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	HT 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	7/16/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Δ			

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/1 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.	8728
		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, town, state, zip)	
С	INSTR names	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	unless these 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)	
	1	//-	

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. PAGE 1b. SYSTEM ID#
Name	Central Telcom Services LLC	8728
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	nity" is the same as a "community unit" as defined in FCC rules: ommunities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Ephraim	Utah
Community	Manti	Utah
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM IC
Name	Central Telcom Services							515	872
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or De	ecembe	r 31, as the ca	se may be	e).		0	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
Nates	separately for the particular servi							charged	
	Rate: Give the standard rate c	harged for each	n catego	ory of service.	Include bo	th the amount of	the charg		
	unit in which it is generally billed.				ny standa	rd rate variations	within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmiss	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note	: Where an ind	lividual	or organizatio	n is receivi	ng service that fa	alls under o	different	
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					i in the count und	der "Servic	e to the	
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti	ers of services	that inc	lude one or m	ore second	dary transmissio	ns), list the	em, together	
	with the number of subscribers a	nd rates, in the	right-h	and block. A tv	vo- or thre	e-word description	on of the se	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF		DATE	0.17			NO. OF	D 4 T
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Service to first set		317	24.05	Expand	hod		257	47.0
			317	24.95	слран	JEU		231	47.(
	 Service to additional set(s) FM radio (if separate rate) 								
	Motel, hotel		113	24.95					
	Commercial		113	24.33					
	Converter		257	-					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
E	In General: Space F calls for rat	•	,		•	• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		-	
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							woro not	
Rales	listed in block 1 and for which a s	• •			-	• •			
	brief (two- or three-word) descrip								
		BLOC	.K 1					BLOCK 2	
				ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATI
	ICATEGORY OF SERVICE	RAIE							
	CATEGORY OF SERVICE Continuing Services:			ation: Non-res	idential				
	CATEGORY OF SERVICE Continuing Services: • Pay cable		Installa		idential	Varies			
	Continuing Services:		Installa • Mot	ation: Non-res	idential	Varies -			
	Continuing Services: • Pay cable	17.95	Installa • Mot • Cor	ation: Non-res tel, hotel	idential	Varies - -			
	Continuing Services: • Pay cable • Pay cable—add'l channel	17.95	Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial		Varies - - -			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	17.95	Installa • Moi • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable		Varies - - - -			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	17.95	Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl	nannel	Varies - - - - - -			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	17.95 15.95 - - 100.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l ch e protection	nannel	Varies - - - - - -			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	17.95 15.95 - - 100.00	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection glar protection	nannel	Varies - - - - - - 29.95			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	17.95 15.95 - - 100.00	Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Red	ation: Non-res tel, hotel mmercial cable cable-add'l cl protection glar protection services:	nannel	- - - - - - - - - - - - - - - - - - -			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	17.95 15.95 - - 100.00	Installa • Moi • Cor • Pay • Pay • Fire • Bur Other • Rec • Dis	ation: Non-res tel, hotel mmercial (cable cable-add'l cl protection glar protection services: connect	nannel	- - - - - - - - - - - - - - - - - - -			

				0)/07514 15/
ame	LEGAL NAME OF OWNER OF			SYSTEM ID# 8728
	Central Telcom Servic			0720
G mary mitters: vision	carried by your cable syster FCC rules and regulations in 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 station multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carried in concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p I with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin the carriage of certain network program (1(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent stations in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ions carried on a stitute program og)—if the on some other ons. N, etc. Identify each rt 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	
	INDIV	—		Salt Lake City, Utah
	ктух	4	N	Salt Lake City, Utah Salt Lake City, Utah
ecessary				
cessary	KTVX	4	N	Salt Lake City, Utah
essary	KTVX KSL	4 5	N N	Salt Lake City, Utah Salt Lake City, Utah
essary	KTVX KSL KUED	4 5 7	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah
cessary	KTVX KSL KUED KUEN	4 5 7 9	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah
cessary	KTVX KSL KUED KUEN KSTU	4 5 7 9 13	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah
cessary	KTVX KSL KUED KUEN KSTU KJZZ	4 5 7 9 13 14	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah
ecessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Vecessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
lecessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
ecessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Vecessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
s Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah
5 Necessary	KTVX KSL KUED KUEN KSTU KJZZ KUPX	4 5 7 9 13 14 16	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah Ogden, Utah Salt Lake City, Utah Salt Lake City, Utah Provo, Utah

EGAL NAME OF			'STEM:					SYSTEM I 87
	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 infor paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Co	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of o the static tion's sign g a chech n's locati	I-Band FM Carriage: Under of the 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. on (the community to which the the community with which the	It the system's he system's FM anto this point, see pa sed by the cable s ne station is licen	eadend, 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. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Central Telcom Servic	es LLC						8728
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOO	G			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or auth	orizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	work television	on program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	st complete t	he prograr	n
	log in block 2.	,	1 0	, ,				
	2. LOG OF SUBSTITUTI		MS					
	In General: List each subst				wherever pos	sible, if their r	meaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute p	orogram") tha	t during the s	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further i	informatior	
	Do not use general categor		vies" or "baske	tball." List specific program	titles, for exa	ample, "I Love	e Lucy" or	
	"NBA Basketball: 76ers vs.		lcast live enter	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
				e community to which the			CC or, in	
	the case of Mexican or Car			community with which the steen carried the substitute p			th the mor	th
	first. Example: for May 7 giv		when your sys		logiani. Use	numerais, wi		101
			substitute pro	gram was carried by your o	able system.	List the times	s accurate	ly
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. shc	ould be	
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	mming that y	nur svetem w	as roquiro	d
	to delete under FCC rules a							
	was substituted for program	nming that y						
	effect on October 19, 1976.							
						N SUBSTIT		
	S	2. LIVE?	E PROGRAN		L CARRI	AGE OCCU	RRFD	
								7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1
				4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	1

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Central Telcom Services LLC		8728
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, see	e 5,935.96
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 than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$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 fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more 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		
	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 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	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, 5, and 6		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/1					FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: om Services LLC				SYSTEM ID 8728
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number ers, and (2) the cable system's tal number of channels on whi ed television broadcast station tal number of activated channe cable system carried televisio idcast services	total number of activated chan th the cable 	nels during the acc		9 245
N Individual to Be Contacted		TO BE CONTACTED IF FURT about this statement of account		DED (Identify an ind	ividual to whom	
for Further Information	Name	Paul Peckham			Telephone (4	435) 427-0561
	Address	P.O. Box 7 (Number, street, rural route, apa	tment, or suite number)			
		Fairview, Utah 8462 (City, town, state, zip)	9			
	Email	p.peckham@c	entracom.com		Fax (optional) (435) 427-3200)
O Certification		N (This statement of account r	-		opyright Office regulations)	
	(Age	ner other than corporation or ent of owner other than corpor	ation or partnership) I am the c	duly authorized ager		
	X (Off	in line 1 of space B and that the ficer or partner) I am an officer in line 1 of space B.			legal entity identified as owner	of the cable system
	are true, compl	ed the statement of account and lete, and correct to the best of m ction 1001(1986)]				
			X /s/ Eddie L. Co Enter an electronic signature o Enter signature using an "/s/ si	on the line above to c		
		Typed or printe	d name: Eddie L. Cox			
		Title: (Title o	President & General official position held in corporation or			
		Date:			7/12/2018	

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 lave

unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
tral Telcom Services LLC	872
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 fol- lowing 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 sub- 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 transmissions made by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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