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

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@loc.gov
General instru	ems (Short Form) actions are located of this workbook	02/02/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	'YY/(Period))	
	2017/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	20172	Barcode Data Filing Period (optional	- see instructions)	
Accounting Period		_		
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent o		liary of another corporation, give the full co	rporate title
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty for		he last day of the accounting period should s ing period.	ubmit a
	Check here if this is the system's first filin;	g. If not, enter the system's ID number a	assigned by the Licensing Division.	27799
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	GOLDEN BELT TELEPHONE ASSO	CIATION 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 r	umber)		
	RUSH CENTER, KS 67575 (City, town, state, zip)	-0229		
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM	l:		
	2 (Number, street, rural route, apartment, or suite r	lumber)		

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.

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	GOLDEN BELT TELEPHONE ASSOCIATION INC.	277
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated comm discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w as the "first community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	e parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First		KS
Community	ST JOHN	KS
	ALEXANDER	KS
d Rows as Necessary	BEELER	KS
	BISON	KS
	BROWNELL	
		KS
	BAZINE	KS
	BURDETT	KS
	GARFIELD	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
		NJ

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							2E. PAGE
Name	GOLDEN BELT TELEPH			ION INC.					2779
					ATE0				
Е	SECONDARY TRANSMISSION In General: The information in s			-	-	y transmission	service of	the cable	
	system, that is, the retransmissi								
Secondary	about other services (including p						those exist	ting on the	
Transmission	last day of the accounting period	•				,	hla avatam	brakan	
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•					-		
Rates	each category by counting the n								
	separately for the particular service							0	
	Rate: Give the standard rate of	-	-	-				-	
	unit in which it is generally billed	• •		,		rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					ondarv transmis	sion servi	ce that cable	
	systems most commonly provide	• •		0		,			
	that applies to your system. Not	te: Where an in	dividua	l or organizatio	on is receiv	ing service that	falls unde	r different	
	categories, that person or entity				• •	• • •	•		
	subscriber who pays extra for ca first set" and would be counted of					in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, 1	•							
	with the number of subscribers a	and rates, in the	e right-h	nand block. A t	wo- or thre	e-word descript	ion of the	service is	
	sufficient.	OCK 1			1		BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:		400	40.05/000					
	Service to first set		2,122	18.95/MO					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter Residential								
	Non-residential								
	• Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra								
F	not covered in space E, that is, the								
Services	service for a single fee. There a furnished at cost or (2) services	•			•		•	•	
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							-	
ransmissions:	Block 1: Give the standard ra							wore not	
Rates			stern iu	rnichod or otto		accounting	penou ina		
	Block 2: List any services tha listed in block 1 and for which a				-	-	vices in the	e form of a	
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg	e was i	made or establ	-	-	vices in the	e form of a	
	listed in block 1 and for which a	separate charg	e was i le the ra	made or establ	-	-	vices in the		
	listed in block 1 and for which a	separate charg ption and includ BLOC	le was i le the ra CK 1	made or establ	ished. List	-		BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and includ BLOO RATE	e was i le the ra CK 1 CATEC	made or establ ate for each.	ished. List	these other ser		BLOCK 2	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg ption and includ BLOO RATE	e was i le the ra CK 1 CATEC Installa	made or establ ate for each. GORY OF SER	ished. List	these other ser	CATEGO	BLOCK 2	
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg ption and includ BLOC RATE	e was r le the ra CK 1 CATEC Installa • Mo	made or establ ate for each. GORY OF SER ation: Non-res	ished. List	these other ser	CATEGO DIGITA	BLOCK 2 DRY OF SERVICE	RATE 13.9 13.4
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and includ BLOC RATE	e was r le the ra CK 1 CATEC Installa • Mo • Cor	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel	ished. List	these other ser	CATEGO DIGITA	BLOCK 2 DRY OF SERVICE	13.9
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charg ption and includ BLOC RATE	e was n le the ra CK 1 CATEC Installa • Mo • Con • Pay	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	VICE	these other ser	CATEGO DIGITA	BLOCK 2 DRY OF SERVICE	13.9
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charg ption and includ BLOC RATE	e was i le the ra CK 1 CATEC Installa • Mo • Col • Pay • Pay	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	VICE	these other ser	CATEGO DIGITA	BLOCK 2 DRY OF SERVICE	13.9
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate charg ption and includ BLOC RATE	e was i le the ra CK 1 CATEC Installa • Mo • Coi • Pay • Pay • Fire	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl	ished. List	these other ser	CATEGO DIGITA	BLOCK 2 DRY OF SERVICE	13.9
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg ption and includ BLOC RATE UP TO 17.95	e was i le the ra <u>CK 1</u> <u>CATEC</u> Installa • Mo • Coi • Pay • Pay • Fire • Bur	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	ished. List	these other ser	CATEGO DIGITA	BLOCK 2 DRY OF SERVICE	13.9
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg ption and includ BLOC RATE UP TO 17.95	e was i le the ra CK 1 CATEC Installa • Mo • Coi • Pay • Pay • Fire • Bur Other s	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l cl e protection glar protection	ished. List	these other ser	CATEGO DIGITA	BLOCK 2 DRY OF SERVICE	13.9
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and includ BLOC RATE UP TO 17.95	e was i le the ra CK 1 CATEC Installa • Mo • Coi • Pay • Fire • Bur • Bur • Red	made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'I cl e protection rglar protection services:	ished. List	these other ser	CATEGO DIGITA	BLOCK 2 DRY OF SERVICE	13.9
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg ption and includ BLOC RATE UP TO 17.95	e was i le the ra CK 1 CATEC Installa • Mo • Coi • Pay • Pay • Fire • Bur Other se • Dis	made or estables ate for each. GORY OF SER ation: Non-rest tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect	ished. List	these other ser	CATEGO DIGITA	BLOCK 2 DRY OF SERVICE	13.9

ccounting Period: 2	2017/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM II
	GOLDEN BELT TELE	EPHONE ASSOCIATION INC.		2779
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the charn of license. For example, V Column 3: Indicate in eace educational station, by ent (for independent multicast) For the meaning of these t	entify every television station (including em during the accounting period <i>excep</i> in effect on June 24, 1981, permitting (e)(2) and (4), or 76.63 (referring to 76. as explained in the next paragraph s: With respect to any distant stations of ules, regulations, or authorizations: re in space G—but do list it in space I (in a substitute basis. also in space I, if the station was carried on concerning substitute basis stations on concerning substitute basis stations dwith a station according to its over-th the form. lel number the FCC assigned to the tel VRC is channel 4 in Washington, D.C. h case whether the station is a network ering the letter "N" (for network), "N-M"), "E" (for noncommercial educational), erms, see page (iv) of the general insti- tion of each station. For U.S. stations, lis	<i>t</i> (1) stations carried only on a part- the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain s carried by your cable system on a s the Special Statement and Program ed both on a substitute basis and a s, see page (v) of the general instru- program services such as HBO, ES ne-air designation. For example, re- levision station for broadcasting over c station, an independent station, or (for network multicast), "I" (for inde- or "E-M" (for noncommercial educa- ructions in the paper SA1-2 form st the community to which the station	-time basis under grams [section: stations carried on ; substitute program m Log)—if the lso on some othe locions SPN, etc. Identify each sport multistream er the air in its community r a noncommercia spendent), "I-M ational multicast) on is licensed by the
	FCC. For Mexican or Cana	adian stations, if any, give the name of	the community with which the state	on is identified
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNC	22	N	GREAT BEND, KS
	KSAS	26	N	WICHITA, KS
	KSAS - 2	26	N	WICHITA, KS
	KSAS - 3	26	N	WICHITA, KS
ld Rows as Necessary	KBSH	7	Ν	HAYS, KS
	KBSH - 2	7	N	HAYS, KS
	KOOD	16	Ν	BUNKER HILL, KS
	KOOD - 3	16	N	BUNKER HILL, KS
	KAKE	10	N	WICHITA, KS
	KAKE - 2	10	N	WICHITA, KS
	KSCW	12	N	WICHITA, KS
	KSCW - 2	12	N	WICHITA, KS
	KSCW - 3	12	Ν	WICHITA, KS
	кмтw	35	N	WICHITA, KS
	KMTW - 2	35	N	WICHITA, KS

counting Period:	: 2017/2	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	GOLDEN BELT TELEPHONE ASSOCIATION INC.	2779
	PRIMARY TRANSMITTERS: TELEVISION	
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections]	
Primary	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	
Transmitters:	substitute program basis, as explained in the next paragraph	
Television	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 othe	
	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 commun	nity
	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 noncommercia	
	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	
	1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOC/	ATION OF STATION
	1. CALL SIGN 2. D CAST CHANNEL NUMBER 3. TTPE OF STATION 4. LOG	ATION OF STATION

EGAL NAME OF GOLDEN BE			ASSOCIATION INC.					SYSTEM
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei it the Co sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C 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 a mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	od: 2017/2						FOF	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	GOLDEN BELT TELEF	HONE AS	SSOCIATIO	N INC.				27799
								21100
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every no	nnetwork televi	ision program broadcast by	, a distant sta	tion that w	our cable sv	stem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	• • •		•				
Carriage:	1. SPECIAL STATEMEN	-					F - F -	
Special						a a trua rista	louision nro	~~~~
Statement and	 During the accounting per 	-	ur cable syster	in carry, on a substitute ba	isis, any noni	letwork te		gram
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your answer is "No	" leave the	e rest of this pa	ige blank. If your answer is	s "Yes " vou i	must com	plete the pro	oram
	-	, 10010 110		igo blank. Il your anowor k	5 100, jour			gram
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE			ata lina. Llas abbraviation	a whorever p	oooiblo if	thair maanir	a io
	In General: List each subs clear. If you need more spa				s wherever p			ig is
				vision program ("substitute	e program") t	hat during	the accour	ntina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			the FCC or	, in
				stem carried the substitute			als with the	month
	first. Example: for May 7 gi		when your sy		program. O	SC Humere		montin
			e substitute pr	ogram was carried by you	r cable svste	m. List the	times accu	ratelv
	to the nearest five minutes.							
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a							rogram
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	s and regu	lations in	
	effect on October 19, 1976	•						
								1
				1				7. REASON FOR
	S	UBSTITUT		1	CARRI	AGE OC	CURRED	7. REASON FOR DELETION
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCO 6.	CURRED	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURRED TIMES	

Accounting Period:	2017/2		FORM S	6A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GOLDEN BELT TELEPHONE ASSOCIATION INC.		S	8YSTEM ID# 27799
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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.	condary transm o compute this a	ission service amount, see \$ 24	
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less that • Use block 3 if the amount of gross receipts in space K is more than \$137,00 but less that • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information	an \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR I			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that y accounting period is \$52.00	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			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 mo			
			00)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K	243,072.00		
	3. Subtract line 2 from line 1	20,728.00		
	4. Enter the amount of gross receipts from space K	. \$ 2	243,072.00	
	5. Enter the amount from line 3	. \$	20,728.00	
	6. Subtract line 5 from line 4	\$ 2	222,344.00	
	7. Multiply line 6 by .005 (enter figure here)		\$	1,111.72
	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		\$	1,111.72
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	less than \$527	600)	
	1. Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	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)	\$	1,111.72	
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		\$	1,131.72
	Important: Your remittance must be in the form of an electronic payment payal See page i of the general instructions in the paper SA1-2 form for	-		ghts!

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Name		NER OF CABLE SYSTEM: ELEPHONE ASSOCIAT	TION INC.		SYSTEM ID# 27799
M Channels	 to its subscribers, ar 1. Enter the total nursystem carried tele 2. Enter the total nursy on which the cable 	nd (2) the cable system's t mber of channels on which evision broadcast stations mber of activated channels e system carried television	ls I broadcast stations	the accounting period.	15
N Individual to Be Contacted	INDIVIDUAL TO BE		HER INFORMATION IS NEEDED (Identify int.)		
for Further Information		Crista Steinert		Telephone 785-	372-4236
	(N R	lumber, street, rural route, apartic Rush Center, KS 67			
	Email	ksteinert@gbtli	ive.com	Fax (optional)	
O Certification	I, the undersigned, I (Owner of (Agent of in line X (Officer of in line I have examined the	hereby certify that (Check of ther than corporation or p owner other than corpora 1 of space B and that the o or partner) I am an officer (1 of space B. e statement of account and and correct to the best of my	nust be certified and signed in accordance one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable sy ration or partnership) I am the duly authoria owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnershi d hereby declare under penalty of law that al y knowledge, information, and belief, and ar	stem as identified in line 1 of space B; or zed agent of the owner of the cable syster ip) of the legal entity identified as owner of I statements of fact contained herein	
			X /s/ James A Jecha Enter an electronic signature on the line abo Enter signature using an "/s/ signature" (e.g		
		Typed or printed Title: (Title of o	d name: James A Jecha President official position held in corporation or partnership)		
		Date:			

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.

unting Period: 2017/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
LDEN BELT TELEPHONE ASSOCIATION INC.	277
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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.	0
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
	Interest Assessme
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