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								
	FOR COPYRIGHT OFFICE USE ONLY							
ć	DATE RECEIVED	AMOUNT						
08/28/2018 ALLOCATION NUMBER	08/28/2018	\$ 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	ACCO	DUNTING 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.
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.

United Services, Inc. Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includid discrete unincorporated areas). "47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here 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 home parks should be reported in parentheses below identified city. CITY OR TOWN STATE Amazonia MO MO MO MO MO Cosby MO Rea MO Uninc. Buchanan County MO Easton MO King City MO Stanberry MO St. Joseph MO St. Joseph MO St. Joseph MO Plattsburg MO Dearborn MO Uninc Starberry MO Dearborn MO Uninc Clinton County MO Uninc Clinton County MO Uninc Bersty County MO Uninc Holt County MO Uninc. Holt County MO Uninc. Holt County MO Savannah MO Sewartsville MO MO Maryville MO MO Maryville MO MO Maryville MO MO Mo Mo Mo Mo Mo Mo Mo Mo	Name		634i						
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includid discrete unincorporated areas)." 47 C.R.R. 76.5(dd). The first community that you list will serve as a form of system identification here 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 home parks should be reported in parentheses belon identified city. CITY OR TOWN STATE Amazonia MO Uninc. Andrew County MO Rea MO Rea MO Rea MO Coseby MO Rea MO Linic. Buchanan County MO Easton MO Easton MO Stanberry MO Stanberry MO Stanberry MO Stanberry MO Stanberry MO Dearborn MO Dearborn MO Uninc. Stanberry MO Uninc. Clinton County MO Uninc. Clinton County MO Uninc. Clinton County MO Uninc. Gentry County MO Uninc. Holt County MO Uninc. Holt County MO County Club MO Gower MO Maysville MO Stewartsville MO									
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification here as the "first community." Please use it as the first community and if future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below identified city. CITY OR TOWN STATE Amazonia MO Cosby MO Rea MO Cosby MO Rea MO Uninc. Buchanan County MO Cameron MO Easton MO King City MO Stanberry MO Stanberry MO Stanberry MO Stanberry MO Plattsburg MO Dearborn MO Uninc. Destalb County MO Uninc. Deftalb County MO Uninc. Holt County MO Uninc. Holt County MO Uninc. Holt County MO County Club MO Savannah MO Stewartsville MO MO Maryville MO	D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,							
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CITY OR TOWN	Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the						
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Accounting Period: 2018/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63486

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

United Services, Inc.

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.

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:	SOBSCRIBERS	IVAIL	CATEGORY OF SERVICE	SOBSCRIBERS	IXAIL		
Service to first set	2,886	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 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		Motel, hotel		НВО	18.00
 Pay cable—add'l channel 		Commercial		Cinemax	15.00
 Fire protection 		• Pay cable		Showtime	15.00
 Burglar protection 		Pay cable-add'l channel		Starz w/ Encore	15.00
Installation: Residential		Fire protection		Starz	11.00
First set	99.00	Burglar protection		Encore	6.00
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

ccounting Period: 2018/1 FORM SA1-2E. PAGE 3 SYSTEM ID: EGAL NAME OF OWNER OF CABLE SYSTEM: Name 63486 United Services, Inc. RIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: Television pasis 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 othe 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 noncommercia 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 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION 1. CALL SIGN KNPN 26.1 St. Joseph, MO Ν KNPN-DT3 26.3 I-M St. Joseph, MO KCTV Kansas City, MO 24.1 Add Rows as Necessary KCTV-DT2 24.2 I-M Kansas City, MO KNPG-LD-DT1 16.1 St. Joseph, MO KNPG-LD-DT2 16.2 St. Joseph, MO KNPG-LD-DT3 St. Joseph, MO 16.3 KMBC 29.1 Kansas City, MO KCJO-LD 30.1 St. Joseph, MO KCPT 18.1 Kansas City, MO KTAJ 21.1 St. Joseph, MO KMCI 41.1 Lawrence, KS KMCI-DT2 41.2 I-M Lawrence, KS 41.3 KMCI-DT3 I-M Lawrence, KS KMCI-DT4 41.4 I-M Lawrence, KS KSHB 42.1 N Kansas City, MO KSHB-DT2 42.2 I-M Kansas City, MO KSHB-DT3 42.3 Kansas City, MO KPXE 30.1 Kansas City, MO WDAF 34.1 N Kansas City, MO I-M WDAF-DT2 34.2 Kansas City, MO WDAF-DT3 I-M 34.3 Kansas City, MO KCWE 31.1 Kansas City, MO кѕмо 32.1 Kansas City, MO кмвс Kansas City, MO 29.2 KCJO-LD2 30.2 I-M St. Joseph, MO KCPT=DT2 18.2 E-M Kansas City, MO KCPT-DT3 18.3 E-M Kansas City, MO KCPT-DT4 18.4 E-M Kansas City, MO

U.S. Copyright Office

Name United PRIMARY In Gener	AME OF OWNER OF CABLE SYSTEM: Services, Inc. (TRANSMITTERS: TELEVISION		SYSTEM I 634
United PRIMARY In Gener			634
In Gener	TRANSMITTERS: TELEVISION		
Primary Transmitters: Television	rat: In space G, identify every television station (including y your cable system during the accounting period, except is and regulations in effect on June 24, 1981, permitting it (2) and (4), 76.61 (e)(2) and (4), or 76.63 (referring to 76.6 program basis, as explained in the next paragraph tet Basis Stations: With respect to any distant stations coder specific FCC rules, regulations, or authorizations: list the station here in space G—but do list it in space I (it as carried only on a substitute basis. station here, and also in space I, if the station was carrier further information concerning substitute basis stations rear and also in space I, if the station was carrier further information concerning substitute basis stations, I: List each station's call sign. Do not report origination pt stream associated with a station according to its over-the? 2 Give the channel number the FCC assigned to the tele. For example, WRC is channel 4 in Washington, D.C. 3: Indicate in each case whether the station is a network all station, by entering the letter "N" (for network). "N-M" beneated multicast), "E" (for noncommercial educational), nenaning of these terms, see page (iv) of the general instructions, if we have the name of the Mexican or Canadian stations, if any, view the name of the Mexican or Canadian stations, if any, view the name of the means of the station. For U.S. stations, is and the proper and the station of the set terms, see page (iv) of the general instructions, if any, view the name of the means of the second of the seco	(1) stations carried only on a part-time bane carriage of certain network programs [statle()2) and (4)]]; and (2) certain stations carried by your cable system on a substitute the Special Statement and Program Log)—d d both on a substitute basis and also on so see page (v) of the general instructions program services such as HBO, ESPN, etc. e-air designation. For example, report mult evision station for broadcasting over the air station, an independent station, or a nonce (for network multicast), "I" (for independent or "E-M" (for noncommercial educational muctions in the paper SA1-2 form.	sis under ections arried on a program of the come othe left tistream or in its community commercia or in its community own of the commercia or in its community own of the community of

U.S. Copyright Office

FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

United Services, Inc.

63486

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
	 						
							
							
	 						
	 						
							
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Accounting Period: 2018/1 FORM SA1-2E. PAGE 5.									
Name	United Services, Inc.	CABLE SYST	ГЕМ:					SYSTEM ID# 63486	
Substitute	0.0.2								
	Column 7: Enter the letter to delete under FCC rules at was substituted for program effect on October 19, 1976.	nd regulation ming that y	ons in effect du our system wa	ring the accounting perions permitted to delete unc	od; enter the le	tter "P" if the	e listed progr ons in		
	SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S Yes or No CALL SIGN 4. STATION'S LOCATION 4. STATION'S LOCATION 5. MONTH 6. TIMES AND DAY FROM — TO								
						 			

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: United Services, Inc.			(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	econdary trans to compute this	mission servi s amount, see \$ 52	ce
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 th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13'	7,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00	ty fee that y	ou must pay for	this six-month	I
	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	nes 1 and 2		· -	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00		
	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 \$260	3,800 (but	less than \$527	',600)	
	Enter the amount of gross receipts from space K	\$	524,043.90		
	Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	260,243.90		
	4. Multiply line 3 by .01		\$	2,602.44	
	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 .		\$	3,921.44
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,921.44	
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			\$	3,941.44
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		_		ghts!

Accounting Period	2018/1						FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNE United Services, Inc						SYSTEM ID: 63486
M Channels	to its subscribers, and 1. Enter the total number system carried televial. 2. Enter the total number on which the cable system.	ust give (1) the number of cl (2) the cable system's total ber of channels on which the ision broadcast stations ber of activated channels system carried television broad- ervices	tal numbe	er of activated channel	s during the ac	counting period.	
N Individual to Be Contacted		CONTACTED IF FURTHER this statement of account.)		RMATION IS NEEDED	(Identify an inc	lividual to whom	
for Further Information	Name Bru	uce E. Beard				Telephone	314-394-1535
	I mmmm	14 Deer Tracks Trail, nber, street, rural route, apartmen					
		Louis, MO 63131 , town, state, zip)					
	Email	bbeard@cinnamo	onmuelle	er.com		Fax (optional) 314-394-15	38
0	CERTIFICATION (This	statement of account must	st be certi	ified and signed in acc	ordance with C	opyright Office regulations)	
Certification	• I, the undersigned, her	reby certify that (Check one,	e, but only	one, of the boxes.)			
	(Owner other	er than corporation or part	rtnership)	I am the owner of the	cable system as	identified in line 1 of space I	3; or
		wner other than corporatio of space B and that the own				nt of the owner of the cable s	system as identified
		partner) I am an officer (if a of space B.	a corporat	ion) or a partner (if a pa	artnership) of the	e legal entity identified as own	ner of the cable system
		tatement of account and her I correct to the best of my kno 01(1986)]					
			Enter an e	/s/ David Girvan			_
		E	Enter sign	ature using an "/s/ signa	ture" (e.g., /s/ J	ohn Smith)	
		Typed or printed na	name:	David Girvan		100000000000000000000000000000000000000	
				Operating Officer			
		Date:				August 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 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

ccounting Period: 2018/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nited Services, Inc.	63486
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."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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	_
* 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	nn.
ID number First community served Accounting period	

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