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

1

Return completed workbook

| STATEME              | ENT      | OF ACCOUNT   | FOR COPYRIGI                           | HT OFFICE USE ONLY                             | by email to:  |
|----------------------|----------|--|--|--|---|
| for Seconda          | ny Tra   | ansmissions by   | DATE RECEIVED                          | AMOUNT   |   |
| Cable Syste          | ems (S   | Short Form)  |  |  | <u>coplicsoa@copyright.gov</u>                            |
|                      |          |  |  | \$   | For additional information,<br>contact the U.S. Copyright |
| General instru       | ctions   | are located  |  |  | Office Licensing Division at:                             |
| in the first tab     | of this  | workbook   | 08/15/2019                             | ALLOCATION NUMBER                              | Tel: (202) 707-8150                                       |
|                      |          |  |  |  |   |
|                      |          |  |  |  |   |
|                      |          |  |  |  |   |
| Α                    | ACC      | OUNTING PERIOD COVERED E   | BY THIS STATEMENT: (Y)                 | /YY/(Period))                                  |   |
|                      |          |  | Period 1 = January 1 - June 30         | Period 2 = July 1 - December 31                |   |
|                      |          | 2019/1   | Fendu I – January I - June So          | Peniou 2 – July 1 - December 31                |   |
|                      |          |  |  |  |   |
|                      |          |  | Barcode Data Filing Period (optional   | - see instructions)                            |   |
| Accounting<br>Period |          |  |  |  |   |
|                      |          | Instructions:  |  |  |   |
| В                    |          |  |  | diary of another corporation, give the full co | rporate title   |
| Б                    |          | of the subsidiary, not that of the parent co                         | rporation.                             |  |   |
| Owner                |          | List any other name or names under which                             | the owner conducts the business of t   | he cable system.                               |   |
|                      |          | If there were different owners during the a                          | accounting period, only the owner on t | he last day of the accounting period should    | submit a  |
|                      |          | single statement of account and royalty fe                           | e payment covering the entire account  | ting period.                                   |   |
|                      |          | Check here if this is the system's first filing                      | . If not, enter the system's ID number | assigned by the Licensing Division.            | 63665   |
|                      |          |  |  |  |   |
|                      |          | LEGAL NAME OF OWNER/MAILING  | ADDRESS OF CABLE SYSTEM                |  |   |
|                      |          | South Central Communications   |  |  |   |
|                      |          | BUSINESS NAME(S) OF OWNER OF   | CABLE SYSTEM (IF DIFFERENT             | )  |   |
|                      |          |  |  |  |   |
|                      |          | MAILING ADDRESS OF OWNER OF  | CABLE SYSTEM                           |  |   |
|                      |          | 318 N 100 East   |  |  |   |
|                      |          | (Number, street, rural route, apartment, or suite no Kanab. UT 84741 | umber)                                 |  |   |
|                      |          | (City, town, state, zip)   |  |  |   |
| <b>^</b>             |          | RUCTIONS: In line 1, give any busin                                  |  |  |   |
| С                    | name     | s already appear in space B. In line 2                               | 2, give the mailing address of th      | e system, if different from the addres         | s given in space B.                                       |
| System               | 1        | IDENTIFICATION OF CABLE SYSTEM:                                      |  |  |   |
|                      | <u> </u> | Page AZ  |  |  |   |
|                      | 1        | MAILING ADDRESS OF CABLE SYSTEM                                      | :<br>                                  |  |   |
|                      | 2        | 155 5th Ave<br>(Number, street, rural route, apartment, or suite no  | umber)                                 |  |   |
|                      |          | Page AZ 86050  |  |  |   |

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 Office'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.

(City, town, state, zip code)

| Name                  | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID   |
|-----------------------|--|---|
| Name                  | South Central Communications   | 6366  |
| D<br>Area             | Instructions: List each separate community served by the cable system. A "commu<br>"a separate and distinct community or municipal entity (including unincorporated c<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you<br>as the "first community." Please use it as the first community on all future filings.<br>Note: Entities and properties such as hotels, apartments, condominiums, or mobile<br>identified city. | ommunities within unincorporated areas and including single,<br>list will serve as a form of system identification hereafter know |
| Served                |  |   |
|                       | CITY OR TOWN   | STATE   |
| First                 |  |   |
| Community             |  |   |
|                       |  |   |
| Add Rows as Necessary |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |
|                       |  |   |

|                               | LEGAL NAME OF OWNER OF C   | ABLE SYSTEM        | :                        |  |                             |                  |               |                           | 1-2E. PAGE |  |
|-------------------------------|--|--------------------|--------------------------|--|-----------------------------|------------------|---------------|---------------------------|------------|--|
| Name                          | South Central Commun   |                    |                          |  |                             |                  |               |                           | 6366       |  |
| _                             | SECONDARY TRANSMISSION   |                    | IBSCRI                   |  | ATES                        |                  |               |                           |            |  |
| E                             | SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES<br>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   |                    |                          |  |                             |                  |               |                           |            |  |
| Secondary                     | about other services (including p  | , , ,              | ,                        |  | ,                           |                  | those exist   | ting on the               |            |  |
| Transmission<br>Service: Sub- | last day of the accounting period<br>Number of Subscribers: Both   | •                  |                          |  |                             | ,                | hle system    | broken                    |            |  |
| scribers and                  | down by categories of secondar   | •                  |                          |  |                             |                  |               |                           |            |  |
| Rates                         | each category by counting the n  | umber of billing   | gs in tha                | t category (the                              | number o                    | f persons or or  | ganizations   | charged                   |            |  |
|                               | separately for the particular serv   |                    |                          |  |                             |                  |               |                           |            |  |
|                               | Rate: Give the standard rate of<br>unit in which it is generally billed  | -                  | -                        | •  |                             |                  |               | -                         |            |  |
|                               | category, but do not include disc  |                    |                          |  | ny stanua                   |                  | is within a   | particular rate           |            |  |
|                               | Block 1: In the left-hand block  |                    |                          |  | ies of sec                  | ondary transmi   | ssion servi   | ce that cable             |            |  |
|                               | systems most commonly provide  |                    |                          |  |                             |                  |               |                           |            |  |
|                               | that applies to your system. Not   |                    |                          | -  |                             | -                |               |                           |            |  |
|                               | categories, that person or entity subscriber who pays extra for ca   |                    |                          |  |                             |                  |               |                           |            |  |
|                               | first set" and would be counted of   |                    |                          |  |                             |                  | Idel Selvi    |                           |            |  |
|                               | Block 2: If your cable system  |                    |                          |  |                             | service that are | e different f | rom those                 |            |  |
|                               | printed in block 1 (for example, t   | iers of services   | s that ind               | clude one or m                               | ore secon                   | dary transmissi  | ons), list th | em, together              |            |  |
|                               | with the number of subscribers a   | and rates, in th   | e right-h                | and block. A tv                              | vo- or thre                 | e-word descript  | tion of the   | service is                |            |  |
|                               | sufficient.  | DCK 1              |                          |  |                             |                  | BLOCK         | (2                        |            |  |
|                               | CATEGORY OF SERVICE  | NO. OF<br>SUBSCRIB |                          | RATE   | CAT                         | EGORY OF SEI     |               | NO. OF<br>SUBSCRIBERS     | RATE       |  |
|                               | Residential:   | SUBSCRIB           | EKS                      | RAIE   | CATE                        | LGORT OF SEI     | <b>NICE</b>   | SUBSCRIBERS               | RAII       |  |
|                               | Service to first set   |                    | 301                      | 48.00  |                             |                  |               |                           |            |  |
|                               | Service to additional set(s)   |                    | 301                      | 40.00  | Basic /                     | Standard         |               | 301                       | 92.0       |  |
|                               | • FM radio (if separate rate)  |                    |                          |  | Basic / Standard<br>Digital |                  |               | 63                        |            |  |
|                               | Motel, hotel   |                    | 26                       |  |                             | Standard         |               | 26                        |            |  |
|                               | Commercial   |                    | 20                       | 40.00  | Digital                     | Stanuaru         |               | 26                        |            |  |
|                               | Converter  |                    |                          |  | Digitai                     |                  |               | 20                        | 92.0       |  |
|                               | Residential  |                    |                          |  |                             |                  |               |                           |            |  |
|                               | Non-residential  |                    |                          |  |                             |                  |               |                           |            |  |
|                               |  |                    |                          |  |                             |                  |               |                           |            |  |
|                               | SERVICES OTHER THAN SEC  | ONDARY TRA         |                          | SIONS: RATE                                  | s                           |                  |               |                           |            |  |
| -                             | In General: Space F calls for ra   |                    |                          |  | -                           | Il your cable sy | stem's serv   | vices that were           |            |  |
| F                             | not covered in space E, that is, t   |                    |                          |  |                             |                  |               |                           |            |  |
| Comisso                       | service for a single fee. There are  |                    | ,                        |  | 0                           |                  | 0 (           | ,                         |            |  |
| Services<br>Other Than        | furnished at cost or (2) services<br>amount of the charge and the ur   |                    |                          |  |                             |                  |               |                           |            |  |
| Secondary                     | enter only the letters "PP" in the   |                    | acaany                   |  |                             | alged en a rai   | anie pei p    | ogiain saoio,             |            |  |
| ransmissions:                 | Block 1: Give the standard rat   |                    |                          |  |                             |                  |               |                           |            |  |
| Rates                         | Block 2: List any services that  |                    |                          |  | -                           | -                |               |                           |            |  |
|                               | listed in block 1 and for which a brief (two- or three-word) description   |                    |                          |  | snea. Lisi                  | these other ser  | vices in th   | e form of a               |            |  |
|                               |  |                    |                          |  |                             |                  |               |                           |            |  |
|                               | CATEGORY OF SERVICE  | BLO<br>RATE        |                          | ORY OF SER                                   | VICE                        | RATE             | CATEG         | BLOCK 2<br>DRY OF SERVICE | E RATE     |  |
|                               | Continuing Services:   | TUTE               |                          | tion: Non-resi                               |                             | TUTE             | O/TEO         |                           |            |  |
|                               | • Pay cable  |                    | • Mot                    | el, hotel                                    |                             |                  |               |                           |            |  |
|                               | • Pay cable—add'l channel  |                    |                          | nmercial                                     |                             |                  |               |                           |            |  |
|                               | • Fire protection  |                    |                          | cable  |                             |                  |               |                           |            |  |
|                               | •Burglar protection  |                    | ,                        | cable-add'l ch                               | annel                       |                  |               |                           |            |  |
|                               | Installation: Residential  |                    | ,                        | protection                                   |                             |                  |               |                           |            |  |
|                               | First set  |                    |                          | glar protection                              |                             |                  |               |                           |            |  |
|                               | Additional set(s)  |                    |                          | services:                                    |                             |                  |               |                           |            |  |
|                               | • FM radio (if separate rate)  |                    |                          | connect                                      |                             |                  |               |                           |            |  |
|                               |  |                    |                          |  |                             |                  |               |                           |            |  |
|                               | Converter  |                    | <ul> <li>Disc</li> </ul> | connect                                      |                             |                  |               |                           |            |  |
|                               | • Converter  |                    |                          |  |                             |                  |               |                           |            |  |
|                               | • Converter  |                    | • Out                    | connect<br>let relocation<br>/e to new addre | ess                         |                  |               |                           |            |  |

| ounting Period: 2                          | 2019/1  |  |   | FORM SA1-2E. PAG   |
|--|---|--|---|--|
| Name                                       | LEGAL NAME OF OWNER OF  | F CABLE SYSTEM:  |   | SYSTEM I   |
|  | South Central Comm  | unications   |   | 636  |
|  | PRIMARY TRANSMITTERS:   |  |   |  |
| G<br>Primary<br>ransmitters:<br>Television | carried by your cable syste<br>FCC rules and regulations<br>76.59(d)(2) and (4), 76.61(6<br>substitute program basis, a<br><b>Substitute Basis Stations</b><br>basis under specific FCC ru<br>• Do <i>not</i> list the station here<br>station was carried <i>only</i> on<br>• List the station here, and<br>basis. For further information<br><b>Column 1:</b> List each station<br>multicast stream associated<br>"WETA-2" as the same on<br><b>Column 2:</b> Give the chann<br>of license. For example, W<br><b>Column 3:</b> Indicate in each<br>educational station, by ente<br>(for independent multicast)<br>For the meaning of these to<br><b>Column 4:</b> Give the location | also in space I, if the station was carried<br>on concerning substitute basis stations,<br>on's call sign. <i>Do not</i> report origination p<br>ed with a station according to its over-the | t (1) stations carried only on a part-<br>he carriage of certain network progr<br>51(e)(2) and (4))]; and (2) certain sta<br>arried by your cable system on a su<br>he Special Statement and Program<br>d both on a substitute basis and als<br>see page (v) of the general instruc<br>orogram services such as HBO, ES<br>e-air designation. For example, rep<br>evision station for broadcasting over<br>station, an independent station, or<br>(for network multicast), "I" (for indep<br>or "E-M" (for noncommercial educat<br>uctions in the paper SA1-2 form.<br>t the community to which the station | time basis under<br>rams [sections<br>ations carried on a<br>ubstitute program<br>Log)—if the<br>so on some other<br>tions.<br>PN, etc. Identify each<br>ort multistream<br>r the air in its community<br>a noncommercial<br>bendent), "I-M"<br>tional multicast).<br>n is licensed by the |
|  | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER   | 3. TYPE OF STATION  | 4. LOCATION OF STATION   |
|  | KTVK  | 3  |   | PHOENIX, AZ  |
|  | КТУК  | 5  | N   | PHOENIX, AZ  |
| as Nacassary                               | KAET  | 8  | E   | PHOENIX, AZ  |
| Rows as Necessary                          | KUTP  | 9  | N   | PHOENIX, AZ  |
|  | KSAZ  | 10   | N   | PHOENIX, AZ  |
|  | KPNX  | 12   | N   | MESA/PHOENIX, AZ   |
|  | KASW  | 13   | N   | PHOENIX, AZ  |
|  |   |  |   |  |
|  |   | 15   | N   |  |
|  | KNXV  | 15   | N   | PHOENIX, AZ  |
|  | KNXVD   | 455  | N   | PHOENIX, AZ<br>PHOENIX, AZ   |
|  | KNXVD<br>KPHOD  | 455<br>460   | N<br>N  | PHOENIX, AZ<br>PHOENIX, AZ<br>PHOENIX, AZ  |
|  | KNXVD<br>KPHOD<br>KPNXD   | 455<br>460<br>465  | N<br>N<br>N   | PHOENIX, AZ<br>PHOENIX, AZ<br>PHOENIX, AZ<br>MESA/PHOENIX, AZ  |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD  | 455<br>460<br>465<br>470   | N<br>N<br>N<br>E  | PHOENIX, AZ<br>PHOENIX, AZ<br>PHOENIX, AZ<br>MESA/PHOENIX, AZ<br>PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD   | 455<br>460<br>465<br>470<br>475  | N<br>N<br>N   | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD<br>KTVKD  | 455<br>460<br>465<br>470<br>475<br>480   | N<br>N<br>N<br>E<br>N<br>I  | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD   | 455<br>460<br>465<br>470<br>475  | N<br>N<br>N<br>E  | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD<br>KTVKD  | 455<br>460<br>465<br>470<br>475<br>480   | N<br>N<br>N<br>E<br>N<br>I  | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD<br>KTVKD  | 455<br>460<br>465<br>470<br>475<br>480   | N<br>N<br>N<br>E<br>N<br>I  | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD<br>KTVKD  | 455<br>460<br>465<br>470<br>475<br>480   | N<br>N<br>N<br>E<br>N<br>I  | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD<br>KTVKD  | 455<br>460<br>465<br>470<br>475<br>480   | N<br>N<br>N<br>E<br>N<br>I  | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD<br>KTVKD  | 455<br>460<br>465<br>470<br>475<br>480   | N<br>N<br>N<br>E<br>N<br>I  | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD<br>KTVKD  | 455<br>460<br>465<br>470<br>475<br>480   | N<br>N<br>N<br>E<br>N<br>I  | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |
|  | KNXVD<br>KPHOD<br>KPNXD<br>KAETD<br>KSAZD<br>KTVKD  | 455<br>460<br>465<br>470<br>475<br>480   | N<br>N<br>N<br>E<br>N<br>I  | PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         MESA/PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ         PHOENIX, AZ   |

| South Centr  | al Commu  | nicatio   | ns  |   |  |  |  | SYSTEM  <br>636                  |
|--|---|---|---|---|--|--|--|----------------------------------|
|  | t every radio s   | station ca  | arried on a separate and discre<br>nerally receivable by your cab   |   |  |  |  | н                                |
| eceivable if (1)<br>on the basis of<br>For detailed info<br>paper SA1-2 fo<br>Column 1: lo<br>Column 2: S<br>Column 3: If<br>signal, indicate<br>Column 4: G | it is carried by<br>monitoring, to<br>prmation about<br>rm.<br>dentify the call<br>tate whether to<br>the radio stat<br>this by placing<br>sive the station | y the sys<br>be recei<br>at the Co<br>I sign of e<br>the static<br>ion's sign<br>g a chech<br>n's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received a<br>ved at the headend, with the s<br>opyright Office regulations on t<br>each station carried.<br>on is AM or FM.<br>nal was electronically process<br>< mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>this point, see par<br>ed by the cable s<br>re station is licens | adend, and (2<br>anna, during ca<br>ge (v) of the g<br>ystem as a se<br>sed by the FC0 | !) it can<br>ertain st<br>eneral ii<br>eparate : | be expected,<br>ated intervals.<br>nstructions in the.<br>and discrete | Primary<br>Transmitters<br>Radio |
| CALL SIGN  | AM or FM  | S/D   | LOCATION OF STATION   | CALL SIGN   | AM or FM   | S/D  | LOCATION OF STATION  |                                  |
|  |   | 0,0   |   |   | 7 411 61 1 111   | 0,12   |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  | ·  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  | ·  | ·  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |
|  |   |   |   |   |  |  |  |                                  |

| Accounting Perio        | od: 2019/1   |                       |                           |   |                     |               | FOR             | M SA1-2E. PAGE 5.         |
|-------------------------|--|-----------------------|---------------------------|---|---------------------|---------------|-----------------|---------------------------|
|                         | LEGAL NAME OF OWNER OF   | CABLE SYS             | STEM:                     |   |                     |               |                 | SYSTEM ID#                |
| Name                    | South Central Commu  | inications            | 5                         |   |                     |               |                 | 63665                     |
|                         | SUBSTITUTE CARRIAG   |                       |                           | NT AND PROGRAM I  | ŊĢ                  |               |                 |                           |
| I                       | In General: In space I, ident  | -                     | -                         |   |                     | ation, that y | our cable sys   | stem carried on a         |
|                         | substitute basis during the a  |                       |                           |   |                     |               |                 |                           |
| Substitute<br>Carriage: | explanation of the program   |                       |                           |   | the general in      | Structions    | n ine paper s   | 5A 1-2 10fm.              |
| Special                 | <ol> <li>SPECIAL STATEMEN</li> <li>During the accounting pe</li> </ol> | -                     |                           |   | ncia any non        | notwork to    | lovision prog   | rom                       |
| Statement and           | broadcast by a distant sta   |                       | ui cable syster           | in carry, on a substitute b                             | asis, any non       |               |                 |                           |
| Program Log             | 2  |                       |                           |   |                     |               | YES             | NO                        |
|                         | Note: If your answer is "No  | o", leave the         | e rest of this pa         | age blank. If your answer                               | is "Yes," you       | must comp     | plete the prog  | gram                      |
|                         | log in block 2.<br>2. LOG OF SUBSTITUT                                 |                       | MS                        |   |                     |               |                 |                           |
|                         | In General: List each subs   |                       |                           | ate line. Use abbreviatior                              | is wherever p       | ossible, if   | their meanin    | g is                      |
|                         | clear. If you need more spa  |                       |                           |   |                     |               |                 |                           |
|                         | period, was broadcast by a   |                       |                           | vision program ("substitut<br>our cable system substitu |                     |               |                 |                           |
|                         | under certain FCC rules, re  | gulations, o          | or authorizatio           | ns. See page (v) of the ge                              | eneral instruc      | tions for fu  | irther informa  | ation.                    |
|                         | Do not use general catego  |                       | ovies" or "bask           | etball." List specific progr                            | am titles, for      | example, "    | I Love Lucy"    | or                        |
|                         | "NBA Basketball: 76ers vs.<br>Column 2: If the program                 |                       | dcast live, ent           | er "Yes." Otherwise enter                               | "No."               |               |                 |                           |
|                         | Column 3: Give the call  | sign of the           | station broadd            | asting the substitute proc                              | jram.               |               |                 |                           |
|                         | <b>Column 4:</b> Give the broat<br>the case of Mexican or Car          |                       |                           | the community to which the community with which the     |                     |               | the FCC or,     | in                        |
|                         |  |                       |                           | stem carried the substitut                              |                     |               | als, with the r | nonth                     |
|                         | first. Example: for May 7 gi   |                       |                           |   |                     |               |                 |                           |
|                         | to the nearest five minutes  |                       |                           | ogram was carried by you<br>ried by a system from 6.0   |                     |               |                 |                           |
|                         | stated as "6:00-6:30 p.m."   |                       |                           |   | ·                   |               |                 |                           |
|                         |  |                       |                           | n was substituted for prog                              |                     |               |                 |                           |
|                         | to delete under FCC rules<br>was substituted for program               |                       |                           |   |                     |               |                 | ogram                     |
|                         | effect on October 19, 1976   |                       | , ,                       | ı   |                     | 5             |                 |                           |
|                         |  |                       |                           |   | WHE                 | EN SUBST      | TTUTE           |                           |
|                         | S  | UBSTITUT              | E PROGRAM                 | 1   | CARR                | IAGE OCO      |                 | 7. REASON FOR<br>DELETION |
|                         | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                   | 5. MONTH<br>AND DAY | 6.<br>FROM    | TIMES<br>— TO   | DELETION                  |
|                         | -  |                       |                           |   |                     |               |                 |                           |
|                         |  |                       |                           |   | -                   | +             |                 |                           |
|                         |  |                       |                           |   | -                   | +             |                 | "                         |
|                         |  |                       |                           |   | -                   |               |                 |                           |
|                         |  |                       |                           |   | -                   | +             |                 |                           |
|                         |  |                       |                           |   |                     | +             |                 |                           |
|                         |  |                       |                           |   |                     |               |                 |                           |
|                         |  |                       |                           |   |                     |               |                 |                           |
|                         |  |                       |                           |   |                     |               |                 |                           |
|                         |  |                       |                           |   |                     |               | _               |                           |
|                         |  |                       |                           |   |                     |               | _               |                           |
|                         |  |                       |                           |   |                     |               |                 | "                         |
|                         |  |                       |                           |   |                     | +             |                 | "                         |
|                         |  |                       |                           |   | -                   |               |                 | "                         |
|                         |  |                       |                           |   |                     |               |                 |                           |
|                         |  |                       |                           |   |                     |               |                 |                           |
|                         |  |                       |                           |   |                     |               | _               |                           |
|                         |  |                       |                           |   |                     |               | _               |                           |
|                         |  |                       |                           |   | ] [                 |               | _               | 1                         |
|                         |  |                       |                           |   | 1                   |               |                 |                           |
|                         |  |                       |                           |   | -                   |               |                 |                           |
|                         |  |                       |                           |   | -                   |               |                 |                           |
| 1                       |  |                       |                           |   | 11                  |               | _               |                           |

| Accounting Period:                 | <b>2019/1</b> FORM SA1-2E. PAGE  |
|------------------------------------|--|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID   |
| Name                               | South Central Communications 6366  |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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. |
|                                    | COPYRIGHT ROYALTY FEE  |
| L<br>Copyright<br>Royalty Fee      | <ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>   |
|                                    | 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 this six-month accounting period is \$52.00  |
|                                    | Line 1. Royalty fee for accounting period  |
|                                    | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8   |
|                                    | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2   |
|                                    | 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 \$ 153,043.59   |
|                                    | 3. Subtract line 2 from line 1   |
|                                    | 4. Enter the amount of gross receipts from space K \$ 153,043.59   |
|                                    | 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  |
|                                    | o. meresi charge. Enter the amount from line 4, space Q, page 6  |
|                                    | 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   |
|                                    | 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  |
|                                    | 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  |
|                                    | FILING FEE AND TOTAL REMITTANCE DUE  |
|                                    |  |
| Filing Fee and<br>Total Remittance | 1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 211.44  |
| Due                                | 2. Filing Fee (See the instructions for more information on filing fee calculations)   |
|                                    | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 231.44   |
|                                    | EFT Trace # or TRANSACTION ID # 9.1E+13  |
|                                    | Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.   |

| Accounting Period:                         | 2019/1   | FORM SA1-2E. PAGE 7                             |
|--|--|---|
| Name                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>South Central Communications   | SYSTEM ID#<br>63665                             |
| M<br>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 and nonbroadcast services  | 23<br>80  |
| N<br>Individual to                         | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)   |   |
| Be Contacted<br>for Further<br>Information | Name Monica Croteau Telephone  | 435-644-0246                                    |
|  | Address     318 N 100 East<br>(Number, street, rural route, apartment, or suite number)       Kanab, UT 84741<br>(City, town, state, zip)       Email     monicac@socen.com   Fax (optional) 435-644-2811  | L   |
| O<br>Certification                         | <ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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.</li> <li>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)]</li> <li>I with the above to certify this statement. Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</li> <li>Typed or printed name:</li> </ul> | system as identified<br>ner of the cable system |
|  | Title: President / CEO<br>(Title of official position held in corporation or partnership)  |   |
|  | Date: 08/15/2019   |   |

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 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 Office'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.

| ounting Period: 2019/1  | FORM SA1-2E. PAGE  |
|---|--|
| GAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID  |
| uth Central Communications  | 6366   |
| <ul> <li>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."     </li> <li>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.</li> <li>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?     <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li> </li></ul> | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusion |
| Name     Mailing Address  |  |
|   |  |
|   |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q  |
|   | Q<br>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   |  |
| 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<br>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   |  |
| 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   |  |
| 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   |  |
| 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   |  |
| 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   |  |
| 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   |  |
| 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   |  |
| 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   |  |
| 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   |  |
| 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   |  |

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 th 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 Office'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.