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

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov		
Cable Syste General instru in the first tab	ictions	are located	7/14/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACC		D BY THIS STATEMENT: (Y	YYY/(Period)) Period 2 = July 1 - December 31			
Accounting Period		2020/1	Barcode Data Filing Period (optiona				
B Owner		of the subsidiary, not that of the paren List any other name or names under w If there were different owners during t single statement of account and royalt	t corporation. hich the owner conducts the business of t	the last day of the accounting period should ting period.			
		-	ING 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 sui	te number)				
		Fairview, Ut 84629-0007					
С		RUCTIONS: In line 1, give any bu		ntify the business and operation of the			
	name	s already appear in space B. In lir		e system, if different from the addres	s given in space B.		
System	1	IDENTIFICATION OF CABLE STSTEN					
		MAILING ADDRESS OF CABLE SYST	EM:				
	2	(Number, street, rural route, apartment, or su	te number)				
		(City, town, state, zip code)					

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Central Telcom Services LLC	1346
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known filings.
Area Served	identified city.	r mobile nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Nephi	Utah
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1-	TEM ID
Name	Central Telcom Service							010	134
					A.T.F.O.				
E	SECONDARY TRANSMISSION In General: The information in s					rv transmission	service of t	he cable	
	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p						those exist	ing on the	
Transmission	last day of the accounting period	·				,		h ma lua m	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n			•		•			
	separately for the particular serv	rice at the rate	indicate	ed—not the nur	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					ard rate variation	s within a	particular rate	
	Block 1: In the left-hand block					condarv 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					service that are	e different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a	and rates, in th	e right-h	nand block. A t	wo- or thre	ee-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF		D.475				NO. OF	<b>D</b> 4 <b>T</b>
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		163	28.05	Expand	dad		144	57.0
			103	28.95	Expand	ueu		144	57.0
	Service to additional set(s)     EM radio (if soparate rate)								
	• FM radio (if separate rate)		20	29.05				79	57 0
	Motel, hotel		28	28.95				28	57.0
	Commercial Converter							172	_
	Residential							172	-
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
-	In General: Space F calls for ra					all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
Samiaaa	service for a single fee. There are		,		0		0.0		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		uouuny	2			anie bei b	ogiani zacio,	
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) descrip		,		isnea. List	t these 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:	TUTE		ation: Non-res		TUTE	ONTEOR		TUTL
	• Pay cable	17.95	• Mo	tel, hotel		Varies			
	• Pay cable—add'l channel	16.95	• Co	mmercial		-			
	Fire protection	-	• Pa	y cable		-			
	•Burglar protection	-	-	, y cable-add'l cł	nannel	-			
	Installation: Residential			e protection		-			
	• First set	100.00		glar protection		-			
	<ul> <li>Additional set(s)</li> </ul>	29.95		services:					
	• FM radio (if separate rate)	-		connect		29.95			
	• Converter	-		connect		-			
	• Converter			oonnool					
	Converter		• Ou	tlet relocation		49.95			
	Converter		_		ess	49.95 29.95			

Accounting Period:	2020/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID				
Name	Central Telcom Servi	ces LLC		134				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a <b>Substitute Basis Stations</b> 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 basis. For further information <b>Column 1:</b> List each station multicast stream associated "WETA-2" as the same on <b>Column 2:</b> Give the channo of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	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-th	of (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is 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				
	ΚΤ٧Χ	4	N	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	l	Salt Lake City, Utah				
	KJZZ	14	Ι	Salt Lake City, Utah				
	KUPX	16	1	Durana Ultak				
				Provo, Utah				
	KUCW	30	I					
	KUCW	30	II	Ogden, Utah				
	KUCW	30	1					
	KUCW	30	<b>I</b>					
	KUCW	30	I					
		30	1					
		30	I					
		30	1					
		30						
		30	1					
		30						
		30						
		30						
		30						
		30						

EGAL NAME OF								SYSTEM 1:
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing ive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C stem 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 processe 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 his point, see par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC	) 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	
				<b></b>				

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Central Telcom Servic	es LLC						1346
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident				-	tion that you	r 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	rision nroa	ram
Statement and		-		frouny, on a substitute be	1010, any 11011			
Program Log	broadcast by a distant sta	luon?					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	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir 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				
				asting the substitute prog the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				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 6:01	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 reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
								Γ
	e		E PROGRAM	1		N SUBSTIT		7. REASON FOR
	3	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
					·		-	
						_		
						_		
		+						
						_		
							-	· <b></b>
						=		
						_		
						_		
								+
								1

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Central Telcom Services LLC		1346
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	3,324.59 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 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for 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	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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2020/1			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Central Telcom Serv			SYSTEM ID# 1346
M Channels	to its subscribers, and ( 1. Enter the total numbe	(2) the cable system's er of channels on whic ion broadcast stations er of activated channel stem carried television	s broadcast stations	9  248
N Individual to Be Contacted	INDIVIDUAL TO BE CO		<b>IER INFORMATION IS NEEDED</b> (Identify an individual to whom nt.)	
for Further Information	Name Pau	ll Peckham	Telepho	ne <b>(435) 427-0561</b>
	(Numt	Box 7 ber, street, rural route, apar view, Utah 8462 town, state, zip) p.peckham@c	3	-3200
O Certification	I, the undersigned, here     (Owner othere     (Agent of ow         in line 1 o     X     (Officer or p         in line 1 o     • I have examined the st	eby certify that (Check r than corporation or p inner other than corpor if space B and that the partner) I am an officer if space B. atement of account and correct to the best of m 1(1986)] Typed or printe Title:	uset be certified and signed in accordance with Copyright Office regulation one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as identified in line 1 of spatiation or partnership) I am the duly authorized agent of the owner of the cabowner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the legal entity identified as the provided of the owner of the cabowner is not a corporation, and belief, and are made in good faith. 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) d name: Eddie L. Cox President & General Manager Officiel position held in corporation or partnership)	ace B; or ble system as identified s owner of the cable system
		Date:	7/1/2020	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
ntral Telcom Services LLC	134
<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> <li>Y NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 2. Multiply line 1 by the interact rate* and enter the sum here	_
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	-
	_
x	-
x       x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       -	_
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x 0.00274       -       x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       \$         -       -         (interest charge)       *         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please	-
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       -         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6       -         (interest charge)       *         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.       For further assistance please	-
x	-
x	
x	
Line 3       Multiply line 2 by the number of days late and enter the sum here	
x	

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