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	01/28/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Accounting Period Image: Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Image: Period (ppional - see instructions) B Barcade Data Filing Period (ppional - see instructions) B Owner Image: Period 1 = January 1 - June 30 B Image: Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Image: Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Image: Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Image: Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Image: Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Image: Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Image: Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 B Image: Period 1 = January 1 - June 30 Period 1 = January 1 - June 30 B Image: Period 1 = January 1 - June 30 Period 1 = July 1 - December 31 B Image: Period 1 = January 1 - June 30 Period 1 = January 1 - June 30 B Image: Period 1 = January 1 - June 30 Period 1 = July 1 - December 31 B Image: Period 1 = January	A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period Instructions: B Owner Sive the full age 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. Ust 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. 5998 Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division. 5998 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Contral Tolcom Services LLC Business Name(s) OF OWNER OF CABLE SYSTEM (F DIFFERENT) Business Name(s) OF OWNER OF CABLE SYSTEM (F DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM 7000000000000000000000000000000000000			2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
B Instructions: Given 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. Ust 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. Description If there were different owners first filling. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Eentral Telcom Services LLC BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM (IF DIFFERENT) IEGAL NAME OF OWNER OF CABLE SYSTEM (IF DIFFERENT) MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 7 Notifier, structure, upartment, or sulle number) Fairview, Ut 84629.0007 Fairview, Ut 848629.0007 City: town, stata 20 NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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: Q NAILING ADDRESS OF CABLE SYSTEM: Q NAILING ADDRESS OF CABLE SYSTEM: Q	-		Barcode Data Filing Period (optional - see instructions)	
B 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. Conver 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. 6998 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Central Telecom Services LLC BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM P.O. Box 7 (Number, steet, rural route, apathment, or submenumber) Fairview, Ut 84629-0007 (City, town, state, 20) City, town, state, 20) DENTIFICATION OF CABLE SYSTEM: 2 (Number, street, rural route, apathment, or submenumber) Fairview, Ut 84629-0007 (City, town, state, 20) City, town, state, 20) DENTIFICATION OF CABLE SYSTEM: 2 (Number, street, rural route, apathment, or submenumber)	Period			
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(City, town, state, zip code)				
			(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.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Central Telcom Services LLC	6998
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat 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 filing	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bbile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Fillmore	Utah
Community	Holden	Utah
	Scipio	Utah
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE TEM IC
Name	Central Telcom Services							313	699
Е	SECONDARY TRANSMISSION			-	-				
E_	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
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							chargeu	
	Rate: Give the standard rate c	harged for eac	h categ	ory of service.	Include bo	oth the amount of	the charg		
	unit in which it is generally billed.				ny standa	rd rate variations	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block				ries of sec	ondary transmis	sion servic	e that cable	
	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					a in the count une	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								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tv	vo- or thre	e-word description	on of the se	ervice is	
		DCK 1					BLOCK	2	
		NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CAT	EGORT OF SER	RVICE	SUBSCRIBERS	RAT
	Service to first set		66	24.95	Expand	ded		69	47.0
	Service to additional set(s)			2 1100					
	• FM radio (if separate rate)								
	Motel, hotel		24	24.95					
	Commercial								
	Converter		11	-					
	Residential								
	Non-residential								
					•				
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-			-	ll vour cable syst	em's servi	ces that were	
F	not covered in space E, that is, the	•	,		•	• •			
	service for a single fee. There ar								
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		usually	billed. If any ra	ales ale ci	larged on a valia	ible hei-hit	gram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a s brief (two- or three-word) descrip				sneu. List	these other serv	ices in the	IOTTI OF A	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res			UAILOC		
	• Pay cable	17.95		tel, hotel		Varies			
	• Pay cable—add'l channel	15.95		mmercial		-			
	Fire protection	-	• Pa	y cable		-			
	•Burglar protection	-	• Pa	, y cable-add'l cł	nannel	-			
	Bulgial protection		• Fire	e protection		-			
	Installation: Residential					_			
		100.00	• Bui	rglar protection					
	Installation: Residential			rglar protection services:					
	Installation: Residential • First set		Other	•		29.95			
	Installation: Residential • First set • Additional set(s)		• Re	services:		29.95 -			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other • Re • Dis	services: connect		29.95 - 49.95			

lame	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Central Telcom Servic			6998
G smitters: evision	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 channel 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	also in space I, if the station was carrie n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination p I with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he 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, repor evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions 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	
				Salt Lake City, Utah
	κτνχ	4	Ν	Salt Lake City, Utah
Necessary				
lecessary	KTVX	4	N	Salt Lake City, Utah
lecessary	KTVX KSL	4 5	N N	Salt Lake City, Utah Salt Lake City, Utah
ecessary	KTVX KSL KUED	4 5 7	N N E	Salt Lake City, Utah Salt Lake City, Utah Salt Lake City, Utah
lecessary	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
Necessary	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
ecessary	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
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
as 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
as 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
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EGAL NAME OF								SYSTEM I 69
	t every radio s	station ca	arried on a separate and discr nerally 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: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved 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 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 ertain st leneral i eparate	be expected, ated 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	

Accounting Perio							FORM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Central Telcom Servic	es LLC					6998
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
I	In General: In space I, identi substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	CC rules, regul	ations, or authoriz	ations. For a further
Substitute Carriage:	explanation of the programm				e general instr	uctions in the pape	31 5A 1-2 101111.
Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per	•	ir cable system	carry, on a substitute bas	is, any nonne		
Program Log	broadcast by a distant sta	tion?				Y	'ES XNO
	Note: If your answer is "No	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ust complete the p	orogram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their mea	ning is
				ision program ("substitute	program") tha	it, during the acco	ounting
	period, was broadcast by a						
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	or authorization:	s. See page (v) of the gene thall " List specific program	eral instruction	ns for further info	mation.
	"NBA Basketball: 76ers vs.			todii. List specific prograf			
				r "Yes." Otherwise enter "N			
				isting the substitute progra the community to which the		need by the ECC	or in
	the case of Mexican or Can						01, 111
	Column 5: Give the mor	th and day		tem carried the substitute			ne month
	first. Example: for May 7 giv		aubatituta pro	arom was corriad by your	achla avatam	List the times of	ourotoly.
	to the nearest five minutes.			gram was carried by your ed by a system from 6.01.			
	stated as "6:00–6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						i program
	effect on October 19, 1976.						
						N SUBSTITUTE	- 1
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRI	ED 7. REASON FOR
	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
						-	
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Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Central Telcom Services LLC		6998
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	, 441.98
Copyright	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		
	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		<u>.</u>
	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		
	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:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Central Telcom Services LLC	SYSTEM ID# 6998
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	9 225
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 Telephone	(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) 427-32	00
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 system in line 1 of space B and that the owner is not a corporation or partnership; or X (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)] 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) 	rstem as identified
	Typed or printed name: Eddie L. Cox Title: President & General Manager (Title of official position held in corporation or partnership)	
	Date: 1/28/2019	

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 fling, a determination that would be made by a court of lave

unting Period: 2018/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
tral Telcom Services LLC	699
 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." 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
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 or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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