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**

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
-		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (	Short Form)	2/24/25	\$	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright
General instru					Office Licensing Division at: Tel: (202) 707-8150
in the first tab	of this	S WORKDOOK		ALLOCATION NUMBER	
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
			(		
		2024/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20242	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of the title of the subsidiary, not that of the pare	•	sidiary of another corporation, give the full c	orporate
Owner		List any other name or names under whicl	h the owner conducts the business of	the cable system.	
		If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should nting period.	l submit a
		Check here if this is the system's first filing			6235
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM	l	
		CABLE ONE, INC.			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	Г)	
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu	umber)		
		PHOENIX, AZ 85012-2626 (City, town, state, zip)			
С				ntify the business and operation of th	
System	name	IDENTIFICATION OF CABLE SYSTEM:	2, give the mailing address of th	ne system, if different from the addre	ss given in space B
Gystein	1	SPARKLIGHT			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	310 N. VAN BUREN	mber)		
		ELK CITY, OK 73644			
	1	, . , , , , <u></u> /			

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. PA SYSTEM
Name		
	CABLE ONE, INC.	6
	Instructions: List each separate community served by the cable system. A "community	
D	"a separate and distinct community or municipal entity (including unincorporated con	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter kn
	as the "first community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ome parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	ELK CITY	OK
Community	BECHAM COUNTY	OK
	CLINTON	OK
Add Rows as Necessary	CORDELL	OK
Aud Rows as Necessary	GREER COUNTY	OK
	HOBART	ОК
	KIOWA COUNTY	ОК
	MANGUM	OK
	SAYRE	OK

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						FORM SA1	TEM I
Name	CABLE ONE, INC.								623
E	SECONDARY TRANSMISSION In General: The information in s	pace E should	cover	all categories o	f seconda				
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	I (June 30 or D	ecemb	er 31, as the ca	ase may be	e).		-	
Service: Sub-	Number of Subscribers: Both	-					-		
scribers and Rates	down by categories of secondar each category by counting the n	-				•			
Rales	separately for the particular serv		•	0,0		•	•	schargeu	
	Rate: Give the standard rate of					•	,	ge and the	
	unit in which it is generally billed	· ·		,	any standa	rd rate variation	s within a	particular rate	
	category, but do not include disc								
	Block 1: In the left-hand block	-		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			0		0			
	subscriber who pays extra for ca					0,	•		
	first set" and would be counted o	0			· · ·				
	Block 2: If your cable system	-							
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-	hand block. A t	NO- or thre	e-word descript	ion of the	service is	
		DCK 1					BLOCK	(2	
	BE	NO. OF					<u></u>	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RA
	Residential:								
	<ul> <li>Service to first set</li> </ul>		410	42.00	IPTV			91	54.
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial		60	84.95	IPTV			5	84.
	Converter				5				
	Residential		410	2.75-15.00					
	Non-residential		60	2.95-21.00					
	SERVICES OTHER THAN SEC	ONDARY TRA		SSIONS: RATE	s				
-	In General: Space F calls for ra					Il your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There are	•			•		• •	,	
Services Other Than	furnished at cost or (2) services								
Secondary	amount of the charge and the ur enter only the letters "PP" in the		usuali	y billed. If any f	ales are ci	larged on a van	able per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		the cab	le system for ea	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	t your cable sy	stem fu	Irnished or offei	ed during	the accounting	period that	were not	
	listed in block 1 and for which a				ished. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the i	rate for each.			1		
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			lation: Non-res	idential				
	• Pay cable	10.99-19.00		otel, hotel				rd Cable	86.
	Pay cable—add'l channel		_	ommercial				rd IPTV	86.
	Fire protection			iy cable			······	Value Pack	16. 6
	•Burglar protection			iy cable-add'l ch	lannel		Hispan		6.
	Installation: Residential			e protection					
	First set			Irglar protection					
	<ul> <li>Additional set(s)</li> <li>EM radio (if concrete rate)</li> </ul>			services:					
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>			connect sconnect					
	- Converter								
			•00	utlet relocation			l		
				ove to new addr	000				

KOKH-3

KWTV-2

KOCO-2

KFOR-2

KFOR-3

KFOR-4

**KFOR-SIMUL** 

KOCO-SIMUL

KWTV-SIMUL

KTUZ

				FORM SA1-2E. PAC
Name		F CABLE SYSTEM:		SYSTEM 62
	CABLE ONE, INC.			
		entify every television station (including	translator stations and low power	tolovision stations)
G		m during the accounting period, <i>excep</i>	•	
	0	in effect on June 24, 1981, permitting t	5	
Primary nsmitters:		e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain s	tations carried on a
levision		: With respect to any distant stations c	arried by your cable system on a s	substitute program
		ules, regulations, or authorizations:	the Created Statement and Dreaser	n log) if the
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t a substitute basis.	ine Special Statement and Program	n Log)—If the
		also in space I, if the station was carrie		
		on concerning substitute basis stations n's call sign. <i>Do not</i> report origination		
		d with a station according to its over-th	-	-
	"WETA-2" as the same on the change	the form. el number the FCC assigned to the tele	evision station for broadcasting ov	er the air in its community
		RC is channel 4 in Washington, D.C.	evision station for broadcasting over	
	Column 3: Indicate in each	case whether the station is a network	-	
		ering the letter "N" (for network), "N-M"		
		, "E" (for noncommercial educational), erms, see page (iv) of the general instru		ational multicast).
		n of each station. For U.S. stations, lis		on is licensed by the
		dian stations, if any, give the name of t	•	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER 19	3. TYPE OF STATION	
				4. LOCATION OF STATION
rs as Necessary	KAUT	19	l	4. LOCATION OF STATION OKLAHOMA CITY, OK
vs as Necessary	KAUT KFOR	19 27	I N	4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK
vs as Necessary	KAUT KFOR KOCB	19 27 33	I N I	4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
vs as Necessary	KAUT KFOR KOCB KOCO	19 27 33 7	I N I N	4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
rs as Necessary	KAUT KFOR KOCB KOCO KOKH	19 27 33 7 24	I N I N I	4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
vs as Necessary	KAUT KFOR KOCB KOCO KOKH KOPX	19 27 33 7 24 18	I N I N I I	4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
vs as Necessary	KAUT KFOR KOCB KOCO KOKH KOPX KSBI	19 27 33 7 24 18 23	I N I N I I I I	4. LOCATION OF STATION OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK OKLAHOMA CITY, OK
ws as Necessary	KAUT KFOR KOCB KOCO KOKH KOPX KSBI KETA	19 27 33 7 24 18 23 13	I N I N I I I I E	4. LOCATION OF STATION     OKLAHOMA CITY, OK
ws as Necessary	KAUT KFOR KOCB KOCO KOKH KOPX KSBI KETA KWTV	19 27 33 7 24 18 23 13 25	I N I N I I I I E N	4. LOCATION OF STATION         OKLAHOMA CITY, OK
s as Necessary	KAUT KFOR KOCB KOCO KOKH KOPX KSBI KETA KWTV KAUT-2	19         27         33         7         24         18         23         13         25         19.2	I N I N I I I E N I-M	4. LOCATION OF STATION     OKLAHOMA CITY, OK
ws as Necessary	KAUT KFOR KOCB KOCO KOKH KOPX KSBI KETA KWTV KAUT-2 KOCB-2	19         27         33         7         24         18         23         13         25         19.2         33.2	I N I N I I I I E N I E N I-M	4. LOCATION OF STATION         OKLAHOMA CITY, OK         OKLAHOMA CITY, OK

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OKLAHOMA CITY, OK

OKLAHOMA CITY, OK OKLAHOMA CITY, OK

Accounting	Period:	2024/2
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Name

G

2	024/2	FORM SA1-2E. PAGE 3.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	CABLE ONE, INC.	6235
	PRIMARY TRANSMITTERS: TELEVISION	
	<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	

Primarv 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. Transmitters: Television 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. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER **3. TYPE OF STATION** 4. LOCATION OF STATION **KSBI-SIMUL** 23 Т OKLAHOMA CITY, OK Е **KETA-SIMUL** 13 OKLAHOMA CITY, OK I. KOKH-SIMUL 24 OKLAHOMA CITY, OK Add Rows as Necessary **KOPX-SIMUL** 18 L OKLAHOMA CITY, OK

EGAL NAME O		CABLE S	YSIEM:					SYSTEM I
CABLE ONE	, INC.							62
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing	y the sys be rece at the Co sign of the static ion's sig g a chec	II-Band FM Carriage: Under of stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's he system's FM ant this point, see pa this point, see pa sed by the cable s	eadend, and ( <i>i</i> enna, during c ige (v) of the <u>c</u> system as a s	2) it can certain s general eparate	be expected, tated intervals. instructions in the. and discrete	Primary Transmitters Radio
			on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			·					

counting Perio	LEGAL NAME OF OWNER OF							SYSTEM I
Name	CABLE ONE, INC.							62
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LC	G			
I	In General: In space I, iden							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special atement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ır cable systen	n carry, on a substitute ba	isis, any nonn	etwork tele	evision prog	ram
rogram Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	rest of this pa	ge blank. If your answer i	s "Yes," you n	nust compl	ete the proo	gram
	log in block 2.		MO					
	2. LOG OF SUBSTITUT In General: List each subs			ate line. Use abbreviation	s wherever no	ossible. if th	neir meanin	a is
	clear. If you need more spa	ace, please a	add additional	rows to the tables.				-
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re		,	,		0 0		
	Do not use general catego							
	"NBA Basketball: 76ers vs.		depet live	** "Vee" Others '	"NIo."			
				er "Yes." Otherwise enter asting the substitute prog				
	Column 4: Give the bro	adcast static	on's location (t	he community to which th	e station is lic	,	he FCC or,	in
	the case of Mexican or Ca							
	<b>Column 5:</b> Give the mo first. Example: for May 7 gi	,	when your sys	stem carried the substitut	e program. Us	se numeral	s, with the r	nonth
	Column 6: State the tim	nes when the	e substitute pro	ogram was carried by you	r cable syster	n. List the t	times accur	ately
	to the nearest five minutes	. Example: a	a program carr	ied by a system from 6:0	1:15 p.m. to 6	:28:30 p.m	. should be	-
	stated as "6:00–6:30 p.m."		listed way					uine d
	Column 7: Enter the let	ter "R" if the		n was substituted for prog				
		ter "R" if the and regulation	ons in effect d	n was substituted for prog uring the accounting perio	od; enter the l	etter "P" if t	he listed pr	
	Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulation mming that y	ons in effect d	n was substituted for prog uring the accounting perio	od; enter the l	etter "P" if t	he listed pr	
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect d our system wa	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the lader FCC rules	etter "P" if t and regula	the listed prations in	ogram
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect d /our system wa	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the lear FCC rules WHE CARRI	etter "P" if t and regula N SUBSTI AGE OCC	the listed prations in	ogram 7. REASON
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y b.	ons in effect d our system wa	n was substituted for prog uring the accounting perio as permitted to delete uno	od; enter the lader FCC rules	etter "P" if t and regula N SUBSTI AGE OCC	TUTE URRED	ogram 7. REASON
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. GUBSTITUTE 2. LIVE?	ens in effect d your system water E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	wher FCC rules WHE CARRI 5. MONTH	etter "P" if t and regula N SUBSTI AGE OCC 6. T	TUTE URRED	ogram 7. REASON
	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. GUBSTITUTE 2. LIVE?	ens in effect d your system water E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	wher FCC rules WHE CARRI 5. MONTH	etter "P" if t and regula N SUBSTI AGE OCC 6. T	TUTE URRED	ogram 7. REASON
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	Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulation mming that y 5. GUBSTITUTE 2. LIVE?	ens in effect d your system water E PROGRAM 3. STATION'S	n was substituted for prog uring the accounting perio as permitted to delete uno	wher FCC rules WHE CARRI 5. MONTH	etter "P" if t and regula N SUBSTI AGE OCC 6. T	TUTE URRED	ogram 7. REASON I
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Accounting Period:	2024/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE ONE, INC.		S	BYSTEM ID# 6235
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the am all amounts (gross receipts) paid to your cable system by subscribers for the system's set (as identified in space E) during the accounting period. For a further explanation of how page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	econdary transm to compute this	nission service amount, see \$31	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less th • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less th • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less th • See page (vi) of the general instructions located in the paper SA1-2 form for more information	nan \$527,600 on.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you 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 lines 1 and	2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m	ore than \$137,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3	· <u>·                                   </u>		
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	313,519.89		
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1	49,719.89		
	4. Multiply line 3 by .01	. \$	497.20	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	. \$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		\$	1,816.20
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	1,816.20	
Due	2. 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		\$	1,836.20
	Important: Your remittance must be in the form of an electronic payment pay See page i of the general instructions in the paper SA1-2 form fo			ghts!

Accounting Period:	2024/2								FORM SA1-2E. PAGE
Name	LEGAL NAME OF CABLE ONE, I	OWNER OF CABLE SYSTEM: INC.							SYSTEM ID 623
M Channels	to its subscriber 1. Enter the tota system carried 2. Enter the tota	You must give (1) the number rs, and (2) the cable system's al number of channels on whi d television broadcast stations al number of activated channe cable system carried televisio	s total num ich the cab is iels	nber of a Ible	ctivated channel	ls during the	accounting period.	stations	27
	and nonbroad	cast services							202
N Individual to Be Contacted		D BE CONTACTED IF FURT about this statement of accor		ORMAT	ION IS NEEDED	) (Identify an	individual to whom		
for Further Information	Name	JENAE HECK					Tel	ephone 602-	364-6092
	Address	210 E. EARLL DRIV (Number, street, rural route, apar PHOENIX, AZ 85012 (City, town, state, zip)	artment, or su	uite numbe	r)				
	Email	JENAE.HECK	@CABLE	EONE.B	IZ		Fax (optional) 602	-364-6013	
O Certification	I, the undersign     (Owne     (Agen     in     X     (Offic     in     I have examine	I (This statement of account r ned, hereby certify that (Check er other than corporation or at of owner other than corpoo line 1 of space B and that the cer or partner) I am an officer line 1 of space B. ed the statement of account an ite, and correct to the best of n ion 1001(1986)]	k one, <i>but o</i> • partnersh • owner is n r (if a corpo nd hereby o	only one, hip) I am partners not a corp oration) o declare u	of the boxes.) the owner of the <b>hip)</b> I am the dui poration or partne r a partner (if a p inder penalty of I	cable system y authorized ership; or vartnership) o aw that all sta	n as identified in line 1 agent of the owner of t of the legal entity identif atements of fact contai	of space B; or the cable system fied as owner o	
				n electron	hristopher Ai	e line above t	o certify this statement. / John Smith)		
		Typed or printe Title: (Title of a	SR VI		RESIDENT		N		
		Date:					February 24, 2025	5	

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

	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ABLE ONE, INC.	6235
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 su scribers 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 transmission made by satellite carriers to satellite dish owners? X NO	b- Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayme	nt.
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	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Interest Assessment       -       ays       -
Line 1 Enter the amount of late payment or underpayment	interest Assessment
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