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 by email to:

coplicsoa@copyright.gov

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

STATEMENT OF ACCOUNT	
for Secondary Transmissions by	

Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/27/2019	\$
	ALLOCATION NUMBER

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	2953
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Uintah Basin Electronic Telecommunications	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 398 (Number, street, rural route, apartment, or suite number)	
		Roosevelt, Utah 84066 (City, town, state, zip)	
	INICIT		
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Duchesne	
		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 fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
Hamo	Uintah Basin Electronic Telecommunications	29
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filings.	u list will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobi identified city.	le home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Duchesne	Utah
Community	Vernal	Utah
	Uintah County	Utah
d Rows as Necessary	Roosevelt	Utah
	Naples	Utah
	Duchesne County	Utah

								FORM SA1	TEM I
Name	LEGAL NAME OF OWNER OF CA							313	29
	Uintah Basin Electronic	Telecommu	inicat	ions					23
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
<u> </u>	system, that is, the retransmission								
Secondary Fransmission	about other services (including p last day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						hle system	broken	
scribers and	down by categories of secondary	•							
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc				ny standar	d rate variation	s within a p	Darticular rate	
	Block 1: In the left-hand block	in space E. the	e form li	sts the categor	ies of seco	ondarv transmis	sion servio	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					in the count un	ider "Servio	ce to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different f	rom those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		-						
	BLC	CK 1 NO. OF					BLOC	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBE		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:								
	Service to first set		1,124	24.99					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		997	6.50					
	Non-residential		100	5.64					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
F	not covered in space E, that is, the								
Services	service for a single fee. There ar	•			•		• • • •		
Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billed. If arry re			abic pei-pi	ogram basis,	
ansmissions:	Block 1: Give the standard rat	e charged by the							
Rates	Block 2: List any services that								
	listed in block 1 and for which as				shed. List	these other serv	vices in the	e form of a	
	brief (two- or three-word) descrip	ption and includ	e the ra	ate for each.		I	-		
		BLOO						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RA
	Continuing Services:			ation: Non-res	idential				
	• Pay cable	24.99		tel, hotel					
	Pay cable—add'l channel Fire protection	39.00		mmercial					
	Fire protection			/ cable					
	•Burglar protection			/ cable-add'l ch	iannel				
	Installation: Residential			e protection					
	Etradia et	40.00		glar protection					
	• First set								1
	 Additional set(s) 	50.00		services:					
	Additional set(s)FM radio (if separate rate)		• Red	connect		40.00			
	 Additional set(s) 		• Red			40.00 -			
	Additional set(s)FM radio (if separate rate)		• Reo • Dis	connect		40.00 - 35.00			

ccounting Period: 2	2019/2				FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF				SYSTEM ID#
		nic Telecommunications			2953
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	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 lles, 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	t (1) stations carried only on a part-tir 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 ed 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, repor evision station for broadcasting over the station, an independent station, or a fulfor network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION O	F STATION
	κυτν	2	N	Salt Lake City, Utah	
	κτνχ	4	Ν	Salt Lake City, Utah	
d Rows as Necessary	KSL-TV	5	Ν	Salt Lake City, Utah	
	KUED-PBS	7	E	Salt Lake City, Utah	
	KUEN	9	E	Salt Lake City, Utah	
	ION	10	I	Salt Lake City, Utah	
	KBYU-PBX	11	E	Salt Lake City, Utah	
	KUCW	12	 _	Salt Lake City, Utah	
	KSTU-FOX	13	N	Salt Lake City, Utah	
	KJZZ	14	I	Salt Lake City, Utah	
		•	•		

Accounting F	Period: 2019	/2					FORM	/ SA1-2E. PAGE 4.
LEGAL NAME O			(STEM: communications					SYSTEM ID#
Untan Basi	n Electronic		communications					2953
all-band basis v	t every radio s vhose signals	tation ca were ge	arried on a separate and discre nerally receivable by your cab I-Band FM Carriage: Under (le system during	the accountin	ig period	1.	H Primary
on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate	monitoring, to ormation abou rm. dentify the call state whether t the radio stat this by placing	be recein t the Co sign of the static ion's sig g a check	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 th	system's FM ante his point, see pa ed by the cable s	enna, during c ge (v) of the g system as a se	ertain st leneral i eparate	ated intervals. nstructions in the. and discrete	Transmitters: Radio
			on (the community to which th the community with which the			C 01, III		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
·								
·								
·								
L	I			1		L	1	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Uintah Basin Electroni	ic Telecoi	nmunicatior	IS				2953
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion. that vour	cable svste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1-	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	
Program Log	broadcast by a distant star	tion?					YES	× NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the program	n
	log in block 2.			·	•			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	program") tha	t during the	accounting	
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming of a	another stat	tion
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further	r informatior	ו.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lov	/e Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 ·	
	the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	ith and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	/e "5/7."			-			
	Column 6: State the time to the nearest five minutes.			gram was carried by your o				ly
	stated as "6:00–6:30 p.m."		i program came		15 p.m. to 0.2	0.50 p.m. sn		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.		our system wa	s permitted to delete unde		nu regulation	113 111	
								I
			E PROGRAM	l .		N SUBSTI		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
						_		
						-	_	
						-	_	
							_	
							_	
						_	_	
						-	_	
						-	_	
		1						1

Accounting Period:	2019/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
	Uintah Basin Electronic Telecommunications		2953
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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.	hission service amount, see	0,800.00 pss receipts)
_	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 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		
	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 1 and 2		
	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 \$ 210,800.00	-	
	3. Subtract line 2 from line 1		
	5. Enter the amount from line 3	53,000.00	
		157,800.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	789.00
	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		789.00
	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)		
	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)	789.00	
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	\$	809.00
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for n		

Accounting Period:	2019/2			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: • Electronic Telecommunic	ations	SYSTEM ID# 2953
M Channels	to its subscrib 1. Enter the to system carri 2. Enter the to on which the	ers, and (2) the cable system's stal number of channels on whic ed television broadcast stations stal number of activated channe e cable system carried televisior	ls	10 256
N Individual to Be Contacted		ct about this statement of accou		
for Further Information	Name	Rashelle Richardson	n Telephone	435-622-5411
	Address	PO Box 398 (Number, street, rural route, apar Roosevelt, Utah 84((City, town, state, zip)		
	Email		tratanetworks.com Fax (optional) 435-622-00	33
O Certification	I, the undersig (Ow (Ag X (Of I have examinare true, comp	gned, hereby certify that (Check or rner other than corporation or p ent of owner other than corpora in line 1 of space B and that the or ficer or partner) I am an officer (in line 1 of space B. hed the statement of account and	partnership) I am the owner of the cable system as identified in line 1 of space B ation or partnership) I am the duly authorized agent of the owner of the cable sover is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified as own hereby declare under penalty of law that all statements of fact contained herein or knowledge, information, and belief, and are made in good faith. X "/s/ M. Jason McKee Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	3; or ystem as identified
			official position held in corporation or partnership)	
		Date:	8/27/2019	

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unting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ah Basin Electronic Telecommunications	295
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? X NO XES. Enter the total hore and list the satellite carrier(a) below.	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT 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
	<u>u</u>
Line 1 Enter the amount of late payment or underpayment	
	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Interest Assessme

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