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	=NIT	OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste General instru in the first tab	ctions	are located	03/01/2019	\$ ALLOCATION NUMBER	Coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y)	YYY/(Period))	
		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				·	
В		Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full co	orporate title
Owner		List any other name or names under which	the owner conducts the business of t	he cable system.	
		If there were different owners during the a single statement of account and royalty fer		the last day of the accounting period should ting period.	submit a
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	6064
		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			
		P. O. Box 50			
		(Number, street, rural route, apartment, or suite nu Blair, NE 68008	umber)		
	INST	(City, town, state, zip) RUCTIONS: In line 1, give any busine	ess or trade names used to ider	ntify the business and operation of th	e system unless these
C		s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite nu	imber)		

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)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	Great Plains Cable Television	6064
D	Instructions: List each separate community served by the cable system. A "comm" "a separate and distinct community or municipal entity (including unincorporate	d communities within unincorporated areas and including single,
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yeas the "first community." Please use it as the first community on all future filings	5.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	ile home parks should be reported in parentheses below the
Serveu		
	CITY OR TOWN	STATE
First Community	Elgin	Nebraska Nebraska
oonnanty	Neligh Oakdale	Nebraska
	Petersburg	Nebraska
ld Rows as Necessary		Nebraska
	Ewing	Nebiaska

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1	TEM ID	
Name	Great Plains Cable Tele								606	
	SECONDARY TRANSMISSION		IBSCRI	BERS AND R	ATES					
E	In General: The information in s					ry transmission	service of t	he cable		
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	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).									
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,	hlo avetom	brokon		
scribers and	down by categories of secondar									
Rates	each category by counting the n	,		0 / 1						
	separately for the particular serv									
	Rate: Give the standard rate of	-	-	•			-	-		
	unit in which it is generally billed category, but do not include disc					ird rate variation	s within a	particular rate		
	Block 1: In the left-hand block					condary transmis	sion servi	ce that cable		
	systems most commonly provide	e to their subsc	ribers. (Give the numb	er of subso	cribers and rate	for each lis	sted category		
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca									
	first set" and would be counted of					a in the count ur	ider Servi	ce lo lhe		
	Block 2: If your cable system					service that are	e different f	rom those		
	printed in block 1 (for example, t	iers of services	s that in	clude one or m	nore secon	dary transmissi	ons), list th	em, together		
	with the number of subscribers a	and rates, in the	e right-h	and block. A t	wo- or thre	e-word descript	ion of the s	service is		
	sufficient. BLC	DCK 1					BLOCK	(2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:	CODOCIVIDE		TVTE	0/11		(WICE	CODCORDERCO	TUTL	
	Service to first set		555	23.49	Broado	aster Fee		555	13.7	
	 Service to additional set(s) 									
	• FM radio (if separate rate)				HD Equ	uipment Leas	Se	227	14.9	
	Motel, hotel									
	Commercial				Additio	onal Conv Re	ental	63	3.9	
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra									
	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services	•			•					
Other Than	amount of the charge and the ur									
- ·	enter only the letters "PP" in the									
Secondary		te charged by t		e system for e				were not		
ransmissions:		t vour cable sve			red during		penou mai			
	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	• •		nished or offe	-	-		e form of a		
ransmissions:	Block 2: List any services that	separate charg	je was r	mished or offe made or estab	-	-		e form of a		
ransmissions:	Block 2: List any services that listed in block 1 and for which a	separate charg	e was r de the ra	mished or offe made or estab	-	-				
ransmissions:	Block 2: List any services that listed in block 1 and for which a	separate charg otion and incluc BLOC	le was r le the ra CK 1	mished or offe made or estab	lished. List	-	vices in the	BLOCK 2 DRY OF SERVICE	RATE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charg otion and includ BLOO RATE	e was r le the ra CK 1 CATEC	nished or offe nade or estab ate for each.	lished. List	these other ser	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg otion and includ BLOO RATE	e was r de the ra CK 1 CATEC Installa	nished or offe nade or estab ate for each.	lished. List	these other ser	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg bition and includ BLOC RATE	le was r de the ra CK 1 CATEC Installa • Mot	nished or offe nade or establ ate for each. GORY OF SER ation: Non-res	lished. List	these other ser	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg otion and includ BLOC RATE 17.00	le was r de the ra CK 1 CATEG Installa • Mot • Cor	nished or offe nade or estab ate for each. GORY OF SEF ation: Non-res tel, hotel	lished. List	these other ser	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that 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 otion and includ BLOC RATE 17.00	le was r de the ra CK 1 CATEC Installa • Mot • Cor • Pay	nished or offe nade or estab ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial	NICE	these other ser	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that 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 otion and includ BLOC RATE 17.00	e was r de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	NICE	these other ser	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	separate charg otion and includ BLOC RATE 17.00	e was r de the ra <u>CK 1</u> <u>CATEG</u> Installa • Mol • Cor • Pay • Pay • Fire	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l c	NICE sidential	these other ser	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that 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 bition and includ BLOC RATE 17.00 15.00 65.00	e was r de the ra CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl protection	NICE sidential	these other ser	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that 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 bition and includ BLOC RATE 17.00 15.00 65.00	e was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl protection glar protection services: connect	NICE sidential	these other ser	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that 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 bition and includ BLOC RATE 17.00 15.00 65.00	e was r de the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec	nished or offe nade or establ ate for each. GORY OF SEF ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection glar protectior services:	NICE sidential	RATE	vices in the	BLOCK 2	RATE	
ransmissions:	Block 2: List any services that 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 bition and includ BLOC RATE 17.00 15.00 65.00	e was r de the ra CK 1 CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl protection glar protection services: connect	NICE sidential	RATE	vices in the	BLOCK 2	RATE	

counting Period: 2	2018/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Great Plains Cable Te	levision		6064
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station	ntify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations: a in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations, s's call sign. <i>Do not</i> report origination I with a station according to its over-the	at (1) stations carried only on a part-ti he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub the Special Statement and Program L ad both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each
	"WETA-2" as the same on t	5		
	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	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instri n of each station. For U.S. stations, lis dian stations, if any, give the name of t	station, an independent station, or a (for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station i	noncommercial endent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κτιν	4.1	N	Sioux City, Iowa
	KTIV-LA	4.2	I-M	Sioux City, Iowa
l Rows as Necessary	KFXL	15.1	Ν	Lincoln, NE
	KHGI	13.1	N	Kearney, NE
	KSNB	4.1	N	Superior, NE
	KOLN	10.1	N	Lincoln, NE
	······································	10.3	N-M	
	KUON	12.1	E	Lincoln, NE
	KUON-EW	12.2	E-M	Lincoln, NE
	KUON-EC	12.3	E-M	Lincoln, NE
	NCN35	35.1	I	Norfolk, NE

EGAL NAME OF								SYSTEM 60
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in 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 abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s opyright Office regulations on t 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	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	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions 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: 2018/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						6064
	SUBSTITUTE CARRIAG				G			
1		-	-			tion that you		tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			"(T 2 10111.
Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer is	"Yes " vouu	nust complet	te the proc	
		, leave the		ige blank. If your answer is	5 163, you i	nusi compie	te the prog	Jian
	log in block 2.		MC					
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Lina abbraviation	wherever	oooiblo if the	ir moonin	a io
	clear. If you need more spa				s wherever p		ii meanin	y is
	· ·			vision program ("substitute	e program") t	hat, during th	e account	ina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for furth	er informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
	"NBA Basketball: 76ers vs.			(N) () () () () () () () () ()	(b .) 1			
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which th		censed by th	e ECC or	in
	the case of Mexican or Car						01 00 01,	
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."							store of
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ografii
	effect on October 19, 1976		your system w			, and regulat		
	,							1
						N SUBSTIT		
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- TO	
							•	
							-	
						-		
						_		
								·
								,
						_		
						_		
					·			
						_		
						_		

Accounting Period:	2018/2 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Name	Great Plains Cable Television 6064
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.
	COPYRIGHT ROYALTY FEE
L 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 \$263,80(• 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 this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K \$ 142,344.16
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here) \$ 104.44
	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
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 104.44
	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 \$ 124.44
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 6064
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	18 108
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name LeaAnn Quist Telephone	402-456-6434
	Address P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip)	
	Email Iquist@gpcom.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereiare true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	system as identified vner of the cable system
	X /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) Typed or printed name: Janelle Allison Title: CFO & COO (Title of official position held in corporation or partnership)	
	Date: March 1, 2019	

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.

ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
at Plains Cable Television	606
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? X NO	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name 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
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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 Assessmen
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