This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
2/24/25	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20242 Barcode Data Filing Period (optional - see instructions)
Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	CABLE ONE, INC.
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	210 E. EARLL DRIVE
	(Number, street, rural route, apartment, or suite number) PHOENIX, AZ 85012-2626
	(City, town, state, zip)
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	IDENTIFICATION OF CABLE SYSTEM:
	SPARKLIGHT MAILING ADDRESS OF CABLE SYSTEM:
	102 N 5TH STREET
	2 (Number, street, rural route, apartment, or suite number)
	VINCENNES, IN 47591 (City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAC SYSTEM
Name	CABLE ONE, INC.	103 103
	Instructions: List each separate community served by the cable system. A "comi	
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including singl you list will serve as a form of system identification hereafter kn ys.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	MCLEANSBORO	L
Community	ALBION	IL.
	GRAYVILLE	IL
Rows as Necessary	FAIRFIELD	IL
	WAYNE CITY	IL
	MT. CARMEL	IL.
	UNINC. WHITE COUNTY	IL
	CARMI	IL
	CROSSVILLE	IL
	NORRIS CITY	IL
	NEW HARMONY	IL.
	UNINC. POSEY COUNTY	
	VALIER	IL IL
	SESSER	IL
	UNINC. WAYNE COUNTY	IL
	ENFIELD	IL

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

CABLE ONE, INC.

SYSTEM ID# 10312

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	12	42.00	IPTV	584	54.00	
 Service to additional set(s) 						
 FM radio (if separate rate) 						
Motel, hotel						
Commercial	1	84.95	IPTV	24	84.95	
Converter						
Residential	12	2.75-15.00				
Non-residential	1	2.95-21.00				
		Ī				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	10.99-19.00	Motel, hotel		STANDARD IPTV	86.00
 Pay cable—add'l channel 		Commercial		DIGITAL VALUE PAK	16.00
Fire protection		• Pay cable		HISPANIC TIER	6.00
•Burglar protection		 Pay cable-add'l channel 		STANDARD CABLE	86.00
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 10312

CABLE ONE, INC.
PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

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

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFVS-TV	32	N	CAPE GIRARDEAU, MO
KFVS-3	32.3	I-M	CAPE GIRARDEAU, MO
KFVS-4	32.4	I-M	CAPE GIRARDEAU, MO
KFVS-5	32.5	I-M	CAPE GIRARDEAU, MO
KFVS-SIMUL	32	N	CAPE GIRARDEAU, MO
KBSI	36		CAPE GIRARDEAU, MO
KBSI-3	36.3	I-M	CAPE GIRARDEAU, MO
KBSI-SIMUL	36	l	CAPE GIRARDEAU, MO
WDKA	25	<u>l</u>	PADUCAH, KY
WDKA-2	25.2	I-M	PADUCAH, KY
WDKA-3	25.3	I-M	PADUCAH, KY
WDKA-4	25.4	I-M	PADUCAH, KY
WSIL	34	N	HARRISBURG, IL
WSIL-2	34.2	I-M	HARRISBURG, IL
WSIL-4	34.4	I-M	HARRISBURG, IL
WSIL-SIMUL	34	N	HARRISBURG, IL
WSIU	8	Е	CARBONDALE, IL
WSIU-SIMUL	8	Е	CARBONDALE, IL
WTCT	30	l	MARION, IL
WQWQ-LD	18	l	CAPE GIRARDEAU, MO
WQWQ-LD-SIMUL	18	l	CAPE GIRARDEAU, MO

Accounting Period:	2024/2			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID# 10312			
	CABLE ONE, INC.						
Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC reDo not list the station her station was carried only on List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the locations	m during the accounting period, exce, in effect on June 24, 1981, permitting e)(2) and (4), or 76.63 (referring to 76 is explained in the next paragraph. With respect to any distant stations ules, regulations, or authorizations: e in space G—but do list it in space I is a substitute basis. also in space I, if the station was carrion concerning substitute basis station or concerning substitute basis station is call sign. Do not report origination d with a station according to its over-tithe form. el number the FCC assigned to the term (RC is channel 4 in Washington, D.C. in case whether the station is a netword ring the letter "N" (for network), "N-M, "E" (for noncommercial educational) erms, see page (iv) of the general insten of each station. For U.S. stations, li	k station, an independent station, or a " (for network multicast), "l" (for indep , or "E-M" (for noncommercial educati	ime basis under ams [sections tions carried on a bestitute program Log)—if the consome other ions. PN, etc. Identify each out multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
Add Rows as Necessary							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE ONE, INC.

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		_					

						EOI	RM SA1-2E. PAGE 5
od: 2024/2 LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FUI	SYSTEM ID#
CABLE ONE, INC.							10312
SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa Column 1: Give the title	tify every non accounting p ning that mu T CONCER riod, did you ation? b", leave the E PROGRA stitute progra ace, please of every no	nnetwork televireriod, under spet be included in RNING SUBS ur cable system rest of this paramon a separadd additional annetwork televirerio.	ision program, broadcast by becific present and former F in this log, see page (v) of the second of	a distant star CC rules, reg he general ins sis, any nonr s "Yes," you r s wherever po	ulations, o structions in the twork te must compossible, if the tat, during	r authorization the paper levision pro YES plete the protection their meaning the account	rstem carried on a ons. For a further SA1-2 form. gram X NO ogram ng is nting
under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	egulations, or ries like "mo. Bulls." m was broading of the adcast station and day live "5/7." lies when the . Example: a ter "R" if the and regulation ming that y	or authorization ovies" or "bask dcast live, ente station broadcon's location (tons, if any, the when your sy e substitute proa program care listed program ons in effect d	ns. See page (v) of the genetball." List specific prograter "Yes." Otherwise enter "asting the substitute prograthe community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 in was substituted for programing the accounting period	neral instruct am titles, for en tit	censed by entified). se numera m. List the :28:30 p.n your syst etter "P" if	the FCC or als, with the times accument should be the listed plations in	ation. " or ", in month grately e
S				CARRIAGE OCCURRED			7. REASON FOR DELETION
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every not substitute basis during the accounting p explanation of the programming that mu 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant stat under certain FCC rules, regulations, of Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 4: Give the broadcast station the case of Mexican or Canadian station Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the tothe nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the tothe delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE?	SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable syster broadcast by a distant station? Note: If your answer is "No", leave the rest of this palog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separaclear. If you need more space, please add additional Column 1: Give the title of every nonnetwork tele period, was broadcast by a distant station and that yunder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadch Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto the nearest five minutes. Example: a program can stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of t 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute ba broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progra "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter ' Column 3: Give the call sign of the station broadcasting the substitute progra Column 4: Give the broadcast station's location (the community to which th the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program delete under FCC rules and regulations in effect during the accounting perio was substituted for programming that your system was permitted to delete under effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonr broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you relige in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever proclear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substituted for the prounder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for e "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with which the station is lict the case of Mexican or Canadian stations, if any, the community with w	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that y substitute basis during the accounting period, under specific present and former FCC rules, regulations, o explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis, and instructions in the accounting period, did your cable system carry, on a substitute basis, any nonnetwork to broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program "substitute program") that, during period, was broadcast by a distant station and that your cable system substituted for the programmin under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth to not use general categories like "movies" or "basketball." List specific program titles, for example, "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. Column 7: Enter the letter "R" if the listed program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. Column 7: Enter the letter "R" if the listed progr	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable sy substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizative planation of the programming that must be included in this log, see page (v) of the general instructions in the paper 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE **During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television probroadcast by a distant station? **Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the probroadcast by a distant station? **Note: If you newer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the probroadcast by a distant station and additional rows to the tables. **Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounteriod, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "NBA Basketball: 76ers vs. Bulls." **Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." **Column 3: Give the call sign of the station broadcasting the substitute program. **Column 5: Give the broadcast stations, if any, the community with which the station is identified). **Column 5: Give the month and day when your system carried by your cable system. List the times accuto the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." **Column 7: Enter the letter "R" if the listed program was substituted for programming that

counting Period:	2024/2			FORM S	A1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.			(YSTEM II
	CABLE ONE, INC.				103
1/	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an	nd the amou	ınt you pay. En	ter the total of	
K Gross Receipts	all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation	ystem's se	condary transm	ission service	
	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)		o compare une c	I	
	during the accounting period			\$ 35	54,333.44
	IMPORTANT: You must complete a statement in space P concerning gross re	ceipts.		(Amount of g	ross receipts)
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:				
Copyright	Complete block 1, block 2, or block 3.				
Royalty Fee	 Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 in space K is more t			263,800	
	 Use block 3 if the amount of gross receipts in space K is more than \$263,800 I See page (vi) of the general instructions located in the paper SA1-2 form for more i 				
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin			-	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula	•		•	
	-			•	
	Enter amount of gross receipts from space K			-	
	3. Subtract line 2 from line 1			-	
	Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3		·		
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but I	ess than \$527	,600)	
	Enter the amount of gross receipts from space K	\$	354,333.44		
	Base amount under statutory formula	\$	263,800.00	="	
	3. Subtract line 2 from line 1	\$	90,533.44	-	
	4. Multiply line 3 by .01		\$	905.33	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
					0.004.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, o, and o .		3	2,224.33
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		•	2,224.33	
otal Remittance Due					
	Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	2,244.33
	Important: Your remittance must be in the form of an electronic payı See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7.	
Name	CABLE ONE, IN	WNER OF CABLE SYSTEM:				SYSTEM ID# 10312	
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's t	otal number of acont the cable s broadcast station		accounting period.	21	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour		ON IS NEEDED (Identify an in	ndividual to whom		
for Further Information	Name	JENAE HECK			Telephone	602-364-6092	
	Address	210 E. EARLL DRIVE (Number, street, rural route, apart PHOENIX, AZ 85012 (City, town, state, zip)	nent, or suite number				
	Email	JENAE.HECK@	JCABLEONE.BI	Z	Fax (optional) 602-364-601	3	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (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 X (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. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]						
		Typed or printed	Enter an electroni Enter signature us	ristopher Arntzen c signature on the line above to ing an "/s/ signature" (e.g., /s/	•		
		Title:	SR VICE PR				
		Date:			Febraury 24, 2025		

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

Accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
CABLE ONE, INC.	10312
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?	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
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 . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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