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 COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/28/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	(YY/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		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	
		United Services, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		30208 Hwy 136, P.O. Box 757 (Number, street, rural route, apartment, or suite number)	
		Maryville, MO 61168-0757	
		(City, town, state, zip)	
С	INSTR name	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(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 sufficiency of the fling, a determination that would be made by a court of law.

	Ι	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	United Services, Inc.	634
	Instructions: List each separate community served by the cable system. A "commun	ity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated co	
U	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	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 l	nome parks should be reported in parentheses below the
Area		ionie parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Amazonia	MO
Community	Uninc. Andrew County	MO
	Cosby	MO
d Rows as Necessary	Rea	MO
	Uninc. Buchanan County	МО
	Cameron	
	Easton	MO
	King City	MO
	Osborn	MO
	Stanberry	MO
	St. Joseph	MO
	Plattsburg	MO
	Dearborn	MO
	Union Star	MO
	Uninc. Clinton County	MO
	Uninc. DeKalb County	MO
	Uninc. Gentry County	MO
	Uninc. Holt County	MO
		MO
	Uninc. Nodaway County	
	County Club	MO
	Gower	MO
	Maysville	MO
	Savannah	MO
	Stewartsville	MO
	Maryville	МО
	Hopkins	MO
		····
	Faucett	MO

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							-2E. PAGE
Name	United Services, Inc.								6348
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted o Block 2: If your cable system	pace E should on of television ay cable) in sp (June 30 or Do blocks in space (transmission umber of billing ice at the rate i harged for eact (Example: "\$2 ounts allowed i to space E, the sto their subsci where an ino should be cour ble service to a nce again und	cover al and rad ace F, n ecembe ce E call service. is in that ndicated h catego 20/mth"). for adva e form list ribers. C dividual ated as a additiona er "Serv	Il categories of io broadcasts t not here. All the r 31, as the cas l for the numbe In general, you t category (the d—not the num bry of service. I . Summarize ar nce payment. Sive the numbe or organization a subscriber in al sets would be ice to additiona	secondary by your system facts you se may be r of subscur- u can com- number of ber of sets nclude boil ber of sets nclude boil by standar es of seccor r of subscur- is receiving each applie e included al set(s)."	stem to subscr state must be). ribers to the ca pute the numb persons or or s receiving ser th the amount d rate variation ondary transmi ribers and rate ng service that icable category in the count u	ibers. Give those exist able system er of subsci ganizations vice). of the charg ns within a p ssion servic for each lis falls under y. Example: nder "Servic	information ing on the , broken ribers in charged ge and the particular rate that cable ted category different a residential ce to the	
	printed in block 1 (for example, ti with the number of subscribers a sufficient.	ers of services nd rates, in the	that inc	lude one or mo	ore second	lary transmissi	ons), list the s	em, together ervice is	
	BLU	DCK 1 NO. OF					BLOC	NO. OF	<u> </u>
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential: • Service to first set	:	2,587	31.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services t e two exception or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	er) infor hat are ns: you ished to usually ne cable stem fun e was m	mation with res not offered in c do not need to p nonsubscriber billed. If any ra e system for each nished or offeren nade or establis	spect to all ombinatio give rate i rs. Rate in tes are ch ch of the a ed during t	n with any sec nformation cor formation shou arged on a var pplicable servi he accounting	ondary tran ncerning (1) Ild include I iable per-pr ices listed. period that	smission services ooth the ogram basis, were not	
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RAT
	Pay cable			ition: Non-resi	ucillidi		нво		18.
	• Pay cable—add'l channel			nmercial			Cinema	ax	15.
	• Fire protection			cable			Showti		15.
	•Burglar protection		,	v cable-add'l ch	annel			// Encore	15.
	Installation: Residential			protection			Starz		11.
	First set	99.00		glar protection			Encore	•	6.
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter			connect					
	1		• Out	let relocation					I
			• Mov	ve to new addre	ess				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
Name	United Services, Inc.			6348
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC rt • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on in Column 2: Give the channo 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 location	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	t (1) stations carried only on a part- the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st carried by your cable system on a si the Special Statement and Program ed both on a substitute basis and al- s, see page (v) of the general instruc- program services such as HBO, ES ne-air designation. For example, rep levision station for broadcasting over c station, an independent station, or (for network multicast), "I" (for inde- or "E-M" (for noncommercial educa ructions in the paper SA1-2 form. st the community to which the statio	time basis under rams [sections rations carried on a ubstitute program n Log)—if the so on some other ctions. :PN, etc. Identify each bort multistream er the air in its community a noncommercia pendent), "I-M" tional multicast) n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNPN	26.1	N	St. Joseph, MO
edu (foi Co FC KN KN	KNPN-DT3	26.3	I-M	St. Joseph, MO
	KCTV	24.1	Ν	
			IN IN	Kansas City, MO
d Rows as Necessary	KCTV-DT2	24.2	I-M	Kansas City, MO Kansas City, MO
ld Rows as Necessary				
ld Rows as Necessary	KCTV-DT2	24.2	I-M	Kansas City, MO St. Joseph, MO
ld Rows as Necessary	KCTV-DT2 KNPG-LD-DT1	24.2 16.1	I-M N	Kansas City, MO St. Joseph, MO St. Joseph, MO
ld Rows as Necessary	KCTV-DT2 KNPG-LD-DT1 KNPG-LD-DT2	24.2 16.1 16.2	I-M N I-M	Kansas City, MO St. Joseph, MO St. Joseph, MO St. Joseph, MO
ld Rows as Necessary	KCTV-DT2 KNPG-LD-DT1 KNPG-LD-DT2 KNPG-LD-DT3	24.2 16.1 16.2 16.3 29.1	I-M N I-M I-M N	Kansas City, MO St. Joseph, MO St. Joseph, MO St. Joseph, MO Kansas City, MO
ld Rows as Necessary	KCTV-DT2 KNPG-LD-DT1 KNPG-LD-DT2 KNPG-LD-DT3 KMBC	24.2 16.1 16.2 16.3	I-M N I-M I-M	Kansas City, MO St. Joseph, MO St. Joseph, MO St. Joseph, MO Kansas City, MO St. Joseph, MO
ld Rows as Necessary	KCTV-DT2 KNPG-LD-DT1 KNPG-LD-DT2 KNPG-LD-DT3 KMBC KCJO-LD KCPT	24.2 16.1 16.2 16.3 29.1 30.1 18.1	I-M N I-M I-M N N	Kansas City, MO St. Joseph, MO St. Joseph, MO St. Joseph, MO Kansas City, MO St. Joseph, MO Kansas City, MO Kansas City, MO Kansas City, MO
ld Rows as Necessary	KCTV-DT2 KNPG-LD-DT1 KNPG-LD-DT2 KNPG-LD-DT3 KMBC KCJO-LD	24.2 16.1 16.2 16.3 29.1 30.1	I-M N I-M I-M N N E	Kansas City, MOSt. Joseph, MOSt. Joseph, MOSt. Joseph, MOKansas City, MOSt. Joseph, MOKansas City, MOSt. Joseph, MOKansas City, MOSt. Joseph, MO
ld Rows as Necessary	KCTV-DT2 KNPG-LD-DT1 KNPG-LD-DT2 KNPG-LD-DT3 KMBC KCJO-LD KCPT KTAJ	24.2 16.1 16.2 16.3 29.1 30.1 18.1 21.1 41.1	I-M N I-M I-M N N E E I I I	Kansas City, MO St. Joseph, MO St. Joseph, MO St. Joseph, MO Kansas City, MO St. Joseph, MO Kansas City, MO St. Joseph, MO Lawrence, KS
ld Rows as Necessary	KCTV-DT2 KNPG-LD-DT1 KNPG-LD-DT2 KNPG-LD-DT3 KMBC KCJO-LD KCPT KTAJ KMCI KMCI-DT2	24.2 16.1 16.2 16.3 29.1 30.1 18.1 21.1 41.1 41.2	I-M N I-M I-M N N E E I I I I I I I	Kansas City, MOSt. Joseph, MOSt. Joseph, MOSt. Joseph, MOKansas City, MOSt. Joseph, MOKansas City, MOSt. Joseph, MOLawrence, KSLawrence, KS
ld Rows as Necessary	KCTV-DT2 KNPG-LD-DT1 KNPG-LD-DT2 KNPG-LD-DT3 KMBC KCJO-LD KCPT KTAJ KMCI KMCI-DT2 KMCI-DT3	24.2 16.1 16.2 16.3 29.1 30.1 18.1 21.1 41.1 41.2 41.3	I-M N I-M I-M N N E E I I I I I I I I I I I I I	Kansas City, MO St. Joseph, MO St. Joseph, MO St. Joseph, MO Kansas City, MO St. Joseph, MO Kansas City, MO St. Joseph, MO Lawrence, KS Lawrence, KS Lawrence, KS
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LEGAL NAME OF United Servi		CABLE SY	/STEM:					SYSTEM I 634
	t every radio s	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. dentify the call tate whether to the radio stat this by placing give the station	y the sys be recein to the Co sign of the static ion's sig g a check n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ærtain st general i eparate	be expected, rated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Name Unided Services, Inc. SYSTEM US SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOO In Generatic In space L lotently usery nonsexue the induction program. Broadcast by a disker staten, that your cable system carries on a substate basis during the accounting prevent and town FCO Lose, negatience, and there are substate basis during the accounting prevent and town FCO Lose, negatience, and the program is the accounting prevent and town FCO Lose, negatience, and there accounting prevent and town FCO Lose, negatience, and there accounting prevent and town FCO Lose, negatience, and the program State and the accounting prevent and town FCO Lose, negatience, and the program State and the accounting prevent and town FCO Lose, negatience, and the program State and the accounting prevent state. Program Log 2 Looe of state station? Note: If your answer is "No", leave the real of this page blank. If your answer is "No", leave the real of additude program (StateState) program (StateState), if their meaning is discrete the comparison on a separitie line. Use abstructions for their adormation budget program (StateState) program (StateState), if their meaning is discrete their or space, please add additude) rows to the tables. Column 31 (Ste the calls age of the statestate) is additude program (StateState) program (StateState) and their adormation. Budget states additude program (StateState) program (StateState) and the states is additude of the program (StateState) and the states is additude of the program (StateState) and the states is additude of the program (StateState) and the states is additude of the program (StateState) and the states is additude of the program (StateState) and the states is additude of the states is additude of the program (State) additude program. Contex additude of the	Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
United Services, Inc. 63486 I 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 system carried on a substitute basis during the accounting period, under special for present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. Substitute basis during the accounting period, durd specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. Substitute Display to the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the tite regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basktball." List specific program tites, for example, "I Love Lucy" or "NRA Basktball. TFCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basktball." List specific program. Use		LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
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stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S		Column 6: State the time	es when the						ly
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION			Example: a	i program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sl	hould be	
was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES			er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	d
effect on October 19, 1976. WHEN SUBSTITUTE WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES									am
SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES				our system wa	s permitted to delete under	FCC rules a	nd regulatio	ons in	
SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		,							
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION		s	UBSTITUT	E PROGRAM	I				7. REASON FOR
Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM — TO		1. TITLE OF PROGRAM				5. MONTH	6. T	IMES	DELETION
Image: second			Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
								<u> </u>	
Image: second								<u> </u>	
Image: second									
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Image: state in the state									
								<u> </u>	

Accounting Period:	2017/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: United Services, Inc.			ę	63486
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanal 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	system's s tion of how	secondary trans to compute this	mission servi s amount, sec \$ 4	ice
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less t	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00				1
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE			-	
	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				
	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	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	452,475.90		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	188,675.90		
	4. Multiply line 3 by .01		\$	1,886.76	
	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 .		\$	3,205.76
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Filler Fr					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,205.76	
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			\$	3,225.76
	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1		-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: United Services, Inc.	SYSTEM ID# 63486
M Channels	CHANNELS Instructions: 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	24 100+
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Bruce E. Beard Telephone	314-394-1535
	Address 1714 Deer Tracks Trail, Suite 230 (Number, street, rural route, apartment, or suite number) St. Louis, MO 63131 (City, town, state, zip)	
	Email bbeard@cinnamonmueller.com Fax (optional) 314-394-153	8
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, <i>but only one</i> , 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy I in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)] M	rstem as identified
	(Title of official position held in corporation or partnership) Date: February 28, 2018	

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 the 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 telephon 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 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 t 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 lav

	FORM SA1-2	
	51	отем (STEM) 634
ited Services, Inc.		034
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syste service of providing secondary transmissions of primary broadcast transmitters, the system sil scribers and amounts collected from subscribers receiving secondary transmissions pursuant	em for the basic hall not include sub- to section 119."	g Gros
For more information on when to exclude these amounts, see the note on page (vii) of the general in located in the paper SA1-2 form.	structions Receipts E	xclusio
During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners?	dary transmissions	
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions located in the page (viii) of the general in		
Line A. Enterthy and other and an enterthy and the second se		essm
Line 1 Enter the amount of late payment or underpayment	Interest Ass	essm
Line 1 Enter the amount of late payment or underpayment		essmo
Line 1 Enter the amount of late payment or underpayment		essm
x	Interest Ass	essm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here x		essm
x	Interest Ass	essm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass days 	sessm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass days 	sessm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass days 	sessm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	interest Ass interest Ass days i x 0.00274 i (interest charge)	sessm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	interest Ass interest Ass days i x 0.00274 i (interest charge)	sessmo
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass Interest Ass In	sessm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass Interest Ass In	sessm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass Interest Ass In	sessm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass Interest Ass In	sessm:
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass Interest Ass In	sessm
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass Interest Ass In	essm [,]
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Ass Interest Ass In	sessm

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