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 COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)	DATE RECEIVED	AMOONT	coplicsoa@loc.gov
		\$	For additional information,
General instructions are located			contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook	08/29/2018	ALLOCATION NUMBER	Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
2010/1		·	
	1		
	Barcode Data Filing Period (optional	- see instructions)	
Accounting			
Period			
Instructions:	e cable system. If the owner is a subsid	iary of another corporation, give the full corpo	rate title
<b>B</b> of the subsidiary, not that of the parent co			
Owner List any other name or names under which	the owner conducts the business of the	e cable system.	
If there were different owners during the a	accounting period, only the owner on th	e last day of the accounting period should subr	nit a
single statement of account and royalty fee	e payment covering the entire accounting	ng period.	
Check here if this is the system's first filing	. If not, enter the system's ID number as	ssigned 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 O	CABLE SYSTEM		
PO Box 500 (Number, street, rural route, apartment, or suite nu	mber)		
Blair, NE 68008-0500			
(City, town, state, zip)	ess or trade names used to iden	tify the business and operation of the	system unless these

 C
 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:

 2
 MAILING ADDRESS OF CABLE SYSTEM:

 (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.

Name         Great Plains Cable Television, Inc.           Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules as a parate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter k 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 identified city.           First         CITY OR TOWN         STATE           Bloomfield         NE           Creighton         NE           Creighton         NE           Conton         NE			FORM SA1-2E. PAG
Great Plains Cable Television, Inc.         Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru         "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter k as the 'first community." Please use it as the first community on all future filings.         Area Served       CITY OR TOWN         First Community       CITY OR TOWN         First Community       CITY OR TOWN         State       NE         Correighton       NE         Creighton       NE         Net       NE         Nows as Necessary       Center         Ne       NE         Verdigre       NE         Wausa       NE         Wausa       NE	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
D       "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter k as the "first community." Please use it as the first community on all future filings.         Area Served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First Community       CITY OR TOWN       STATE         More State       State         Community       CITY OR TOWN       NE         Community       Creighton       NE         Rows as Necessary       Center       NE         Plainview       NE       NE         Winnetoon       NE       NE         Winnetoon       NE       NE			
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter k as the "first community." Please use it as the first community on all future filings.         Area Served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       CITY OR TOWN       STATE         First       Bloomfield       NE         Community       Creighton       NE         Ikows as Necessary       Center       NE         Nibbrara       NE       NE         Verdigre       NE       NE         Wausa       NE       NE         Wausa       NE       NE			
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter k as the "first community." Please use it as the first community on all future filings.         Area Served       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       CITY OR TOWN         State       State         Community       CITY OR TOWN         Served       Creighton         Rows as Necessary       Center         Niobrara       NE         Plainview       NE         Wausa       NE         Wausa       NE	П		
Area       Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.         First       CITY OR TOWN       STATE         First       Bloomfield       NE         Community       Creighton       NE         Rows as Necessary       Center       NE         Index of the state of the		discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	I list will serve as a form of system identification hereafter kr
Served       identified city.         First       CITY OR TOWN       STATE         Community       Bloomfield       NE         Community       Creighton       NE         Rows as Necessary       Center       NE         Plainview       NE       NE         Verdigre       NE       NE         Wausa       NE       NE         Winnetoon       NE       NE		as the "first community." Please use it as the first community on all future filings.	
Served       identified city.         First       CITY OR TOWN       STATE         Community       Bloomfield       NE         Community       Creighton       NE         Rows as Necessary       Center       NE         Plainview       NE       NE         Verdigre       NE       NE         Wausa       NE       NE         Winnetoon       NE       NE	Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	e home parks should be reported in parentheses below the
First       CITY OR TOWN       STATE         First       Bloomfield       NE         Community       Creighton       NE         IROWS as Necessary       Center       NE         Plainview       NE       NE         Verdigre       NE       NE         Wausa       NE       NE         Winnetoon       NE       NE			
First Community     Bloomfield     NE       Croighton     NE       Crofton     NE       IROWS as Necessary     Center     NE       Plainview     NE       Verdigre     NE       Wausa     NE       Winnetoon     NE	Ocived		
First Community     Bloomfield     NE       Croighton     NE       Crofton     NE       IROWS as Necessary     Center     NE       Plainview     NE       Verdigre     NE       Wausa     NE       Winnetoon     NE			
First Community     Bloomfield     NE       Croighton     NE       Crofton     NE       IROWS as Necessary     Center     NE       Plainview     NE       Verdigre     NE       Wausa     NE       Winnetoon     NE		CITY OR TOWN	STATE
Community         Creighton         NE           IROWS as Necessary         Crofton         NE           IROWS as Necessary         Center         NE           IROWS as Necessary         Plainview         NE           IROWS as Necessary         Verdigre         NE           IROWS as Necessary         Verdigre         NE           IROWS as Necessary         NE         NE	Firet		
IROWS as Necessary     Crofton     NE       IROWS as Necessary     Center     NE       Miobrara     NE       Plainview     NE       Verdigre     NE       Wausa     NE       Winnetoon     NE			
Rows as Necessary     Center     NE       Niobrara     NE       Plainview     NE       Verdigre     NE       Wausa     NE       Winnetoon     NE	oonnanty		
NiobraraNEPlainviewNEVerdigreNEWausaNEWinnetoonNE			
PlainviewNEVerdigreNEWausaNEWinnetoonNE	Rows as Necessary		
VerdigreNEWausaNEWinnetoonNE			NE
Wausa     NE       Winnetoon     NE		Plainview	NE
Wausa     NE       Winnetoon     NE		Verdigre	NE
Winnetoon NE			
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	LEGAL NAME OF OWNER OF CA							FORM SA1-	TEM ID
Name								515	
	Great Plains Cable Telev	vision, inc.							
Е	SECONDARY TRANSMISSION			-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed f	or advance	payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, the with the number of subscribers a								
	sufficient.								
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>	1	1,369	23.49	Broadc	aster Fee		1,369	13.7
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>				HD Lea	ISE		374	19.9
	Motel, hotel								
	Commercial				Additio	onal Converte	ers	120	3.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSIO		9				
-	<b>In General:</b> Space F calls for rat					l your cable syst	tem's servi	ces that were	
F	not covered in space E, that is, t								
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually blic	a. If ally to				gram basis,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip	1 0			sned. List	these other serv	rices in the	form of a	
	CATEGORY OF SERVICE	BLOC RATE	CATEGOR		VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:		Installation				0.11200		
			• Motel, h	otel					
	• Pay cable	17.00							
	•	17.00 14.00	<ul> <li>Comme</li> </ul>	rcial					
	• Pay cable		Comme     Pay cal						
	Pay cable     Pay cable—add'l channel		• Pay cal		nannel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>		• Pay cal	ole ole-add'l ch	nannel				
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>		• Pay cal • Pay cal • Fire pro	ole ole-add'l ch tection					
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>	14.00 65.00	• Pay cal • Pay cal • Fire pro	ble ble-add'l ch tection protection					
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	14.00 65.00	<ul> <li>Pay cal</li> <li>Pay cal</li> <li>Fire pro</li> <li>Burglar</li> </ul>	ble ble-add'l ch tection protection <b>ices:</b>		65.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>	14.00 65.00	• Pay cal • Pay cal • Fire pro • Burglar Other serv	ble ble-add'l ch tection protection ices: ect		65.00			
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	14.00 65.00	• Pay cal • Pay cal • Fire pro • Burglar Other serv • Reconn	ble ble-add'l ch tection protection <b>ices:</b> ect hect		65.00			

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Great Plains Cable T	elevision, Inc.		
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r	entify every television station (including em during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>a:</b> With respect to any distant stations ca ules, regulations, or authorizations: re in space G—but do list it in space I (th	(1) stations carried only on a part- ne carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su	time basis under rams [sections ations carried on a ıbstitute program
	basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	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 the form. el number the FCC assigned to the tele /RC is channel 4 in Washington, D.C.	see page (v) of the general instructorogram services such as HBO, ES e-air designation. For example, representation station for broadcasting over	tions. PN, etc. Identify each ort multistream r the air in its community
	educational station, by entr (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	n case whether the station is a network sering the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), or erms, see page (iv) of the general instru- on of each station. For U.S. stations, list idian stations, if any, give the name of the <b>2. B'CAST CHANNEL NUMBER</b>	for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the
			3. TYPE OF STATION	
	NCN35	35.1	<b>I</b>	Norfolk, NE
ows as Necessary		44.1	I I M	Sioux City, NE Sioux City, NE
	KPTH-SI KPTH-LA	44.2	I-M	
		44.3	I-M	Sioux City, NE Sioux City, NE
	KTIV	44.4	N	Sioux City, NE
	KTIV-LA	4.1	I-M	Sioux City, NE
	KTIV-W	4.3	I-M	Sioux City, NE
	KUON	12.1 12.2	E	
	KUON-EW	122		
		**************************************	E-M	
	KUON-EC	12.3	E-M	Lincoln, NE
	KUON-EC KCAU	12.3 9.1	E-M N	Lincoln, NE Sioux City, NE
	KUON-EC KCAU KCAU -SI	12.3 9.1 9.2	E-M N N-M	Lincoln, NE Sioux City, NE Sioux City, NE
	KUON-EC KCAU	12.3 9.1	E-M N	Lincoln, NE Sioux City, NE Sioux City, NE Sioux City, NE
	KUON-EC KCAU KCAU -SI	12.3 9.1 9.2 9.3 9.4	E-M N N-M	Lincoln, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE
	KUON-EC KCAU KCAU -SI KCAU-LA	12.3 9.1 9.2 9.3	E-M N N-M I-M	Lincoln, NE Sioux City, NE Sioux City, NE Sioux City, NE
	KUON-EC KCAU KCAU -SI KCAU-LA KCAU-LAI	12.3 9.1 9.2 9.3 9.4	E-M N N-M I-M I-M	Lincoln, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE
	KUON-EC KCAU KCAU -SI KCAU-LA KCAU-LAI KMEG	12.3 9.1 9.2 9.3 9.4 14.1	E-M N N-M I-M I-M N	Lincoln, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE
	KUON-EC KCAU KCAU -SI KCAU-LA KCAU-LAI KMEG	12.3 9.1 9.2 9.3 9.4 14.1	E-M N N-M I-M I-M N	Lincoln, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE
	KUON-EC KCAU KCAU -SI KCAU-LA KCAU-LAI KMEG	12.3 9.1 9.2 9.3 9.4 14.1	E-M N N-M I-M I-M N	Lincoln, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE
	KUON-EC KCAU KCAU -SI KCAU-LA KCAU-LAI KMEG	12.3 9.1 9.2 9.3 9.4 14.1	E-M N N-M I-M I-M N	Lincoln, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE Sioux City, NE

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
name	Great Plains Cable Tel	levision, Inc.		0
 	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program	ne basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	arried by your cable system on a subs	ons carried on a
	basis under specific FCC rul	les, regulations, or authorizations: in space G—but do list it in space I (1	the Special Statement and Program Lo	
I	basis. For further information Column 1: List each station' multicast stream associated	n concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-th	ed both on a substitute basis and also on , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each
	of license. For example, WF	I number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over th station, an independent station, or a n	
	educational station, by enter (for independent multicast), ' For the meaning of these ter	ing the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instri	(for network multicast), "I" (for indepen or "E-M" (for noncommercial education	dent), "I-M" al multicast).
I		,	the community with which the station is	5
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF Great Plains								SYSTEM
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) n the basis of or detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co I sign of the static ion's sig g a chec n's locati	<b>I-Band FM Carriage:</b> Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant this point, see pa sed by the cable he station is licen	eadend, and (2 enna, during c ige (v) of the c system as a so sed by the FC	2) it can ertain st general i eparate	be expected, rated 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	
							·	
		+						

Accounting Perio	od: 2018/1						FORM	SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	Great Plains Cable Tel	evision, li	nc.					0
Substitute	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	sion program, broadcast by ecific present and former FC	a <i>distant</i> stat CC rules, regu	lations, or a	authorizations.	For a further
Carriage:	1. SPECIAL STATEMEN							2 101111.
Special Statement and	During the accounting per	iod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork telev	vision program	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No"	", leave the	rest of this pag	ge blank. If your answer is '	"Yes," you mu	ust comple	te the program	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the progran <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mor first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every no distant stati gulations, o ies like "mo Bulls." n was broad sign of the s adcast statio adian statio th and day ve "5/7." es when the Example: a er "R" if the and regulatio ming that y	Im on a separa add additional i nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	rows to the tables. ision program ("substitute   our cable system substitute s. See page (v) of the gene tabl." List specific program r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute   orgam was carried by your ed by a system from 6:01:	program") tha d for the prog eral instruction n titles, for ex- lo." m. station is lice station is ider program. Use cable system 15 p.m. to 6:2 mming that y ; enter the let	t, during th ramming c ns for furth ample, "I L ensed by th ntified). numerals List the ti 28:30 p.m. rour system ter "P" if th	he accounting of another stati er information. ove Lucy" or he FCC or, in , with the mont mes accurately should be n was <i>required</i> he listed progra	h /
	s	UBSTITUT	E PROGRAM	1		IBSTITUT	E CARRIAGE	7. REASON
l	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
								+
					·			
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			
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					· · · · · · · · · · · · · · · · · · ·			

Accounting Period:	2018/1			FORM S	6. SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television, Inc.			S	SYSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatii 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.	system's s on of how	econdary trans to compute this	mission servi s amount, see \$ 32	се
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less th	nan \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00				1
	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 line	oc 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
	1. Base amount under statutory formula	,	263,800.00	,	
	2. Enter amount of gross receipts from space K	-			
	Subtract line 2 from line 1				
	-				
	<ul> <li>4. Enter the amount of gross receipts from space K</li> <li>5. Enter the amount from line 3</li> </ul>				
	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				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	323,443.83		
	2. Base amount under statutory formula		263,800.00		
	3. Subtract line 2 from line 1		59,643.83		
	4. Multiply line 3 by .01			596.44	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			1,319.00	
	<ol> <li>6. Interest charge. Enter the amount from line 4, space Q, page 8</li> </ol>			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6 .		\$	1,915.44
	FILING FEE AND TOTAL REMITTANCE DU	Ε			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,915.44	
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			\$	1,935.44
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		-		ghts!

Accounting Period:	2018/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYST Great Plains Cable Television, Inc.	EM:	SYSTEM ID# C
M Channels	<ul><li>to its subscribers, and (2) the cable system</li><li>1. Enter the total number of channels on system carried television broadcast state</li><li>2. Enter the total number of activated ch on which the cable system carried television</li></ul>	itions	17 92
N Individual to Be Contacted for Further Informat □	INDIVIDUAL TO BE CONTACTED IF FU we can contact about this statement of a Name LeaAnn Quist		402-426-6434
	Address P.O. Box 500 (Number, street, rural route Blair, NE 68008 (City, town, state, zip)	, apartment, or suite number)	
	Email lquist@gp	com.com Fax (optional)	
O Certification	<ul> <li>I, the undersigned, hereby certify that (Chenometry Component) (Owner other than corporation (Agent of owner other than component) in line 1 of space B and that (Officer or partner) I am an off in line 1 of space B.</li> <li>I have examined the statement of account</li> </ul>	unt must be certified and signed in accordance with Copyright Office regulations) eck one, <i>but only one</i> , of the boxes.) <b>n or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; <b>rporation or partnership)</b> I am the duly authorized agent of the owner of the cable system owner is not a corporation or partnership; or iccer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned and hereby declare under penalty of law that all statements of fact contained herein of my knowledge, information, and belief, and are made in good faith. <b>X</b> /s/Janelle Allison Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	stem as identified
	Title:	rinted name: Janelle Allison CFO/COO the of official position held in corporation or partnership)	
	Date:	August 28, 2018	

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: 2018/1	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
reat Plains Cable Television, Inc.	
<ul> <li>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."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions</li> <li>Iocated in the paper SA1-2 form.</li> <li>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?</li> <li>x NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	-
Name Mailing Address Mailing Address Mailing Address	
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
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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