This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 7/16/2018 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	2410
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Central Telcom Services LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 7 (Number, street, rural route, apartment, or suite number)	
		Fairview, Ut 84629-0007 (City, Iown, state, zip)	
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	
L			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Central Telcom Services LLC	2410
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Wendover	Utah
Community	West Wendover	Nevada
Add Rows as Necessary		
	ากามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกามสามารถกา	

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1	
Name	Central Telcom Services							010	241
Е	SECONDARY TRANSMISSION			-	-				
_	In General: The information in sp system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi							-	
	Rate: Give the standard rate cl unit in which it is generally billed.								
	category, but do not include disc	ounts allowed f	for adva	ince payment.					
	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	ble service to a	addition	al sets would b	e included				
	first set" and would be counted o Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.	DCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		457	24.05	Expand	dad		429	47.0
	 Service to first set Service to additional set(s) 		437	24.95	Expand	ueu		429	47.(
	• FM radio (if separate rate)								
	Motel, hotel		240	24.95					
	Commercial		•						
	Converter		27	-					
	Residential								
	Non-residential								
					<u> </u>				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat				-	Il vour cable svs	tem's servi	ces that were	
F	not covered in space E, that is, th	hose services t	hat are	not offered in a	combinatio	on with any seco	ndary trans	smission	
0	service for a single fee. There are		,		0		0,		
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		og.a 20010,	
ransmissions: Rates	Block 1: Give the standard rate							wara nat	
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLOO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATI
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	17.95	• Mo	tel, hotel		Varies			
	Pay cable—add'l channel	15.95		nmercial		-			
	Fire protection	-		/ cable	annal	-			
	 Burglar protection 	-		v cable-add'l ch protoction	iannei	-			
	Installation, Posidential		• רוופ	e protection		-			
	Installation: Residential	100.00	• Dur	alar protoction					
	First set	100.00 29.95		glar protection		-			
	First setAdditional set(s)		Other s	services:		- 29 95			
	First set		Other : • Red	• •		- 29.95 -			
	 First set Additional set(s) FM radio (if separate rate) 		Other s • Rec • Dis	services:		- 29.95 - 49.95			

ounting Period: 2	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF			SYSTEM ID# 2410
	Central Telcom Servic			2410
G Primary ansmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c: les, regulations, or authorizations: in space G—but do list it in space I (t a substitute basis. Ilso in space I, if the station was carrie n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati- arried by your cable system on a subs- he Special Statement and Program Le d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPP e-air designation. For example, repor- evision station for broadcasting over the station, an independent station, or a to (for network multicast), "I" (for indepen- per SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κυτν	2	N	Salt Lake City, Utah
	κτνχ	4	Ν	Salt Lake City, Utah
Necessary	KSL	5	N	Salt Lake City, Utah
	KUED	7	Е	Salt Lake City, Utah
	KUEN	9	Ε	Ogden, Utah
	KSTU	13	l	Salt Lake City, Utah
	KJZZ	14	I	Salt Lake City, Utah
	KUPX	16	I	Provo, Utah
	KUCW	30	I	Ogden, Utah

EGAL NAME O	OWNER OF C	CABLE SY	/STEM:					SYSTEM I
Central Telc	om Service	es LLC						24
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
	-	-	I-Band FM Carriage: Under			-		Primary
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing	y the sys be recein to the Co sign of the static ion's sig g a check	tem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column.	at the system's he system's FM ante this point, see pa sed by the cable s	eadend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st leneral i eparate	be expected, ated intervals. Instructions in the.	Transmitters Radio
			on (the community to which 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	

Accounting Perio							FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Central Telcom Servic	es LLC					2410
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LO	G		
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizat	tions. For a further
Substitute	explanation of the programm				e general instr	uctions in the paper	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN						
Statement and	 During the accounting per 		r cable system	carry, on a substitute basi	s, any nonnet	twork television pro	
Program Log	broadcast by a distant sta	tion?				YE	es 🔽 NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete the pr	ogram
	log in block 2.						
	2. LOG OF SUBSTITUTI	E PROGRA	MS				
	In General: List each subs				wherever pos	sible, if their mean	ing is
	clear. If you need more spa				orogram") the	t during the eccer	unting
	period, was broadcast by a			ision program ("substitute p ur cable system substitute			
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further inforn	nation.
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love Luc	y" or
	"NBA Basketball: 76ers vs.		deast live onto	r "Yes." Otherwise enter "N	lo."		
				isting the substitute progra			
	Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice		or, in
	the case of Mexican or Car						
	first. Example: for May 7 give		when your sys	tem carried the substitute p	orogram. Use	numerals, with the	emonth
			e substitute pro	gram was carried by your o	cable svstem.	List the times acc	uratelv
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."	"D" : (()					
	to delete under FCC rules a			was substituted for progra			
	was substituted for program						program
	effect on October 19, 1976.					0	
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRE	D 7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM —	TO
						_	
							······································

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	Central Telcom Services LLC				2410
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an 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 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 re	system's s on of how	secondary trans to compute thi	mission servic s amount, see	ce 7,449.85
	COPYRIGHT ROYALTY FEE				
L 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 l Use block 3 if the amount of gross receipts in space K is more than \$263,800 l See page (vi) of the general instructions located in the paper SA1-2 form for more in 	but less tl	han \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				<u> </u>
	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 line BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS				
	1. Base amount under statutory formula	``	263,800.00	100)	
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1			07 440 95	
				97,449.85	
	5. Enter the amount from line 3 6. Subtract line 5 from line 4			66,350.15	
	 Subtract line 5 from line 4 Multiply line 6 by .005 (enter figure here) 				655.50
	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 a	and 8		\$	655.50
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but	less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	3. Subtract line 2 from line 1				
	— 4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 1				
	· · · · · · · · · · · · · · · · · · ·				
	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)		\$	655.50	
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			\$	675.50
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-2		-		jhts!

Accounting Period:	2018/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Central Telcom Services LLC	SYSTEM ID# 2410
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 .	9 224
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 Paul Peckham Telephor	e (435) 427-0561
	Address P.O. Box 7 (Number, street, rural route, apartment, or suite number) Fairview, Utah 84629 (City, town, state, zip)	
	Email p.peckham@centracom.com Fax (optional) (435) 427-	3200
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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow 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 herei 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)] $\underbrace{X /s/ Eddie L. Cox}_{Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Eddie L. Cox Title: President & General Manager (Title of official position held in corporation or partnership)$	B; or system as identified vner of the cable system
	Date: 7/12/2018	

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Inting Period: 2018/1					FC	ORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:						SYSTEM II
ral Telcom Services LLC						241
 SPECIAL STATEMENT CONCERNING GROSS RECI The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the gro service of providing secondary transmissions of primary bro scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any ar made by satellite carriers to satellite dish owners? X NO 	111(d)(1)(A), of th ss amounts paid t badcast transmitte secondary transm note on page (vii) mounts of gross re	e Copyrigh to the cable ers, the sys hissions pu of the gen eccipts for s	e system for th tem shall not i rsuant to secti eral instructior	e basic nclude sub- on 119." Is	C	P Special Statement Concerning Gross eceipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	•••••	\$				
Name	Name Mailing Address					
INTEREST ASSESSMENT						
You must complete this worksheet for those royalty payments sub For an explanation of interest assessment, see page (viii) of the ge			-			Q
For an explanation of interest assessment, see page (viii) of the ge	eneral instructions	located in	-		Int	Q terest Assessmen
	eneral instructions	located in	-		Int	Q terest Assessmen
For an explanation of interest assessment, see page (viii) of the generation 1 Enter the amount of late payment or underpayment	eneral instructions	located in	the paper SA		Int	Q terest Assessmen
For an explanation of interest assessment, see page (viii) of the ge	eneral instructions	located in	the paper SA	1-2 form.		Q terest Assessmer
For an explanation of interest assessment, see page (viii) of the generation 1 Enter the amount of late payment or underpayment	eneral instructions	located in	the paper SA			Q terest Assessmen
For an explanation of interest assessment, see page (viii) of the generation 1 Enter the amount of late payment or underpayment	eneral instructions	located in	the paper SA	1-2 form.		Q terest Assessmen
For an explanation of interest assessment, see page (viii) of the ge Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	eneral instructions	located in	the paper SA	1-2 form.		Q terest Assessmen
For an explanation of interest assessment, see page (viii) of the ge Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su Line 4 Multiply line 3 by 0.00274** and enter here	m here		the paper SA	1-2 form.		Q terest Assessmen
For an explanation of interest assessment, see page (viii) of the ge Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su	m here	located in	x x x 0.0	1-2 form.		Q terest Assessmen
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 For an explanation of interest assessment, see page (viii) of the get Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the su 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 * To view the interest rate chart click on <i>www.copyright.gov/lice</i> contact the Licensing Division at (202) 707-8150 or licensing 	m here		x x x 0.0 (interest	1-2 form. days 00274 t charge)		Q terest Assessmen
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