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

STATEME	NT (OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondal	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	– coplicsoa@loc.gov
Cable System General instruct in the first tab of	ctions	are located	08/22/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY) Period 1 = January 1 - June 30	YY/(Period)) Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optional -	see instructions)	
В		Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent con		ary of another corporation, give the full cor	porate title
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 a single statement of account and royalty fee			
		Check here if this is the system's first filing.	If not, enter the system's ID number as:	signed by the Licensing Division.	31226
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		BUSINESS NAME(S) OF OWNER OF	CABLE STSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF O PO BOX 700 (Number, street, rural route, apartment, or suite nu			
		GIBBON, NE 68840 (City, town, state, zip)			
С		CUCTIONS: In line 1, give any busing already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		NCTC CABLE			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEBRASKA CENTRAL TELECOM INC	SYSTEM IE 3122
	Instructions: List each separate community served by the cable system. A "community	
	"a separate and distinct community or municipal entity (including unincorporated con	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	as the "first community." Please use it as the first community on all future filings.	win serve as a form of system rachtmeation hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Alea	identified city.	Sine parks should be reported in parentileses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BURWELL 031226	NE
Community	ANSLEY 060960	NE
Community		
	ARCADIA 031228	NE
dd Rows as Necessary	ASHTON 029480	NE
	BOELUS 035035	NE
	DANNEBROG 029313	NE
	ELBA 033351	NE
	MASON CITY 034983	NE
	NORTH LOUP 031209	NE
	SARGENT 031227	NE
	SCOTIA 031208	NE
	TAYLOR 031210	NE

U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	
Name	NEBRASKA CENTRAL								3122
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and Rates	down by categories of secondar each category by counting the n	•				•			
Rates	separately for the particular serv							charged	
	Rate: Give the standard rate of							e and the	
	unit in which it is generally billed					rd rate variation	s within a p	articular rate	
	category, but do not include disc Block 1: In the left-hand block					ondary transmis	sion sorvic	e that cable	
	systems most commonly provide								
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count un	ider "Servio	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in the	e right-l	hand block. A tv	wo- or thre	e-word descript	ion of the s	ervice is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential: Service to first set				BDOAL		r	5	28.5
			542	58.45		L BASIC		36	18.0
	 Service to additional set(s) FM radio (if separate rate) 		34 Z	36.43	DIGITA				10.0
	Motel, hotel								
	Commercial								
	Converter								
	Residential		79	_					
	Non-residential		13	_					
	SERVICES OTHER THAN SEC	-			-				
F	In General: Space F calls for ra	•	,		•				
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ates are ch	narged on a vari	able per-pr	ogram basis,	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ha aabi	a avetam for as	ach of the d	oppliaghla garviv	oo lictod		
Rates	Block 2: List any services that							were not	
natoo	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip	otion and includ	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	sidential				
	• Pay cable	15.50		otel, hotel					
	Pay cable—add'l channel	18.50		ommercial					
	 Fire protection 			y cable	. <u>.</u>				
			•Pa	y cable-add'l ch	hannel				
	•Burglar protection								
	•Burglar protection Installation: Residential			e protection					
	•Burglar protection Installation: Residential • First set	45.00	• Bu	rglar protection	1				
	•Burglar protection Installation: Residential • First set • Additional set(s)	45.00	• Bu Other	rglar protection services:	1				
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	45.00	• Bu Other • Re	rglar protection services: connect	I	25.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)	45.00	• Bu Other • Re • Dis	rglar protection services: connect sconnect	1	-			
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	45.00	• Bu Other • Re • Dis • Ou	rglar protection services: connect		25.00 - 36.25 25.00			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID:
ne	NEBRASKA CENTRA	L TELECOM INC		31220
	PRIMARY TRANSMITTERS:	TELEVISION		
ary itters: sion	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these te Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part-time carriage of certain network progra 1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- me Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruction rogram services such as HBO, ESP e-air designation. For example, repor- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indepen- per "E-M" (for noncommercial education ctions in the paper SA1-2 form. the community to which the station	me basis under ams [sections ions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	5	N	HASTINGS, NE
	KLNE	7	E-M	LEXINGTON, NE
sary	KGIN	11	Ν	GRAND ISLAND, NE
July				
JSUIY	KHGI	13	Ν	KEARNEY, NE
Jury		13 17	N N	
Jour y	KHGI			KEARNEY, NE
Josu y	KHGI			KEARNEY, NE
cooliny	KHGI			KEARNEY, NE
cooury	KHGI			KEARNEY, NE
, eessary	KHGI			KEARNEY, NE
	KHGI			KEARNEY, NE
, eccosary	KHGI			KEARNEY, NE
	KHGI			KEARNEY, NE
	KHGI			KEARNEY, NE
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	KHGI			KEARNEY, NE
	KHGI			KEARNEY, NE
	KHGI			KEARNEY, NE
	KHGI			KEARNEY, NE

Accounting F LEGAL NAME OF NEBRASKA	FOWNER OF (CABLE SY							I SA1-2E. PAGE 4
NEDRAJNA	CENTRAL	TELEC							3122
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca						н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the cal State whether the radio state this by placin Give the statio	y the sys be recein the Co l sign of the static ion's sig g a chech n's locati	I-Band FM Carriage: Under stem whenever it is received ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically proces k mark in the "S/D" column. on (the community to which th the community with which th	a n t ss	t the system's he system's FM ant his point, see pa ed by the cable he station is licen	eadend, and (enna, during (age (v) of the system as a s used by the FC	2) it car certain s general eparate	be expected, stated intervals. instructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·			

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	NEBRASKA CENTRAL	TELECO	M INC					31226
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEMEN	NT AND PROGRAM LOO	6			
	In General: In space I, identi					•	•	
Cubatituta	substitute basis during the a explanation of the programm	• •		•	-			
Substitute Carriage:	1. SPECIAL STATEMENT				e general mor		paper SA	1-2 10111.
Special						twork tolovici		2
Statement and	During the accounting period		ir cable system	carry, on a substitute basi	s, any nonne			
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No'	', leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ust complete t	the prograi	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their i	meaning is	5
	clear. If you need more spa			ows to the tables. ision program ("substitute p	program") that	t during the :	accounting	I.
	period, was broadcast by a	-				-	-	
	under certain FCC rules, reg	gulations, o	or authorizations	s. See page (v) of the gene	eral instruction	ns for further	informatior	
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "N	lo "			
				sting the substitute progra				
			,	ne community to which the		•	FCC or, in	
	the case of Mexican or Can							- 41-
	first. Example: for May 7 give		when your sys	tem carried the substitute p	brogram. Use	numerais, w	ith the mor	าเท
			e substitute pro	gram was carried by your o	cable system.	. List the time	s accurate	ely
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."							-1
	to delete under FCC rules a			was substituted for progra		•		
	was substituted for program							am
	effect on October 19, 1976.		-			-		
								T
		רו ודודפפו ו	E PROGRAM	1		EN SUBSTIT		7. REASON FOR
			3. STATION'S		5. MONTH	6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —		
			·					
		_						
						_		
			1					
		- -						
						_		
			1					
						_		
			1					
						_		
								1
]]

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:				S	YSTEM
Name	NEBRASKA CENTRAL TELECOM INC	<u> </u>				312
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space all amounts (gross receipts) paid to your cab (as identified in space E) during the accounti page (vii) of the general instructions located Gross receipts from subscribers for seco	le system by subscribers for th ng period. For a further explan in the paper SA1-2 form. ondary transmission service(s)	e system' ation of h	's secondary tran ow to compute t	nsmission serv his amount, se	ice e
	during the accounting period IMPORTANT: You must complete a stateme				\$ 18 (Amount of gr	9,143.56
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you o • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts ir • Use block 2 if the amount of gross receipts ir • Use block 3 if the amount of gross receipts ir See page (vi) of the general instructions located i	n space K is \$137,100 or less n space K is more than \$137,1 n space K is more than \$263,8	00 but les	s than \$527,600	to \$263,800	
	BLOCK 1	: GROSS RECEIPTS OF \$13	37,100 OF	R LESS		
	Instructions: As a cable system with gross recei accounting period is \$52.00	pts of \$137,100 or less, the roya	Ity fee that	t you must pay fo	r this six-month	
	Line 1. Royalty fee for accounting period					
	Line 2. Interest charge. Enter the amount from	line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR	ACCOUNTING PERIOD. Add	ines 1 and	12		
	BLOCK 2: GROSS RE	CEIPTS OF \$263,800 OR LE	ESS (but i	more than \$137	,100)	
	1. Base amount under statutory formula		\$	263,800.00	_	
	2. Enter amount of gross receipts from space K		\$	189,143.56	_	
	3. Subtract line 2 from line 1		\$	74,656.44	_	
	4. Enter the amount of gross receipts from spac	e K		\$	189,143.56	
	5. Enter the amount from line 3			\$	74,656.44	
	6. Subtract line 5 from line 4			\$	114,487.12	
	7. Multiply line 6 by .005 (enter figure here)				\$	572.44
	8. Interest charge. Enter the amount from line 4	I, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACC	COUNTING PERIOD. Add lines	7 and 8		\$	572.44
	BLOCK 3: GROSS REC	EIPTS OF MORE THAN \$26	63,800 (bi	ut less than \$52	7,600)	
	1. Enter the amount of gross receipts from spac	e 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 red					
	6. Interest charge. Enter the amount from line 4					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACC					
	FILING FEE A	ND TOTAL REMITTANCE D	UE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (f	from Block 1, 2, or 3, above)		\$	572.44	
Due	2. Filing Fee (See the instructions for more infor	mation on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING	PERIOD. Add lines 2 and 3			\$	592.44
	Important: Your remittance must be in	n the form of an electronic pay al instructions in the paper SA		-		hts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: CENTRAL TELECOM INC			SYSTEM ID# 31226
M Channels	to its subscribe 1. Enter the tot system carrie 2. Enter the tot on which the	ers, and (2) the cable system's al number of channels on whic d television broadcast stations al number of activated channe cable system carried televisior	s	accounting period.	5 59
N Individual to Be Contacted		O BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an i unt.)	ndividual to whom	
for Further Information	Name	ANDREW D. JADER		Telephone 30	8-468-6114
	Address	PO BOX 700 (Number, street, rural route, apart GIBBON, NE 68840-0 (City, town, state, zip)			
	Email	ajader@nctc.ne	et	Fax (optional) 308-468-9929	
•	CERTIFICATION	I (This statement of account m	nust be certified and signed in accordance with	n Copyright Office regulations)	
O Certification	• I, the undersigr	ned, hereby certify that (Check o	one, <i>but only one</i> , of the boxes.)		
	(Owr	ner other than corporation or p	partnership) I am the owner of the cable system a	as identified in line 1 of space B; or	
			ation or partnership) I am the duly authorized ag owner is not a corporation or partnership; or	gent of the owner of the cable system	n as identified
		cer or partner) I am an officer (n line 1 of space B.	(if a corporation) or a partner (if a partnership) of t	he legal entity identified as owner of	f the cable system
	are true, comple		hereby declare under penalty of law that all state y knowledge, information, and belief, and are mad		
			X /s/ Andrew D. Jader		
			Enter an electronic signature on the line above t Enter signature using an "/s/ signature" (e.g., /s		
		Typed or printed	d name: ANDREW D. JADER		
		Title: (Title of o	VICE PRESIDENT - ADMINISTRA official position held in corporation or partnership)	TION	
		Date:		8/22/2018	

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unting Period: 2018/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BRASKA CENTRAL TELECOM INC	3122
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- 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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	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?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	0
Tor an explanation of interest assessment, see page (viii) of the general instructions located in the paper SAT-2 form.	~
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessment

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