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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.	02/21/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Accounting       Period 1 = January 1 - June 30       Period 2 = July 1 - December 31         Accounting       Baccode Data Filing Period (optional - see instructions)         B       Mature ADDRESS of Chable System. If the owner is a subsidiary of another corporation, give the full corporate title of the statement of account and royalty fee payment covering the entire accounting period.         It there were different owners of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the statement of account and royalty fee payment covering the entire accounting period.       E8665         It there were different owners of this is the system's first filing. If not, enter the system's first period.       E8665         It there were different owners of cable SYSTEM       South Contral Communications       E8665         EUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       South Contral Communications       E8665         EUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       South Contral Communications       E8665         EUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       South Contral Communications       E8665         Mailune ADDRESS OF OWNER OF CABLE SYSTEM       South Contral Communications       E8665         South Contral Communications       EUSINESS NAME(S) OF CABLE SYSTEM       South Contral Communications         EUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       South Contral Communications       E000000000000000000000000000000000000	Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period       Instructions:         B       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, on that of the parent corporation.         Ust 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.       Image: Comparison of the system's first filling. If not, enter the system's for Dumber assigned by the Licensing Division.         Image: Comparison of Comparison of Cable System       Image: Comparison of Cable System       Image: Comparison of Cable System         Image: Comparison of Cable System of Sing filling. If not, enter the system's first filling. If not, enter the system's first filling. If not, enter the system's first filling.       Image: Comparison of Cable System         Image: Comparison of Cable System of Cable System (FDIFFERENT)       Image: Comparison of Cable System (FDIFFERENT)         Image: Single Comparison of Cable System of Cable System of the accounting address 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       Image: Single Account of the system with the mailing address of the system, if different from the address given in space B.         System       1       Image: Single Account of the system with the mailing address of the syst			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Period         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.           B         Owner         Instructions: Give the full legal name of the owner of the cable system. If 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.         Isst 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.         Isst any other name or names under which 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.         Isst any other name or names under which the owner on the last day of the accounting period.           Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.         ISBEGIN           IEGAL NAME OF OWNER OF CABLE SYSTEM         South Central Communications         ISBEGIN           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         ISBEGIN multipe, Sime number)         ISBEGIN           Number, siteling, and pay and pay of 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.	Accounting		Barcode Data Filing Period (optional - see instructions)	
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Construction       Description       63665         Interpretation       63665         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       63665         South Central Communications       8         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       5         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       318 N 100 East         (Number, steed, niral could, spatiment, or suite number)       Kanab UT 84741         (Toy, town, stells, zip)       Image: Steed, niral could, spatiment, or suite number)         System       1       DENTIFICATION OF CABLE SYSTEM:         1       DENTIFICATION OF CABLE SYSTEM:       1         2       155 Sth Ave (Number, struct, niral could, spatment, or suite number)       MAILING ADDRESS OF CABLE SYSTEM:         2       155 Sth Ave       Nature of accounting period.       1	В		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	
statement of account and royalty fee payment covering the entire accounting period.	Owner		List any other name or names under which the owner conducts the business of the cable system.	
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 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 sulte number)  Kanab UT 84741 (City, town, state, zip)  IDENTIFICATION OF CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 2 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 1 IDENTIFICATION OF CABLE SYSTEM: 2 INSTRUCTION of CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 2 INSTRUCTION of CABLE SYSTEM: 1 IDENTIFICATION OF CABLE SYSTEM: 2 INSTRUCTION of CABLE SYSTEM: 1 ISS Stih Ave INTERCENTIFICATION OF CABLE SYSTEM: 1 ISS STIL STIFICATION O				
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 number)           Kanab UT 84741 (City, town, state, zip)           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.           1         IDENTIFICATION OF CABLE SYSTEM: Page AZ           2         INSTRUCTIONE: street, rural route, apartment, or suite number)			Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	63665
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MAILING ADDRESS OF OWNER OF CABLE SYSTEM         318 N 100 East         (Number, street, rural route, apartment, or suite number)         Kanab UT 84741         (City, town, state, zp)         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:         Page AZ         MAILING ADDRESS OF CABLE SYSTEM:         2       155 5th Ave (Number, street, rural route, apartment, or suite number)			South Central Communications	
System       318 N 100 East (Number, street, rural route, apartment, or suite number)         Kanab UT 84741 (CRV, town, state, 2p)         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.         1       DENTIFICATION OF CABLE SYSTEM: Page AZ         2       MAILING ADDRESS OF CABLE SYSTEM: 155 Sth Ave INUmber, street, rural route, apartment, or suite number)			BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
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Image: Number, street, rural route, apartment, or suite number)         Kanab UT 84741         (City, town, state, zip)         Image: NSTRUCTIONS: 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:         Page AZ         MAILING ADDRESS OF CABLE SYSTEM:         2       155 5th Ave         IVumber, street, rural route, apartment, or suite number)			MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
Kanab UT 84741 (City, town, state, zp)         C       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: Page AZ         Mail ING ADDRESS OF CABLE SYSTEM:       2         155 5th Ave INumber, street, rural route, apartment, or suite number)				
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1     Page AZ       MAILING ADDRESS OF CABLE SYSTEM:       2       155 5th Ave (Number, street, rural route, apartment, or suite number)	С			
2 155 5th Ave (Number, street, rural route, apartment, or suite number)	System	1		
2 (Number, street, rural route, apartment, or suite number)			MAILING ADDRESS OF CABLE SYSTEM:	
		2	155 5th Ave (Number, street, rural route, apartment, or suite number)	
Page AZ 86040 (City, town, state, zip code)			Page AZ 86040	

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 filing, 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	South Central Communications	63665
D Area	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated co 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, will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First		
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM <sup>.</sup>				FORM SA1	TEM ID
Name						010	6366
E Secondary Transmission Service: Sub- scribers and Rates	South Central Commun SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc Block 1: In the left-hand block systems most commonly provide	SERVICE: SL pace E should on of television way cable) in sp (June 30 or D h blocks in span y transmission umber of billing ice at the rate i harged for eac . (Example: "\$2 ounts allowed in space E, the to their subsc	cover all categories of and radio broadcasts ace F, not here. All the ecember 31, as the ca ce E call for the numbe service. In general, yo gs in that category (the indicated—not the num h category of service. 20/mth"). Summarize a for advance payment. e form lists the catego ribers. Give the numbe	f secondary transmission by your system to subsc e facts you state must be use may be). er of subscribers to the c ou can compute the numb e number of persons or ou nber of sets receiving se Include both the amount any standard rate variation ries of secondary transmer of subscribers and rate	ribers. Give those exist able system per of subsci rganizations rvice). of the charg ns within a p ission servic e for each lis	information ing on the , broken ribers in charged Je and the particular rate te that cable ted category	
	that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system I printed in block 1 (for example, ti with the number of subscribers a sufficient.	should be cour ble service to a once again und has rate catego iers of services	nted as a subscriber in additional sets would b er "Service to addition pries for secondary tra that include one or m	e each applicable categor be included in the count u al set(s)." nsmission service that an ore secondary transmiss	y. Example: Inder "Servio re different fi ions), list the	a residential ce to the rom those em, together	
	BLC	DCK 1			BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATEGORY OF S	FRVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	GODOCINID		OATEGORY OF O		CODOCIVIDENCO	
	Service to first set		150 56.00				
	<ul> <li>Service to additional set(s)</li> </ul>			Basic/Standard		150	###
	• FM radio (if separate rate)			Digital		150	14.0
	Motel, hotel		14 56.00	Basic/Standard		14	###
	Commercial			Digital		14	14.0
	Converter						
	Residential						
	<ul> <li>Non-residential</li> </ul>						
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, ti service for a single fee. There ar furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	e (not subscrit hose services i e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys separate charg	er) information with re- that are not offered in ns: you do not need to nished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer e was made or establi	espect to all your cable sy combination with any sec give rate information co ers. Rate information sho ates are charged on a va ach of the applicable served during the accounting	condary tran ncerning (1) uld include t riable per-pr vices listed. period that	smission services ooth the ogram basis, were not	
		BLO				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SER		CATEG	ORY OF SERVICE	RATI
	Continuing Services:		Installation: Non-res	sidential			
	Pay cable     Add'l channel		Motel, hotel				
	Pay cable—add'l channel     Eire protection		Commercial     Pay cable				
	Fire protection     Burglar protection		<ul> <li>Pay cable</li> <li>Pay cable-add'l cl</li> </ul>	hannel			
	•Burglar protection Installation: Residential		Pay cable-add i ci     Fire protection				
	First set		<ul> <li>Fire protection</li> <li>Burglar protection</li> </ul>				
	Additional set(s)		Other services:				
	nuulional sells		Callel 361 VICES.				
	• FM radio (if separate rate)		• Reconnect				
	• FM radio (if separate rate) • Converter		Reconnect     Disconnect				
	• FM radio (if separate rate) • Converter		Reconnect     Disconnect     Outlet relocation				

unting Period:	-			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER C			SYSTEM ID# 63665
	South Central Comm PRIMARY TRANSMITTERS:			03083
<b>G</b> Primary nsmitters: elevision	In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC I • Do not list the station he station was carried only o • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eace educational station, by end (for independent multicast For the meaning of these i Column 4: Give the locati	lentify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carrier ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part te carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a su the Special Statement and Program d both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under rams [sections ations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ктук	3	I	PHOENIX, AZ
	КРНО	5	Ν	PHOENIX, AZ
Necessary	KAET	8	E	PHOENIX, AZ
	KUTP	9	Ν	PHOENIX, AZ
	KSAZ	10	Ν	PHOENIX, AZ
	KPNX	12	Ν	MESA/PHOENIX, AZ
	KASW	13	Ν	PHOENIX, AZ
	KNXV	15	N	PHOENIX, AZ
	KNXVD	455	Ν	PHOENIX, AZ
	KPHOD	460	Ν	PHOENIX, AZ
	KPNXD	465	Ν	MESA/PHOENIX, AZ
	KAETD	470	E	PHOENIX, AZ
	KSAZD	475	Ν	PHOENIX, AZ
	KTVKD	480		PHOENIX, AZ
	KUTPD	485	N	PHOENIX, AZ
		na <mark>mananananananananananananananananananan</mark>		

EGAL NAME O								SYSTEM I 636
	t every radio s	station c	<b>)</b> arried on a separate and disc enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried b monitoring, to prmation abou- rm. dentify the call tate whether the radio stat this by placing sive the station	y the sy be rece ut the Co I sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically process ck mark in the "S/D" column. tion (the community to which the , the community with which the	at the system's H e system's FM ar this point, see p ssed by the cable the station is lice	neadend, and ntenna, during age (v) of the e system as a insed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e 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	
CALL SIGN		3/0	LUCATION OF STATION	GALL SIGN		3/D	LOCATION OF STATION	
· · · · · · · · · · · · · · · · · · ·				 				

Accounting Perio							FOF	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	South Central Commu	nications						63665
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	work televi	sion prograr	n
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If vour answer is '	'Yes." vou mu	ist complete	e the progra	m
	log in block 2.		· · · · · · · · · · · · · · · · · ·		····, <b>j</b> ·····		[ 3	
	2. LOG OF SUBSTITUTE	<b>PROGRA</b>	MS					
	In General: List each subst	itute progra	m on a separat		wherever pos	sible, if thei	r meaning is	6
	clear. If you need more spa				orogram") the	t during th		
	period, was broadcast by a			sion program ("substitute   ur cable svstem substitute				
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	er informatio	n.
	Do not use general categor		vies" or "baske	ball." List specific progran	n titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live enter	· "Yes." Otherwise enter "N	lo "			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can Column 5: Give the mon			community with which the em carried the substitute			with the mo	nth
	first. Example: for May 7 giv		when you syst			numeraio,		
				gram was carried by your				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	hould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	was require	ed
	to delete under FCC rules a							ram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
					1.1			
	s		E PROGRAM			N SUBST		7. REASON FOR
	S 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN			AGE OCC 6. 1		7. REASON FOR DELETION
		UBSTITUT 2. LIVE?	3. STATION'S	4. STATION'S LOCATION	5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. 1	URRED	

Accounting Period:	2022/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
	South Central Communications		63665
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	<b>,968.54</b> 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.	263,800.	
	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 accounting period is \$52.00.	this 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		
	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)	
	4. Enter the empirit of group requirts from proce 1/		
	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	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 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
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: al Communications	SYSTEM ID# 63665
<b>M</b> Channels	to its subscrib 1. Enter the to system carrie 2. Enter the to 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	23 80
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual t about this statement of account.)	
for Further Information	Name	Monica Croteau Telephone 435-64	44-0246
	Address	318 N 100 East (Number, street, rural route, apartment, or suite number)	
		Kanab UT 84741 (City, town, state, zip)	
	Email	monicac@socen.com Fax (optional) 435-644-2811	
<b>O</b> Certification	I, the undersig     (Ow     (Age     X     (Off     I have examinare true, comp	In (This statement of account must be certified and signed in accordance with Copyright Office regulations)         gned, hereby certify that (Check one, but only one, of the boxes.)         ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or         ent 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         fileer 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.         wed the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.         ction 1001(1986)]       X       /s/ Michael East         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:       Michael East	
		Title: President / CEO (Title of official position held in corporation or partnership)	
		Date: 02/21/23	

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 telephon 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 filing, a determination that would be made by a court of law

ounting Period: 2022/2		
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
th Central Communications		636
service of providing secondary transmissions of prima	ection 111(d)(1)(A), of the Copyright Act by adding the fol- he gross amounts paid to the cable system for the basic ary broadcast transmitters, the system shall not include sub- eiving secondary transmissions pursuant to section 119."	P Special Statemen Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude a made by satellite carriers to satellite dish owners?	any amounts of gross receipts for secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) b	pelow	
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for these revalty payment		
For an explanation of interest assessment, see page (viii) of	ts submitted as a result of a late payment or underpayment. the general instructions located in the paper SA1-2 form.	Q
	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.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment.	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.          x         n here	
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment	the general instructions located in the paper SA1-2 form.	
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment	the general instructions located in the paper SA1-2 form.  x	
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum	the general instructions located in the paper SA1-2 form.          x         n here         x         x         days	
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum	the general instructions located in the paper SA1-2 form.  x	
For an explanation of interest assessment, see page (viii) of Line 1 Enter the amount of late payment or underpayment. Line 2 Multiply line 1 by the interest rate* and enter the sum Line 3 Multiply line 2 by the number of days late and enter the	the general instructions located in the paper SA1-2 form.  x	
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