-align: right;"><b>\$ 171,556.02</b></td></tr> <tr><td>7. Multiply line 6 by .005 (enter figure here) . . . . .</td><td style="text-align: right;"><b>\$ 857.78</b></td></tr> <tr><td>8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td>9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . .</td><td style="text-align: right;"><b>\$ 857.78</b></td></tr> </table> <p style="text-align: center;"><b>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</b></p> <table style="width: 100%;"> <tr><td>1. Enter the amount of gross receipts from space K . . . . .</td><td style="text-align: right;">_____</td></tr> <tr><td>2. Base amount under statutory formula . . . . .</td><td style="text-align: right;"><b>\$ 263,800.00</b></td></tr> <tr><td>3. Subtract line 2 from line 1 . . . . .</td><td style="text-align: right;">_____</td></tr> <tr><td>4. Multiply line 3 by .01 . . . . .</td><td style="text-align: right;">_____</td></tr> <tr><td>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) . . . . .</td><td style="text-align: right;"><b>\$ 1,319.00</b></td></tr> <tr><td>6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td><td style="text-align: right;"><b>0.00</b></td></tr> <tr><td>7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . .</td><td style="text-align: right;">_____</td></tr> </table> | 1. Base amount under statutory formula . . . . . | <b>\$ 263,800.00</b> | 2. Enter amount of gross receipts from space K . . . . . | <b>\$ 217,678.01</b> | 3. Subtract line 2 from line 1 . . . . . | <b>\$ 46,121.99</b> | 4. Enter the amount of gross receipts from space K . . . . . | <b>\$ 217,678.01</b> | 5. Enter the amount from line 3 . . . . . | <b>\$ 46,121.99</b> | 6. Subtract line 5 from line 4 . . . . . | <b>\$ 171,556.02</b> | 7. Multiply line 6 by .005 (enter figure here) . . . . . | <b>\$ 857.78</b> | 8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . | <b>0.00</b> | 9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . . | <b>\$ 857.78</b> | 1. Enter the amount of gross receipts from space K . . . . . | _____ | 2. Base amount under statutory formula . . . . . | <b>\$ 263,800.00</b> | 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) . . . . . | <b>\$ 1,319.00</b> | 6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . | <b>0.00</b> | 7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . . | _____ |
| 1. Base amount under statutory formula . . . . .                                            | <b>\$ 263,800.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 2. Enter amount of gross receipts from space K . . . . .                                    | <b>\$ 217,678.01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 3. Subtract line 2 from line 1 . . . . .                                                    | <b>\$ 46,121.99</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 4. Enter the amount of gross receipts from space K . . . . .                                | <b>\$ 217,678.01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 5. Enter the amount from line 3 . . . . .                                                   | <b>\$ 46,121.99</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 6. Subtract line 5 from line 4 . . . . .                                                    | <b>\$ 171,556.02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 7. Multiply line 6 by .005 (enter figure here) . . . . .                                    | <b>\$ 857.78</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .                 | <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . .      | <b>\$ 857.78</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 1. Enter the amount of gross receipts from space K . . . . .                                | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 2. Base amount under statutory formula . . . . .                                            | <b>\$ 263,800.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 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) . . . . . | <b>\$ 1,319.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .                 | <b>0.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |
| 7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . .  | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                  |                      |                                                          |                      |                                          |                     |                                                              |                      |                                           |                     |                                          |                      |                                                          |                  |                                                                             |             |                                                                                        |                  |                                                              |       |                                                  |                      |                                          |       |                                     |       |                                                                                             |                    |                                                                             |             |                                                                                            |       |

  

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                  |                                                                                                |                 |                                                                               |                  |
|------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|------------------|------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------|------------------|
| <b>FILING FEE AND TOTAL REMITTANCE DUE</b>                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                  |                                                                                                |                 |                                                                               |                  |
| <b>Filing Fee and Total Remittance Due</b>                                                     | <table style="width: 100%;"> <tr><td>1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .</td><td style="text-align: right;"><b>\$ 857.78</b></td></tr> <tr><td>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .</td><td style="text-align: right;"><b>\$ 20.00</b></td></tr> <tr><td>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .</td><td style="text-align: right;"><b>\$ 877.78</b></td></tr> </table> <p style="text-align: center;">EFT Trace # or TRANSACTION ID # <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span></p> <p style="text-align: center; color: blue; font-size: small;">Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.<br/> <a href="#">See Circular 74 for more information.</a></p> | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . . | <b>\$ 857.78</b> | 2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . . | <b>\$ 20.00</b> | 3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . . | <b>\$ 877.78</b> |
| 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .          | <b>\$ 857.78</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                  |                                                                                                |                 |                                                                               |                  |
| 2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . . | <b>\$ 20.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                       |                  |                                                                                                |                 |                                                                               |                  |
| 3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .                  | <b>\$ 877.78</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                       |                  |                                                                                                |                 |                                                                               |                  |

|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |
|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| <b>Name</b>                                                           | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>CABLE ONE, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>SYSTEM ID#</b><br><b>6632</b> |
| <b>M</b><br><b>Channels</b>                                           | <b>CHANNELS</b><br><b>Instructions:</b> 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.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <b>19</b><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <b>203</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |
| <b>N</b><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <b>JENAE HECK</b> Telephone <b>602-364-6092</b><br><br>Address <b>210 E. EARLL DRIVE</b><br>(Number, street, rural route, apartment, or suite number)<br><b>PHOENIX, AZ 85012</b><br>(City, town, state, zip)<br><br>Email <b>JENAE.HECK@CABLEONE.BIZ</b> Fax (optional) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                  |
| <b>O</b><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or<br><br><input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or<br><br><input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.<br><br>• 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.<br>[18 U.S.C., Section 1001(1986)]<br><br><div style="text-align: center;"> <b>X</b> /s/ Christopher Arntzen<br/><hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/><p>Enter an electronic signature on the line above to certify this statement.<br/>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p></div><br><div style="display: flex; justify-content: space-between;"><div>Typed or printed name:</div><div><b>CHRISTOPHER ARNTZEN</b></div></div><br><div style="display: flex; justify-content: space-between;"><div>Title:</div><div><b>Chief Legal Officer and Secretary</b><br/>(Title of official position held in corporation or partnership)</div></div><br><div style="display: flex; justify-content: space-between;"><div>Date:</div><div><b>8/21/2026</b></div></div> |                                  |

**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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

6632

**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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.

During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?

☒ NO

☐ YES. Enter the total here and list the satellite carrier(s) below. . . . . \$

**P**

**Special Statement  
Concerning Gross  
Receipts Exclusion**

Name

Mailing Address

Name

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.

Line 1 Enter the amount of late payment or underpayment . . . . .

x

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 . . . . . -

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 . . . . . \$ -  
(interest charge)

\* To view the interest rate chart click on [www.copyright.gov/licensing/interest-rate.pdf](http://www.copyright.gov/licensing/interest-rate.pdf). For further assistance please contact the Licensing Division at (202) 707-8150 or [licensing@copyright.gov](mailto:licensing@copyright.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

**Q**

**Interest Assessment**

**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 filing, a determination that would be made by a court of law.