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						
03/01/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	4980
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Great Plains Cable Television	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		P. O. Box 50	
		(Number, street, rural route, apartment, or suite number)  Blair, NE 68008	
		(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 use already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	Great Plains Cable Television	498
	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	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 mobil	
Area	identified city.	le nome parks should be reported in parentheses below the
Served	laentillea city.	
	0.777.07.70111	
<b>-</b>	CITY OR TOWN	STATE
First Community	Chadron	Nebraska
Community	Rushville	Nebraska
	Hay Springs	Nebraska
Rows as Necessary	Gordon	Nebraska
		0.000
ļ		

Accounting Period: 2018/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# **Great Plains Cable Television**

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

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

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

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

BLO	OCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,241	24.95	Broadcaster Fee	1,241	13.75	
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>			HD Equipment Lease	563	14.95	
Motel, hotel						
Commercial			Additional Conv Rental	137	3.95	
Converter						
Residential						
Non-residential						

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 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				
<ul> <li>Pay cable—add'l channel</li> </ul>	15.00	Commercial				
Fire protection		• Pay cable				
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
• First set	65.00	<ul> <li>Burglar protection</li> </ul>				
<ul> <li>Additional set(s)</li> </ul>	65.00	Other services:				
• FM radio (if separate rate)		Reconnect	65.00			
Converter		Disconnect				
		Outlet relocation	65.00			
		<ul> <li>Move to new address</li> </ul>	65.00			

Accounting Period: 2018/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4980

# Great Plains Cable Television PRIMARY TRANSMITTERS: TELEVISION

G

### 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

• 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
KNEP	5.2	N	Scottsbluff, NE
KUON	12.1	E	Lincoln, NE
KUON-EW	12.2	E-M	Lincoln, NE
кмен	7.1	N	Denver, CO
KCNC	4.1	N	Denver, CO
KUSA	9.1	N	Denver, CO
KTVD	20.1	N	Denver, CO
KDVR	31.1	N	Denver, CO
KWGN	2.1	N	Denver, CO
		***************************************	
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		***************************************	
		***************************************	
		***************************************	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### **Great Plains Cable Television**

4980

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

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

Primary Transmitters: Radio

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

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

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

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<del> </del>					
	L			L	l		l

Accounting Perio								FORM	/I SA1-2E. PAGE 5
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	Great Plains Cable Te	levision							4980
Substitute Carriage: Special Statement and Program Log	Great Plains Cable Te  SUBSTITUTE CARRIAG In General: In space I, identification of the programm  1. SPECIAL STATEMEN  • During the accounting pe broadcast by a distant state  Note: If your answer is "Noted in block 2.  2. LOG OF SUBSTITUTION General: List each subsidear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, redonot use general catego "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the brothe case of Mexican or Calumn 5: Give the motifirst. Example: for May 7 gives.	E: SPECIA  tify every no accounting paining that mu  T CONCEF  riod, did you  tition?  T', leave the  E PROGRA  titute progra ace, please of every no adistant sta egulations, or  ties like "mo  Bulls."  m was broa sign of the adcast stati hadday ve "5/7." es when th	AL STATEME  Innetwork televior, under spist be included  RNING SUBS  ur cable system  e rest of this pa  AMS  am on a separadd additional contentwork televion and that y or authorization bovies" or "bask  ddcast live, entistation broadd on's location (toons, if any, the or when your sy e substitute pr	ision program, broadcast by becific present and former F in this log, see page (v) of the second of	a distant star CC rules, reg he general instant sia, any nonres "Yes," you res wherever per program") the dor the program titles, for earm.  The station is like a station is like a program. User cable system	ulations, ostructions network to must com ossible, if hat, durin ogrammir ions for for example, censed by entified). se numer	plete their g the g of a granter 'I Low y the als, w	horization programme progr	tem carried on a ns. For a further A1-2 form.  Tam  X  NO  Tram  g is  station tion. or
	stated as "6:00–6:30 p.m."  Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat nming that	ions in effect d		d; enter the l	etter "P"	f the	listed pro	
						N SUBS			
	S	UBSTITUT 2. LIVE?	E PROGRAM  3. STATION'S	1	CARRIAGE OCCURRED			7. REASON FOR DELETION	
	TITLE OF PROGRAM		3. STATIONS		E MONTH	6	TIME	·S	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIME	:S TO	
		Yes or No	CALL SIGN	4. STATION'S LOCATION			TIME		
		Yes or No	CALL SIGN	4. STATION'S LOCATION			— — —		
		Yes or No	CALL SIGN	4. STATION'S LOCATION			— — — — — — — — — — — — — — — — — — —		
		Yes of No	CALL SIGN	4. STATION'S LOCATION			——————————————————————————————————————		
		res of No	CALL SIGN	4. STATION'S LOCATION			— — — — — — — — — — — — — — — — — — —		
		Yes of No	CALL SIGN	4. STATION'S LOCATION			——————————————————————————————————————		
		Yes of No	CALL SIGN	4. STATION'S LOCATION			——————————————————————————————————————		
		Yes of No	CALL SIGN	4. STATION'S LOCATION			——————————————————————————————————————		
		Yes of No	CALL SIGN	4. STATION'S LOCATION			——————————————————————————————————————		
		Yes of No	CALL SIGN	4. STATION'S LOCATION					
		Yes of No	CALL SIGN	4. STATION'S LOCATION					
		Yes of No	CALL SIGN	4. STATION'S LOCATION					
		Yes of No	CALL SIGN	4. STATION'S LOCATION					
		Yes of No	CALL SIGN	4. STATION'S LOCATION					
		Yes of No	CALL SIGN	4. STATION'S LOCATION					
		Yes of No	CALL SIGN	4. STATION'S LOCATION					
		Yes of No	CALL SIGN	4. STATION'S LOCATION					
		Yes of No	CALL SIGN	4. STATION'S LOCATION					

Accounting Period:	2018/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Great Plains Cable Television	SYSTEM ID# 4980
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service
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 than or equal to \$  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for to accounting period is \$52.00  Line 1. Royalty fee for accounting period	nis six-month
	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 lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	1. Base amount under statutory formula	
	Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	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	
	o. Interest charge. Enter the amount from the 4, space Q, page 0	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)
	A 5 - 11 - 12 - 12 - 12 - 12 - 12 - 12 -	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	595.72
	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	\$ 1,914.72
	7. TOTAL NOTALITY LET ATABLE FOR ACCOUNTING FEMOLE. Add miles 4, 5, and 6	ψ 1,914.72
	FILING FEE AND TOTAL REMITTANCE DUE	
Filian Former		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	1,914.72
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	, r	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,934.72
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2018/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN Great Plains Cabl	R OF CABLE SYSTEM: Television		SYSTEM ID# 4980
M Channels	to its subscribers, ar  1. Enter the total null system carried tele	ust give (1) the number of channels on which the (2) the cable system's total number of activated ber of channels on which the cable ision broadcast stations	Г	15
		system carried television broadcast stations ervices		108
N Individual to Be Contacted		CONTACTED IF FURTHER INFORMATION IS this statement of account.)	NEEDED (Identify an individual to whom	
for Further Information	Name L	aAnn Quist	Telephone 4	102-456-6434
	(N B	O. Box 500 nber, street, rural route, apartment, or suite number) air, NE 68808 ,, town, state, zip)		
	Email	Iquist@gpcom.com	Fax (optional)	
O Certification	• I, the undersigned, I  (Owner of I  (Agent of In line	ereby certify that (Check one, but only one, of the beer than corporation or partnership) I am the owwner other than corporation or partnership) I a of space B and that the owner is not a corporation	ner of the cable system as identified in line 1 of space B m the duly authorized agent of the owner of the cable sy	ystem as identified
	I have examined the	d correct to the best of my knowledge, information	nalty of law that all statements of fact contained herein and belief, and are made in good faith.	
			Allison  ture on the line above to certify this statement.  "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Janelle A	llison	
		Title: CFO & COO (Title of official position held in corpora	ion or partnership)	
		Date:	March 1, 2019	

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counting Period: 2018/2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
reat Plains Cable Television	4980
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 addir lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sect For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?  X NO	ne basic include sub-ion 119."  Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below\$	
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 und	derpayment.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	days
x 0.0	0274
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 \$	charge)
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assist	,
contact the Licensing Division at (202) 707-8150 or licensing@copyright.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 Of list below the owner, address, first community served, ID number, and accounting period as given in the original	•
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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.