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.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

SA1-2E Short Form

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING 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.	
	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	_
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	
Privacy Act Notic	: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this	

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

1-27-21

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.

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	Central Telcom Services LLC	87					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule. "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know 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 home parks should be reported in parentheses below the						
Area Served	identified city.	blie nome parks should be reported in parentneses below the					
	CITY OR TOWN	STATE					
First	Centerfield	Utah					
Community	Gunnison	Utah					
	Axtell	Utah					
d Rows as Necessary							

	LEGAL NAME OF OWNER OF CABLE SYSTEM:								-2E. PAG	
Name			•					515	873	
	Central Telcom Service	S LLC								
F	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission		· · ·	-					sting on the		
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged									
Rates	separately for the particular serv		-	•••		•	-	s charged		
	Rate: Give the standard rate of					•	,	rge and the		
	unit in which it is generally billed	`		,		ard rate variatior	ns within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					condany transmi	ssion son	rice that cable		
	systems most commonly provid			-						
	that applies to your system. Not									
	categories, that person or entity					•••	•			
	subscriber who pays extra for ca						nder "Serv	rice to the		
	first set" and would be counted of Block 2: If your cable system	•			• • •		e different	from those		
	printed in block 1 (for example,	-								
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	ee-word descript	tion of the	service is		
	sufficient.	DCK 1					BLOCK	()		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:		405		F	la d			~~~	
	Service to first set		105	32.95	Expand	lea		84	60.	
	• Service to additional set(s)									
	• FM radio (if separate rate)		20	32.95				20	60.	
	Motel, hotel Commercial		20	32.95				20	00.	
	Converter							104		
	Residential							104	_	
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra				•	• •				
F	not covered in space E, that is,					•				
Services	service for a single fee. There a furnished at cost or (2) services		-		-			,		
Other Than	amount of the charge and the up									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
Nates	BIOCK 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	17.95	• Mo	otel, hotel		Varies				
	 Pay cable—add'l channel 	16.95	• Co	ommercial		-				
	Fire protection	-	•Pa	y cable		-				
	 Burglar protection 	-	•Pa	y cable-add'l cl	nannel	-				
	Installation: Residential		• Fir	e protection		-				
	• First set	100.00		rglar protection		-				
	 Additional set(s) 	29.95	Other	services:						
	 FM radio (if separate rate) 	-		connect		29.95				
	• Converter	-		sconnect		-				
	• Converter	-	• Ou	sconnect itlet relocation ove to new addi		- 49.95 29.95				

	2020/2 LEGAL NAME OF OWNER OF	- OADLE OVOTEM.		FORM SA1-2E. PAG				
Name	Central Telcom Servio			87 87				
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Insmitters: elevision	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, ill the community with which the station is licensed by the FCC. For Mex							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	κυτν	2	N	Salt Lake City, Utah				
	κτνχ	4	Ν	Salt Lake City, Utah				
ows as Necessary	KSL	5	Ν	Salt Lake City, Utah				
	KUED	7	E	Salt Lake City, Utah				
		_						
	KUEN	9	E	Ogden, Utah				
	KUEN KSTU	9 13	E I	Ogden, Utah Salt Lake City, Utah				
			E I I					
	KSTU	13	E I I I	Salt Lake City, Utah				
	KSTU KJZZ	13 14	E 	Salt Lake City, Utah Salt Lake City, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				
	KSTU KJZZ KUPX	13 14 16		Salt Lake City, Utah Salt Lake City, Utah Provo, Utah				

EGAL NAME OF								SYSTEM I 87		
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.										
on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If Signal, indicate Column 4: G	it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be rece at the Co sign of o the static ion's sig g a chec n's locati	I-Band FM Carriage: Under O stem whenever it is received a ived at the headend, with the opyright Office regulations on the 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 he station is licen	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters Radio		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
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Accounting Perio	d: 2020/2						FOR	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	Central Telcom Servic	es LLC						8733		
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LO	G					
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every no</i> ccounting p	<i>nnetwork televi</i> eriod, under sp	<i>sion program,</i> broadcast by ecific present and former F	y a <i>distant</i> sta CC rules, regu	ulations, or	authorization	s. For a further		
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting per				isis anv nonn	etwork tele	evision prog	ram		
Statement and	0 01			n oany, on a substitute ba	lolo, any norm			X		
Program Log	broadcast by a distant sta	uon?				L	YES	NO		
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust compl	ete the prog	gram		
	log in block 2.									
	2. LOG OF SUBSTITUTE	E PROGRA	MS							
	 In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in 									
	first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	nth and day ve "5/7." es when the Example: a er "R" if the and regulation nming that	when your system e substitute pro a program carr e listed program ions in effect d	stem carried the substitute ogram was carried by you ried by a system from 6:0 n was substituted for prog uring the accounting perio	e program. Us r cable syster 1:15 p.m. to 6 ramming that od; enter the l	se numeral m. List the :28:30 p.m : your syste etter "P" if t	times accura . should be em was <i>requ</i> the listed pro	ately <i>uired</i>		
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION		
							_			
							_			
							_			
							_			
							_			
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							_			

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Central Telcom Services LLC	SYSTEM ID# 8733
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this at 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
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 the accounting period is \$52.00	s six-month
	Line 1. Royalty fee for accounting period	\$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	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	

0.00	
	-
\$ 52.00 \$ 15.00	-
\$	67.00
e to the Register of Copyri more information.	ghts!
	\$ 15.00 \$ e to the Register of Copyri

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Nomo	LEGAL NAME OF C	OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Central Telcon	n Services LLC	8733
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.	
		I number of channels on which the cable television broadcast stations	9
	on which the ca	I number of activated channels able system carried television broadcast stations cast services	248
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom 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) 427-3200	
0	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or	as identified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th line 1 of space B.	he cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 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: (Title of official position held in corporation or partnership)
Date: 1/1/2021

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.

AL NAME OF OWNER OF CABLE SYSTEM: tral Telcom Services LLC	FORM SA1-2E. PAGE
tral Telcom Services LLC	SYSTEM II
 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 Exclusior
YES. Enter the total here and list the satellite carrier(s) below. ••••••••••••••••••••••••••••••••••••	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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	_
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
Address ID number	

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.