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

STATEME			FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Tra	nsmissions by	DATE RECEIVED	AMOUNT	 <u>coplicsoa@loc.gov</u>
Cable System General instruct in the first tab of	ctions	are located	7/3/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCO	2019/1	BY THIS STATEMENT: (YY Period 1 = January 1 - June 30	' YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optional	- see instructions)	
В		Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co		diary of another corporation, give the full cor	porate title
Owner		List any other name or names under which		ne cable system. he last day of the accounting period should si	ubmit a
		single statement of account and royalty fee			8725
		Check here if this is the system's first filing.	. If not, enter the system's ID number a	assigned by the Licensing Division.	0.25
		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 nu	mber)		
		Fairview, Ut 84629-0007 (City, town, state, zip)			
С		UCTIONS: In line 1, give any busine		tify the business and operation of the	
System		already appear in space B. In line 2	2, give the mailing address of the	e system, if different from the address	, given in space B.
2	1				
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	imber)		
		(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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Central Telcom Services LLC	8725
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filir	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr
	Note: Entities and properties such as hotels, apartments, condominiums, or me	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Moroni	Utah
Community	Fountain Green	Utah
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name	Central Telcom Service							010	872
E	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of	the cable	
	system, that is, the retransmission			-		•			
Secondary	about other services (including p						those exist	ting on the	
Transmission	last day of the accounting period	•				,	hla avatam	hualcan	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar						-		
Rates	each category by counting the n	,		0 / 1		•			
	separately for the particular serv	ice at the rate	indicate	d-not the nun	nber of se	ts receiving serv	vice).	Ū	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc				ny standa	ard rate variation	s within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondarv transmis	sion 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					d in the count ur	nder "Servi	ce to the	
	Block 2: If your cable system	0			()	service that are	e different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-h	nand block. A t	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	(2	
		NO. OF		D.475				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set		147	26.05	Expand	hod		101	52.0
			147	26.95	Expand	Jeu		IUI	52.U
	Service to additional set(s) EM radio (if soparate rate)								
	• FM radio (if separate rate)		6	26.05					
	Motel, hotel Commercial		0	26.95					
	Converter		101						
	Residential		101	-					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There as furnished at cost or (2) services		,		0		0.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany	2			unio poi p	regram baele,	
ransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) description		,		sned. List	inese other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	NATE		ation: Non-res		NATE	CATEGO	JRT OF SERVICE	NATE
	• Pay cable	17.95		tel, hotel		Varies			
	• Pay cable—add'l channel	15.95		mmercial		-			
	• Fire protection	-		y cable		-			
	•Burglar protection	-	-	, y cable-add'l ch	annel	-			
	Installation: Residential		-	e protection		-			
	• First set	100.00		glar protection		-			
	Additional set(s)			services:					
						29.95			
		-	- 11	connect					
	• FM radio (if separate rate) • Converter	-		connect connect		- 20.00			
	• FM radio (if separate rate)	-	• Dis	connect		-			
	• FM radio (if separate rate)		• Dis • Out		ess	- 49.95 29.95			

Accounting Period: 2	2019/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Central Telcom Servio	ces LLC		8725
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	also in space I, if the station was carrie in concerning substitute basis stations i's call sign. <i>Do not</i> report origination I with a station according to its over-th	<i>it</i> (1) stations carried only on a part-tiu the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report 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 in	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 endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KUTV	2	N	Salt Lake City, Utah
	KTVX	4	Ν	Salt Lake City, Utah
Add Rows as Necessary	KSL	5	Ν	Salt Lake City, Utah
	KUED	7	E	Salt Lake City, Utah
	KUEN	9	E	Ogden, Utah
	KSTU	13	I	Salt Lake City, Utah
	KJZZ	14	l	Salt Lake City, Utah
	KUPX	16	I	Provo, Utah
	KUCW	30	I	Ogden, Utah

EGAL NAME OF								SYSTEM 87
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor 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 abour m. dentify the call tate whether t the radio stat this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process at 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 his point, see par ed by the cable s e station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0	!) it can ertain st eneral ii 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	od: 2019/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Central Telcom Servic	es LLC						8725
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
I I	In General: In space I, ident				-	tion that you	cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	During the accounting per				isis anv noni	network telev	ision nroa	ram
Statement and		-		in ourry, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	Iram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				er "Yes." Otherwise enter				
				casting the substitute prog		aanaad hu th	- FCC	in
	the case of Mexican or Car			the community to which the community with which the				In
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming tha	t vour system	was requ	ired
	to delete under FCC rules							
	was substituted for program							9.9.1
	effect on October 19, 1976							
	e		E PROGRAM	A		N SUBSTIT		7. REASON FOR
			3. STATION'S		-	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	то	
							-	
						_		
						_		
						_		
						_		
			r	1		г		

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Central Telcom Services LLC		8725
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	3,004.85 ss receipts)
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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600	63,800	
	See page (vi) of the general instructions located in the paper SA1-2 form for more information.		
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,1		02.00
	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 Due	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		nts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Central Telcom Services LLC	SYSTEM ID# 8725
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	9 252
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	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) + I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. + I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herei are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] $\underbrace{X / s/ Eddie L. Cox}$ Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified vner of the cable system
	Title: President & General Manager (Title of official position held in corporation or partnership)	
	Date: 7/1/2019	

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punting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ntral Telcom Services LLC	
 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address	
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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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 Assessme
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