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	1/6/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	22153
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Central Telcom Services LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P.O. Box 7 (Number, street, rural route, apartment, or suite number)	
		Fairview, Ut 84629-0007 (City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Central Telcom Services LLC	22153
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ty" is the same as a "community unit" as defined in FCC rules: mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	Richfield	Utah
Community	ากการการการการการการการการการการการการกา	
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NO. OF RATE CATEGORY OF SERVICE Residential: • Service to first set 248 26.95 • Service to additional set(s) • FM radio (if separate rate) 83 26.95 Motel, hotel 83 26.95 Expanded Commercial Converter • • • Residential • Non-residential • • • Non-residential • • • • Notel, hotel 83 26.95 • Converter • • • • Non-residential • • • • • Non-residential<	Give information e existing on the subscribers in ations charged charge and the hin a particular rate service that cable ach listed category under different imple: a residential Service to the errent from those list them, together f the service is LOCK 2
F Secondary TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission services subscribers: about other services (including pay cable) in space F, not here. All the facts you system to subscribers: about other services (including pay cable) in space F. not here. All the facts you system to subscribers: about other services (including pay cable) in space F. not here. All the facts you system to subscribers: about other services (including pay cable) in space F. not here. All the facts you state must be those as scribers and rate or subscribers: Both blocks in space E call for the number of subscribers to the cable s down by categories of secondary transmission service. In general, you can compute the number of subscribers, but do not include discounts allowed for advance payment. Biock 1: In the left-hand block in space E, the form lists the categories of secondary transmission service. Include but the amount of the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate for estill category, but do not include discounts allowed for advance payment. Biock 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that applies to your system. Note: Where an individual or organization is receiving service that fails icategories, that person or entity should be counted as a subscriber in each applicable category. Exitors who pays exits for cable service to additional set(s)." Biock 2: If your cable system has rate categories for secondary transmission service that are different. Expanded Service to first set 248 26.95 Expanded Service to first set <t< th=""><th>Give information e existing on the subscribers in ations charged charge and the hin a particular rate service that cable ach listed category under different imple: a residential Service to the errent from those list them, together f the service is LOCK 2</th></t<>	Give information e existing on the subscribers in ations charged charge and the hin a particular rate service that cable ach listed category under different imple: a residential Service to the errent from those list them, together f the service is LOCK 2
E In General: The information in space E should cover all categories of secondary transmission service system, that is, the retransmission of television and radio broadcasts by your system to subscribers, about other services (including pay cable) in space F, not here. All the facts you system to cable cable system as a state must be those as cribers and radio broadcasts by your system to subscribers, about other services (including pay cable) in space E call for the number of subscribers to the cable si some of Subscribers: Both blocks in space E call for the number of subscribers to the cable si separately for the particular service at the rate indicated—not the number of subscribers are or again; separately for the particular service at the rate indicated—not the number of subscribers and rate for each category by counting the enumber of subscribers and rate for each categories, that person or entity should be counted for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission systems most commonly provide to their subscribers. Give the number of subscribers and rate for e that applies to your system. Note: Where an individual or organization is receiving service that falls in categories for secondary transmissions, with the number of subscribers and rate. If your cable system has rate categories for secondary transmissions service that are different beyond the subscribers and rate are different block. A two- or three-word description o sufficient. Block 2: If your cable system has rate categories for secondary transmission service that are different block. A two- or three-word description o sufficient. BLOCK 1 B CATEGORY OF SERVICE Subscribers RATE CATEGORY OF SERVICE Secondeneeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee	Give information e existing on the subscribers in ations charged charge and the hin a particular rate service that cable ach listed category under different imple: a residential Service to the errent from those list them, together f the service is LOCK 2
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Residential Non-residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's not covered in space E, that is, those services that are not offered in combination with any secondar service for a single fee. There are two exceptions: you do not need to give rate information concerni furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should inc amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable	
Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's not covered in space E, that is, those services that are not offered in combination with any secondar services for a single fee. There are two exceptions: you do not need to give rate information concerni furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should inc amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable	263 -
F SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's not covered in space E, that is, those services that are not offered in combination with any secondar service for a single fee. There are two exceptions: you do not need to give rate information concerni furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should incompose amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable	
 F Services Other Than In General: Space F calls for rate (not subscriber) information with respect to all your cable system? Services Services Other Than 	
F In General: Space F calls for rate (not subscriber) information with respect to all your cable system. Services Other Than In General: Space F calls for rate (not subscriber) information with respect to all your cable system. Services of a single fee. There are two exceptions: you do not need to give rate information concerning furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should incompose the service of the charge and the unit in which it is usually billed. If any rates are charged on a variable of the charge and the unit in which it is usually billed.	
 P not covered in space E, that is, those services that are not offered in combination with any secondar service for a single fee. There are two exceptions: you do not need to give rate information concerni furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should incompose of the charge and the unit in which it is usually billed. If any rates are charged on a variable 	
Services Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable	
Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should incompose of the charge and the unit in which it is usually billed. If any rates are charged on a variable	
	per-program basis,
Secondary enter only the letters "PP" in the rate column.	
ransmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services li Block 2: List any services that your cable system furnished or offered during the accounting perio	
listed in block 1 and for which a separate charge was made or established. List these other services	
brief (two- or three-word) description and include the rate for each.	
BLOCK 1	BLOCK 2
	ATEGORY OF SERVICE RAT
Continuing Services: Installation: Non-residential	
Pay cable 17.95 Motel, hotel Varies	
Pay cable—add'l channel 16.95 Commercial	
Fire protection Pay cable	
Burglar protection Pay cable-add'l channel	
Installation: Residential • Fire protection -	
First set 100.00 Burglar protection -	
Additional set(s) 29.95 Other services:	
FM radio (if separate rate) - · Reconnect 29.95	
Converter - Disconnect -	
•Outlet relocation 49.95	
Move to new address 29.95	

ounting Period:	2019/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
	Central Telcom Servi			2215
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(en- substitute program basis, an Substitute Basis Stations basis under specific FCC rut • Do not list the station here station was carried only on • List the station here, and an basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channed of license. For example, W	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele IRC is channel 4 in Washington, D.C.	of (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- the Special Statement and Program L and both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the	evision stations) 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
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the locatio	 case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), or erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t 2. B'CAST CHANNEL NUMBER 	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the
	KUTV	2	N	Salt Lake City, Utah
	KTVX	4	N	Salt Lake City, Utah
ows as Necessary	KSL	5	N	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

LEGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM I
Central Telc	om Service	s LLC						221
	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 vaper SA1-2 for Column 1: Ic Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein to the Co sign of e the static ion's sign g a check 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 licens	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can ertain st general 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	d: 2019/2						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Central Telcom Servic	es LLC						22153
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every noi	nnetwork televis	<i>tion program,</i> broadcast by	a distant stati	on, that you	r cable syste	em carried on a
	substitute basis during the a							
Substitute	explanation of the programm				e general instru	uctions in th	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	is, any nonnel	work televi		
Program Log	broadcast by a distant sta	tion?				L	YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			te line. I lee ekknevistieve v		-: . :64 :		
	In General: List each subst clear. If you need more spa				wherever pos	sible, if thei	r meaning is	5
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o ies like "mo	r authorization: vies" or "baske	s. See page (v) of the gene tball " I ist specific program	eral instruction	ns for furthe ample "I I o	er informatio	n.
	"NBA Basketball: 76ers vs.	Bulls."				p.o, . <u>-</u> o		
				r "Yes." Otherwise enter "N				
				sting the substitute progra to community to which the		nsed by the	FCC or. in	
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the	station is iden	tified).		
			when your sys	tem carried the substitute	program. Use	numerals,	with the mo	nth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your o	cable system	I ist the tim	nes accurate	alv.
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	main a that w	ourovotom	waa raquir	ad
				was substituted for progra				
	Ito delete under FCC rules a	and redulation	ons in eilect du					
	to delete under FCC rules a was substituted for program	nming that y						
		nming that y						
	was substituted for program	nming that y			r FCC rules a		ons in	
	was substituted for program effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	TUTE URRED	7. REASON FOR
	was substituted for program effect on October 19, 1976.	nming that y	our system wa	s permitted to delete unde	r FCC rules a	nd regulation	TUTE	
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Accounting Period:	2019/2			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
	Central Telcom Services LLC				22153
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the system is identified in space E) during the accounting period. For a further explanation 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	vstem's sen of how	econdary trans to compute this	mission servic s amount, see	7,407.60
	COPYRIGHT ROYALTY FEE				
L 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 bit Use block 3 if the amount of gross receipts in space K is more than \$263,800 bit See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	ut less th	an \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,1	100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty for accounting period is \$52.00	ee that yo	ou must pay for	this six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	s 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	6 (but mo	ore than \$137,	100)	
	1. Base amount under statutory formula		263,800.00		
	2. Enter amount of gross receipts from space K		157,407.60		
	3. Subtract line 2 from line 1		106,392.40		
	4. Enter the amount of gross receipts from space K	<u>.</u>	\$ 1	57,407.60	
	5. Enter the amount from line 3		\$ 1	06,392.40	
	6. Subtract line 5 from line 4	· -	\$	51,015.20	
	7. Multiply line 6 by .005 (enter figure here)			\$	255.08
	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	nd 8		\$	255.08
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	800 (but l	ess 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				
	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,	i, 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)		\$	255.08	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	275.08
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2		-		jhts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		FOWNER OF CABLE SYSTEM: Dom Services LLC	SYSTEM ID 22153
M Channels	 to its subscribe 1. Enter the tol system carrie 2. Enter the tol on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	9 245
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Paul Peckham Telephone (435	i) 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) 427-3200	
O Certification	I, the undersig (Own (Age i X (Off i i I have examinare true, completion	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) and of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ant of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. ed the statement of account and hereby declare under penalty of law that all statements of fact contained herein ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 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)	
		Typed or printed name: Eddie L. Cox Title: President & General Manager	
		(Title of official position held in corporation or partnership) Date: 1/1/2020	

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 telephol 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 lav

Inting Period: 2019/2	FORM SA1-2E. PAC
	SYSTEM 22
tral Telcom Services LLC	22
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Stateme Concerning Gro Receipts Exclusi
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
	nnnnnn
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here x x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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