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 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               |  |  |  |  |  |  |  |
| 8/25/2017                     | \$ ALLOCATION NUMBER |  |  |  |  |  |  |  |
|                               |                      |  |  |  |  |  |  |  |

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                    | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))   |
|----------------------|------|---|
|                      |      | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  |
|                      |      | 20171 Barcode Data Filing Period (optional - see instructions)  |
| Accounting<br>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   |
|                      |      | GOLDEN BELT TELEPHONE ASSOCIATION INC   |
|                      |      | BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)  |
|                      |      |   |
|                      |      | MAILING ADDRESS OF OWNER OF CABLE SYSTEM  |
|                      |      | PO BOX 229 (Number, street, rural route, apartment, or suite number)  |
|                      |      | RUSH CENTER, KS 67575-0229 (City, town, state, zip)   |
| С                    |      | RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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 Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

| ccounting Period:    | ,-   | FORM SA1-2E. PAGE 18 |  |  |  |  |  |  |  |  |
|----------------------|--|----------------------|--|--|--|--|--|--|--|--|
| N                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#           |  |  |  |  |  |  |  |  |
| Name                 | GOLDEN BELT TELEPHONE ASSOCIATION INC  | 27799                |  |  |  |  |  |  |  |  |
|                      | Instructions: List each separate community served by the cable system. A "comm   |                      |  |  |  |  |  |  |  |  |
| 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   |                      |  |  |  |  |  |  |  |  |
| Area                 | Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the |                      |  |  |  |  |  |  |  |  |
| Served               | identified city.   |                      |  |  |  |  |  |  |  |  |
|                      |  |                      |  |  |  |  |  |  |  |  |
|                      | CITY OR TOWN   | STATE                |  |  |  |  |  |  |  |  |
| First                | RUSH CENTER  | KS                   |  |  |  |  |  |  |  |  |
| Community            | ST JOHN  | KS                   |  |  |  |  |  |  |  |  |
|                      | ALEXANDER  | KS                   |  |  |  |  |  |  |  |  |
| dd Rows as Necessary | BEELER   | KS                   |  |  |  |  |  |  |  |  |
|                      | BISON  | KS                   |  |  |  |  |  |  |  |  |
|                      | BROWNELL   | KS                   |  |  |  |  |  |  |  |  |
|                      | BAZINE   | KS                   |  |  |  |  |  |  |  |  |
|                      | BURDETT<br>GARFIELD  | KS<br>KS             |  |  |  |  |  |  |  |  |
|                      | OTIS   | KS                   |  |  |  |  |  |  |  |  |
|                      | TIMKEN   | KS                   |  |  |  |  |  |  |  |  |
|                      | ROZEL  | KS                   |  |  |  |  |  |  |  |  |
|                      | UTICA  | KS                   |  |  |  |  |  |  |  |  |
|                      | LEWIS  | KS                   |  |  |  |  |  |  |  |  |
|                      | LIEBENTHAL   | KS                   |  |  |  |  |  |  |  |  |
|                      | NESS CITY  | KS                   |  |  |  |  |  |  |  |  |
|                      | RANSOM   | KS                   |  |  |  |  |  |  |  |  |
|                      | MCCRACKEN  | KS                   |  |  |  |  |  |  |  |  |
|                      | ALBERT   | KS                   |  |  |  |  |  |  |  |  |
|                      | PAWNEE ROCK  | KS                   |  |  |  |  |  |  |  |  |
|                      | LACROSSE   | KS                   |  |  |  |  |  |  |  |  |
|                      | STAFFORD   | KS                   |  |  |  |  |  |  |  |  |
|                      | MACKSVILLE   | KS                   |  |  |  |  |  |  |  |  |
|                      | ELLIS  | KS                   |  |  |  |  |  |  |  |  |
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Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27799

### **GOLDEN BELT TELEPHONE ASSOCIATION INC**

# E

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable 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 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 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 separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BL                            | OCK 1                 | BLOCK 2  |                     |                       |      |  |
|-------------------------------|-----------------------|----------|---------------------|-----------------------|------|--|
| CATEGORY OF SERVICE           | NO. OF<br>SUBSCRIBERS | RATE     | CATEGORY OF SERVICE | NO. OF<br>SUBSCRIBERS | RATE |  |
| Residential:                  |                       |          |                     |                       |      |  |
| Service to first set          | 2,141                 | 18.95/MO |                     |                       |      |  |
| Service to additional set(s)  |                       |          |                     |                       |      |  |
| • FM radio (if separate rate) |                       |          |                     |                       |      |  |
| Motel, hotel                  |                       |          |                     |                       |      |  |
| Commercial                    |                       |          |                     |                       |      |  |
| Converter                     |                       |          |                     |                       |      |  |
| Residential                   |                       |          |                     |                       |      |  |
| Non-residential               |                       |          |                     |                       |      |  |
|                               | T                     | T        |                     |                       |      |  |

# F

### Services Other Than Secondary Transmissions: Rates

# SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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 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.

|   | BLOCK 2 |   |      |                     |       |
|---|---------|---|------|---------------------|-------|
| CATEGORY OF SERVICE                         | RATE    | CATEGORY OF SERVICE                         | RATE | CATEGORY OF SERVICE | RATE  |
| Continuing Services:                        |         | Installation: Non-residential               |      |                     |       |
| <ul> <li>Pay cable</li> </ul>               | 17.95   | Motel, hotel                                |      | DIGITAL BASIC       | 13.95 |
| <ul> <li>Pay cable—add'l channel</li> </ul> |         | Commercial                                  |      | DIGITAL MOVIES      | 13.40 |
| <ul> <li>Fire protection</li> </ul>         |         | • Pay cable                                 |      |                     |       |
| <ul> <li>Burglar protection</li> </ul>      |         | <ul> <li>Pay cable-add'l channel</li> </ul> |      |                     |       |
| Installation: Residential                   |         | Fire protection                             |      |                     |       |
| First set                                   |         | Burglar protection                          |      |                     |       |
| <ul> <li>Additional set(s)</li> </ul>       |         | Other services:                             |      |                     |       |
| • FM radio (if separate rate)               |         | Reconnect                                   |      |                     |       |
| Converter                                   |         | Disconnect                                  |      |                     |       |
|   |         | Outlet relocation                           |      |                     |       |
|   |         | Move to new address                         |      |                     |       |
|   |         |   |      |                     |       |

Accounting Period: 2017/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27799

### GOLDEN BELT TELEPHONE ASSOCIATION INC

4. LOCATION OF STATION

G

**Primary** Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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, except (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 only 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. *Do not* 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 for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent 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, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

2. B'CAST CHANNEL NUMBER

**KSNC** 2 Ν **GREAT BEND, KS KSAS** 4 Ν WICHITA, KS HAYS, KS **KBSH** Ν 7 **KOOD** 9 Ν **BUNKER HILL, KS** 10 **KAKE** Ν WICHITA, KS **KSCW** 5 Ν WICHITA, KS 6 Ν **KMTW** WICHITA, KS **KWCH** 12 Ν WICHITA, KS

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **GOLDEN BELT TELEPHONE ASSOCIATION INC**

27799

### 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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

| 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 |   |                       |                           |                             |                               |              | FOR           | M SA1-2E. PAGE 5.   |  |  |
|------------------|---|-----------------------|---------------------------|-----------------------------|-------------------------------|--------------|---------------|---------------------|--|--|
| Name             | GOLDEN BELT TELEF   |                       |                           | IINC                        |                               |              |               | SYSTEM ID#<br>27799 |  |  |
|                  | SUBSTITUTE CARRIAGI   | E. SDECI/             | VI STATEME                | NT AND BROCKAMI             | )G                            |              |               |                     |  |  |
| Substitute       | SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  |                       |                           |                             |                               |              |               |                     |  |  |
| Carriage:        | 1. SPECIAL STATEMEN   |                       |                           |                             |                               |              | • •           |                     |  |  |
| Special          | During the accounting per   |                       |                           |                             | sis anv nonn                  | etwork telev | ision progran | n                   |  |  |
| Statement and    | broadcast by a distant sta  | -                     |                           |                             | o.o, a.i.y iio                |              |               |                     |  |  |
| Program Log      | _   |                       |                           |                             | "» <i>(</i> "                 |              | YES           | NO                  |  |  |
|                  | Note: If your answer is "No   | ", leave the          | rest of this pag          | je blank. If your answer is | s "Yes," you m                | lust complet | te the progra | m                   |  |  |
|                  | log in block 2.  2. LOG OF SUBSTITUTE   |                       | 110                       |                             |                               |              |               |                     |  |  |
|                  | 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 identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was substituted for programming that |                       |                           |                             |                               |              |               |                     |  |  |
|                  | effect on October 19, 1976.   |                       | WH                        | WHEN SUBSTITUTE             |                               |              |               |                     |  |  |
|                  | S   | UBSTITUT              | TE PROGRAM                | 1                           | CARRIAGE OCCURRED 7. REASON F |              |               |                     |  |  |
|                  | 1. TITLE OF PROGRAM   | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION       | 5. MONTH                      | •            | TIMES TO      | DELETION            |  |  |
|                  |   | 100 01 110            | O/ ILL CICIT              | 1. 01/110110 200/111011     | 7.110 0711                    | TITOM        | 10            |                     |  |  |
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| GOLDEN BEI   | T TEL EDU  | ONE ACCO   |  |   |  |  |  |  |
|--|--|--|--|---|--|--|--|--|
|  |  | DNE ASSUC  | IATION INC   | <i>;</i>  |  |  |  | 2779   |
| Instructions: The all amounts (groups) (as identified in page (vii) of the Gross received auring the all amounts). | he figure you goss receipts) poss receipts) poss pace E) during general instruipts from subseccounting per   | aid to your cab<br>ng the accounti<br>ctions located<br>cribers for seco<br>iod  | le system by sing period. Fo in the paper Sondary transm   | subscribers for<br>r a further expla<br>SA1-2 form.<br>nission service(   | the system's anation of hos  | s secondary tran   | nsmission serv<br>nis amount, ser<br>\$ 24   | ice<br>e<br>14,436.00  |
| IMPORTANT: Y   | ou must comp   | olete a stateme  | ent in space P   | concerning gro  | ss receipts.   |  | (Amount of g   | ross receipts)   |
| Instructions: To c Complete block Use block 1 if th Use block 2 if th Use block 3 if th                            | compute the ro<br>1, block 2, or<br>he amount of g<br>he amount of g<br>he amount of g   | block 3.<br>ross receipts ir<br>ross receipts ir<br>ross receipts ir   | n space K is \$<br>n space K is n<br>n space K is n  | nore than \$137<br>nore than \$263  | 100 but less<br>800 but less   | than \$527,600   |  |  |
|  |  | BLOCK 1  | I: GROSS RE  | ECEIPTS OF \$   | 137,100 OF   | RLESS  |  |  |
| accounting period  | d is \$52.00   |  |  |   |  |  |  |  |
| Line 1. Royalty fe   | ee for accountir   | ng period  |  |   |  |  |  |  |
| Line 2. Interest c   | harge. Enter th  | ne amount from   | line 4, space  | Q, page 8   |  |  |  | 0.00   |
| Line 3. TOTAL R  | ROYALTY FEE  | PAYABLE FO   | R ACCOUNTI   | NG PERIOD A   | ld lines 1 and   | 12   | · · · <u> </u>   |  |
|  |  |  |  |   | ,  |  | 7,100)   |  |
| Base amount i  | under statutory  | formula  |  |   | <u>\$</u>  | 263,800.00   | <u></u>  |  |
|  | -  |  |  |   |  |  | _  |  |
| 3. Subtract line 2   | ? from line 1  |  |  |   | \$   | 19,364.00  | <u> </u>   |  |
|  | -  |  |  |   |  |  | 244,436.00   | •  |
|  |  |  |  |   |  |  | 19,364.00  | •  |
|  |  |  |  |   |  |  |  |  |
|  |  |  |  |   |  |  |  | 1,125.36   |
| 8. Interest charge   | e. Enter the an  | nount from line  | 4, space Q, pa   | ige 8   |  |  | •  | 0.00   |
| 9. TOTAL ROYA  | ALTY FEE PAY   | ABLE FOR AC  | COUNTING P   | PERIOD. Add line  | es 7 and 8   |  | . \$   | 1,125.36   |
|  | BLOCK 3  | : GROSS REC  | CEIPTS OF N  | MORE THAN \$  | 263,800 (bı  | ut less than \$52  | 27,600)  |  |
| Enter the amount   | unt of gross red   | ceipts from space  | ce K   |   |  |  |  |  |
|  | -  |  |  |   |  |  | <u> </u>   |  |
|  |  |  |  |   |  |  | _  |  |
|  |  |  |  |   |  |  | _  |  |
|  |  |  |  |   |  |  | 1,319.00   | •  |
|  |  | -  |  | -   |  |  |  | •  |
|  |  |  |  |   |  |  |  | •  |
| STAL NOTA  |  |  |  |   |  |  |  |  |
|  |  | FILING FEE A   | AND TOTAL F  | KEMITIANCE  | DUE  |  |  |  |
| 1. Royalty Fee Pa  | ayable for Acco  | ounting Period (   | from Block 1, 2  | 2, or 3, above) .   |  | \$   | 1,125.36   |  |
| 2. Filing Fee (See   | e the instruction  | ns for more info   | rmation on filir   | ng fee calculatio   | ns)  | <b>\$</b>  | 20.00  |  |
| 3. TOTAL AMOU  | JNT DUE FOR  | ACCOUNTING   | PERIOD. Ad   | ld lines 2 and 3  |  |  | \$   | 1,145.36   |
|  |  |  |  |   |  | able to the Reg  |  |  |
|  | Instructions: Tall amounts (gro (as identified in page (vii) of the Gross receduring the a IMPORTANT: \)  COPYRIGHT RO Instructions: To Complete block 2 if the Use block 2 if the Use block 3 if the See page (vi) of the Use block 3 if the Use block 4 if the Use block 4 if the Use block 5 if the Use | all amounts (gross receipts) picts identified in space E) during page (vii) of the general instructions receipts from subsiduring the accounting per IMPORTANT: You must compute the accounting per IMPORTANT: You must compute the rose to Complete block 1, block 2, or Use block 1 if the amount of gouse block 2 if the amount of gouse page (vi) of the general instructions: As a cable system accounting period is \$52.00  Line 1. Royalty fee for accounting period is \$52.00  Line 2. Interest charge. Enter the line 3. TOTAL ROYALTY FEE BLOCK  1. Base amount under statutory 2. Enter amount of gross receip 3. Subtract line 2 from line 1 | Instructions: The figure you give in this spa all amounts (gross receipts) paid to your cab (as identified in space E) during the accountipage (vii) of the general instructions located Gross receipts from subscribers for secunduring the accounting period | Instructions: The figure you give in this space determines all amounts (gross receipts) paid to your cable system by (as identified in space E) during the accounting period. Fo page (vii) of the general instructions located in the paper. Gross receipts from subscribers for secondary transm during the accounting period | Instructions: The figure you give in this space determines the form you fall amounts (gross receipts) paid to your cable system by subscribers for (as identified in space E) during the accounting period. For a further exple page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(the during the accounting period.  IMPORTANT: You must complete a statement in space P concerning grounding the accounting period.  IMPORTANT: You must complete a statement in space P concerning grounding the accounting period.  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 3 if the amount of gross receipts in space K is more than \$137. Use block 3 if the amount of gross receipts in space K is more than \$137. Use block 3 if the amount of gross receipts in space K is more than \$137. Use block 3 if the amount of gross receipts in space K is more than \$137. Use block 3 if the amount of gross receipts of \$137,100 or less, the roaccounting 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.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Act  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR  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 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  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$  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 line 1) line 4 space Q, page 8  7. TOTAL ROYALTY F | Instructions: The figure you give in this space determines the form you flie and the e all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of he page (iii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  MPORTANT: You must complete a statement in space P concerning gross receipts.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  COPYRIGHT ROYALTY FEE Instructions: To compute the 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  Sue spice (ii) of the general instructions located in the paper SA1-2 form for more informated by the general instructions located in the paper SA1-2 form for more informated instructions. As a cable system with gross receipts of \$137,100 or less, the royalty fee the 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.  Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but 1. Base amount under statutory formula | Instructions: The figure you give in this space determines the form you file and the amount you pay all amounts (gross receipts) gaid to your cable system by suscontibres for the system's secondary transition (as identified in space E) during the accounting period. For a further explanation of how to compute the page (%) 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.  COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 fit the amount of gross receipts in space K is more than \$137,100 but less than or equal to use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600 see page (vi) of the general instructions located in the paper SA1-2 form for more information.  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.  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, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10 | Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total all amounts (gross receipts) and to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 from.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  Growther than the accounting period.  Growther than the accounting period as statement in space P concerning gross receipts.  Growther than the amount of gross receipts in space K is \$137,100 or less.  Use block 3 if the amount of gross receipts in space K is in some than \$137,100 but less than or equal to \$263,800.  See page (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royalty fee that you must pay for this six-mont 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.  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 \$137,100)  1. Base amount under statutory formula.  \$ 263,800.00  2. Enter the amount of gross receipts from space K  \$ 244,436.00  3. Subtract line 5 from line 4  4. Enter the amount grows receipts from space K  \$ 244,436.00  5. Enter the amount of gross receipts from space K  \$ 255,072.00  1. Multiply line 6 by .005 (enter figure here)  \$ 1. Interest charge. Enter the amount from line 4, space Q, page 8  9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  FILING FEE AND TOTAL REMITTANCE DUE  1. Roya |

| Accounting Period:                 | 2017/1   |   |   | FORM SA1-2E. PAGE 7 |
|------------------------------------|--|---|---|---------------------|
| Name                               |  | WNER OF CABLE SYSTEM:<br>TELEPHONE ASSOCIATION  | ON INC  | SYSTEM ID#<br>27799 |
| M<br>Channels                      | to its subscribers,  1. Enter the total r system carried to  2. Enter the total r on which the cal | and (2) the cable system's to<br>number of channels on which<br>elevision broadcast stations.<br>number of activated channels<br>ble system carried television b  |   | 7<br>52             |
| N<br>Individual to<br>Be Contacted |  | BE CONTACTED IF FURTHE  | ER INFORMATION IS NEEDED (Identify an individual to whom t.)  |                     |
| for Further<br>Information         | Name   | Krista Steinert   | Telephone 7   | 85-372-4236         |
|                                    |  | PO Box 229<br>(Number, street, rural route, apartm<br>Rush Center, KS 675   |   |                     |
|                                    | Email  | (City, town, state, zip)  ksteinert@gbtlive   | e.comFax (optional)   |                     |
| O<br>Certification                 | I, the undersigned (Owner)      (Agent of in line)      X (Office in line)      I have examined to | other than corporation or part of owner other than corporation or part of owner other than corporation of space B and that the owner or partner) I am an officer (if the 1 of space B.  The statement of account and he and correct to the best of my kind 1001(1986)]  Typed or printed Title: | rtnership) I am the owner of the cable system as identified in line 1 of space B; or ion or partnership) I am the duly authorized agent of the owner of the cable system is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the legal entity identified as owner dereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.  X /s/ James A Jecha  Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) | em as identified    |

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 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

Accounting Period: 2017/1 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 27799 **GOLDEN BELT TELEPHONE ASSOCIATION INC** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-Р lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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 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. Interest Assessment 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 . . . . . . \* 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. \*\* 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 ID number

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 th 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.

First community served Accounting period