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
8/22/2017	\$ ALLOCATION NUMBER
	ALLOCATION NOWIBER

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	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Perioc		
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
		Great Plains Cable Television, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 500
		(Number, street, rural route, apartment, or suite number) Blair, NE 68008-0500
		(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.

Accounting Period:	2017/1	
necounting r crious	2017/1	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains Cable Television, Inc.	0
	Instructions: List each separate community served by the cable system. A "communit	
D Area	"a separate and distinct community or municipal entity (including unincorporated condiscrete 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 ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	McCook	NE
Community	Red Willow	NE
Add Rows as Necessary		

Accounting Period: 2017/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name

SYSTEM ID#

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Great Plains Cable Television, Inc.

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.

OCK 1	BLOCK 2				
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
859	23.49	Broadcaster Fee	859	9.00	
		HD Lease	161	19.95	
		Additional Converters	100	3.95	
	NO. OF SUBSCRIBERS	NO. OF SUBSCRIBERS RATE	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 859 23.49 Broadcaster Fee HD Lease	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 859 23.49 Broadcaster Fee 859 HD Lease 161	

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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	17.00	Motel, hotel			
 Pay cable—add'l channel 	14.00	Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	65.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	65.00		
Converter		Disconnect			
		Outlet relocation	65.00	100000000000000000000000000000000000000	
		Move to new address	65.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Great Plains Cable Television, Inc.

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KFXL	15	N	Lincoln, NE
KUON	12.1	E	Lincoln, NE
	12.2	E-M	
	12.3	E-M	
KLKN	8	N	Lincoln, NE
KSNB	5	N	Superior, NE
KOLN	10.1	N	Lincoln, NE
	10.2	N-M	
KTIV	4.2	N-M	Sioux City, NE
KHGI	13	N	Lincoln, NE
KSNK	8	N	McCook, NE
			Oberlin, Kansas

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Great Plains Cable Television, Inc.

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).

			<u>, </u>				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
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Accounting Perio	d: 2017/1						FORM	SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O						•	SYSTEM ID# 0
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identify substitute basis during the acceptanation of the programmi 1. SPECIAL STATEMENT	fy every non ecounting pe ng that must CONCER	nnetwork televis eriod, under spe at be included in NING SUBST	sion program, broadcast be ecific present and former F a this log, see page (v) of t ITUTE CARRIAGE	y a <i>distant</i> stat CC rules, regu he general inst	lations, or a ructions in	authorizations. F the paper SA1-	or a further
Statement and	During the accounting periods the adjustment of the accounting periods.	•	r cable system	carry, on a substitute bas	sis, any nonne	twork telev	. •	
Program Log	broadcast by a distant stat						YES	NO
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with 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							n
	was substituted for program effect on October 19, 1976.	ming that y	our system wa	s permitted to delete und			E CARRIAGE	
	S	JBSTITUT	E PROGRAM		OCCURRED			7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	FOR DELETION
							_	
					_			
					_			

LEGAL NAME OF OWNER OF CABLE SYST	EM:				S	YSTEM II
all amounts (gross receipts) paid to (as identified in space E) during the page (vii) of the general instruction Gross receipts from subscribe during the accounting period.	o your cable system by su e accounting period. For a s located in the paper SA rs for secondary transmis	bscribers for the further explanat 1-2 form. sion service(s)	system's ion of how	secondary trans to compute thi	smission services amount, see	e 5,861.68
IMPORTANT: You must complete	a statement in space P co	oncerning gross r	eceipts.		(Amount of gro	oss receipts)
nstructions: To compute the royalty Complete block 1, block 2, or bloc Use block 1 if the amount of gross Use block 2 if the amount of gross Use block 3 if the amount of gross	k 3. receipts in space K is \$13 receipts in space K is moreceipts in space K is moreceipts in space K is more	re than \$137,100 re than \$263,800	but less t	than \$527,600	\$263,800	
	BLOCK 1: GROSS REC	EIPTS OF \$137	7,100 OR	LESS		
Instructions: As a cable system with accounting period is \$52.00	gross receipts of \$137,100	or less, the royalt	y fee that y	you must pay for	this six-month	
Line 1. Royalty fee for accounting pe	riod					
						0.00
Line 2. Interest charge. Enter the an	iount from line 4, space Q,	page o			-	0.00
Line 3. TOTAL ROYALTY FEE PAY	ABLE FOR ACCOUNTING	PERIOD Add lin	nes 1 and 2	2	· ·	
	·	· · · · · · · · · · · · · · · · · · ·	,		100)	
		_			-	
2. Enter amount of gross receipts fro	m space K		\$	175,861.68	-	
3. Subtract line 2 from line 1			\$	87,938.32	-	
	·				75,861.68	
					87,938.32	
					87,923.36	
7. Multiply line 6 by .005 (enter figure	e here)				\$	439.62
8. Interest charge. Enter the amount	from line 4, space Q, page	8				0.00
9. TOTAL ROYALTY FEE PAYABL	E FOR ACCOUNTING PE	RIOD. Add lines 7	and 8		\$	439.62
BLOCK 3: GR	OSS RECEIPTS OF MC	RE THAN \$263	3,800 (but	less than \$52	7,600)	
Enter the amount of gross receipts	s from space K					
Base amount under statutory form	ula	-	\$	263,800.00	•	
		_			_	
4. Multiply line 3 by .01		-			•	
5. Royalty due on the first \$263,800	of gross receipts (under sta	tutory formula)		. \$	1,319.00	
FILIN	NG FEE AND TOTAL RE	IVITTANCE DU				
Royalty Fee Payable for Accounting	ng Period (from Block 1, 2,	or 3, above)		. \$	439.62	
2 ming i ee (oee the motherions lot	more information on filling	ice calculations) .		<u> </u>	20.00	
3. TOTAL AMOUNT DUE FOR ACC	OUNTING PERIOD. Add	lines 2 and 3			\$	459.62
						<u>.</u>
	GROSS RECEIPTS Instructions: The figure you give i all amounts (gross receipts) paid to (as identified in space E) during the page (vii) of the general instruction Gross receipts from subscribe during the accounting period. IMPORTANT: You must complete COPYRIGHT ROYALTY FEE Instructions: To compute the royalty Complete block 1, block 2, or bloc Use block 2 if the amount of gross Use block 3 if the amount of gross Exercise page (vi) of the general instruction Instructions: As a cable system with accounting period is \$52.00 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the and Line 3. TOTAL ROYALTY FEE PAY BLOCK 2: G 1. Base amount under statutory form 2. Enter amount of gross receipts fro 3. Subtract line 2 from line 1	GROSS RECEIPTS Instructions: The figure you give in this space determines the all amounts (gross receipts) paid to your cable system by suid (as identified in space E) during the accounting period. For a page (vii) of the general instructions located in the paper SA Gross receipts from subscribers for secondary transmiss during the accounting period. IMPORTANT: You must complete a statement in space P or COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions of the paper SA STAND ST	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat page (wi) of the general instructions located in the paper SA1-2 form curing the accounting period. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross in IMPORTANT: You must complete a statement in space P concerning gross in COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: COPYRIGHT ROYALTY FEE PAYALTY FEE PAYALTY form from from the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$137 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt 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 line BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES 1. Base amount under statutory formula 2. Enter the amount of gross receipts from space K 5. Enter the amount of gross receipts from space K 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 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263 1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula 3. Subtrac	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the an 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 hov page (viii) 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 royally fee you owe: Complete block 1, block 2, or block 3. Use block 2 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 \$137,100 but less is use page (vi) of the general instructions located in the paper SA1-2 form for more informatic pages page (vi) of the general instructions located in the paper SA1-2 form for more informatic pages page (vi) of the general instructions located in the paper SA1-2 form for more informatic pages page (vi) of the general instructions located in the paper SA1-2 form for more informatic pages page (vi) of the general instructions located in the paper SA1-2 form for more informatic pages page (vi) of the general instructions located in the paper SA1-2 form for more informatic pages page (vi) of the general instructions located in the paper SA1-2 form line 4 in the page SA1-2 form space K in the page SA1-2 form line 4 in the page SA1-2 form line 4 in the page SA1-2 form line 5 from line 4 in the page SA1-2 formatic pages SA1-2 formatic page SA1-2 formatic pages SA1-2 for	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Earl amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute thi page (Wi) of the general instructions located in the paper SAT-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 \$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 Use block 3 if 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 or equal to Use block 2 if 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 or equal to Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 2 if the amount of gross receipts for space K is more than \$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 ELOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137, 10. and \$1, 10.	Great Plains Cable Television, Inc. GROSS RECEIPTS 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) paid 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, see page (ivil) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. INPORTAIN: You must complete a statement in space P concerning gross receipts. COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Use block 2 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 \$263,800 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 2 if the amount of gross receipts in \$10,000 Use block 3 if the amount of gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52,00 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month 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 Subtract line 2 from line 1 Subtract line 2 from line 1 Subtract line 2 from line 4 Say, 923,36 BLOCK 3: GROSS RECEIPTS OF MORE THA

Accounting Period:	2017/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television, Inc.	SYSTEM ID# 0
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.	90
N Individual to Be Contacted for Further Informat	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.) Name LeaAnn Quist Telephone	-426-6434
	Address P.O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68008 (City, town, state, zip)	
	Email Iquist@gpcom.com Fax (optional)	
O Certification	 I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	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: Janelle Allison Title: CFO/COO (Title of official position held in corporation or partnership) Date: August 23, 107	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

counting Period: 2017/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
eat Plains Cable Television, Inc.	0
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.	P Special Statement Concerning Gross Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 First community served Accounting period	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.