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					
02/12/2019	\$ 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

_	1	
Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20182 Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
В		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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		NW Communications Co
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 400
		(Number, street, rural route, apartment, or suite number)
		Blair, NE 68008 (City, town, state, zip)
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		s 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:
	_ '	063003
		MAILING ADDRESS OF CABLE SYSTEM:
	2	PO Box 400 (Number, street, rural route, apartment, or suite number)
		Blair, NE 68008 (City, town, state, zip code)
1	1	

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.

	2010/2	
Accounting Period:	2018/2	FORM SA1-2E. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	NW Communications Co	0
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated condiscrete 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.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	t will serve as a form of system identification hereafter known
Area Served	identified city.	ome parks snould be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Schell City	MO
Add Rows as Necessary		

Accounting Period: 2018/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NW Communications Co

SYSTEM ID#

NW Communications Co

## E

### 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.

BL	OCK 1		BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS	RATE	
Residential:					
<ul> <li>Service to first set</li> </ul>	33	68.45			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
<ul> <li>Residential</li> </ul>					
Non-residential					
	1	1			

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

counting Period:	2018/2			FORM SA1-2E. PAC	GE 3				
Nama	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM	ID#				
Name	NW Communications Co								
	PRIMARY TRANSMITTERS:	TELEVISION							
G	In General: In space G, identify every television station (including translator stations and low power television stations)								
0	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								
Primary	76.59(d)(2) and (4), 76.61(	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a							
Transmitters: Television	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								
		rules, regulations, or authorizations: re in space G—but do list it in space I (th	as Charles Statement and Drogram	Log) if the					
	station was carried only or		ne Special Statement and Program	Log)—II the					
		also in space I, if the station was carried							
		on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p							
		ed with a station according to its over-the	e-air designation. For example, rep	ort multistream					
	"WETA-2" as the same on Column 2: Give the chann	the form. nel number the FCC assigned to the tele	vision station for broadcasting over	the air in its community					
		VRC is channel 4 in Washington, D.C. h case whether the station is a network	otation an independent station or	a nanaammaraial					
		ering the letter "N" (for network), "N-M" (	•						
	(for independent multicast)	), "E" (for noncommercial educational), c	or "E-M" (for noncommercial educat						
		erms, see page (iv) of the general instru on of each station. For U.S. stations, list		is licensed by the					
		adian stations, if any, give the name of the							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	0/122 0.011	21 B G/16 1 G11/11/11/12 ITG111B2IX	or the circulation	4. 200/Mick of Cirmon					
	KOAM	7	NI NI	Ionlin MO					
	KOAM	7	N	Joplin, MO					
	KODE	2	N	Joplin, MO					
Add Rows as Necessary	KODE KSNF	2 3	N N	Joplin, MO Joplin, MO					
\dd Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
\dd Rows as Necessary	KODE KSNF	2 3	N N	Joplin, MO Joplin, MO					
udd Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
\dd Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					
Add Rows as Necessary	KODE KSNF KFJX	2 3 34	N N N	Joplin, MO Joplin, MO Joplin, MO					

### **NW Communications Co**

### 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>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<del> </del>						
	<b></b>						
	<b></b>						
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	T						
						<u> </u>	

Accounting Perio	nd: 2018/2					EOE	RM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF NW Communications		STEM:				SYSTEM ID#
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the program  1. SPECIAL STATEMEN  • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUT In General: List each subsclear. If you need more space of the state of the state of the sunder certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Ca Column 5: Give the mo first. Example: for May 7 g Column 6: State the time	E: SPECIA tify every no accounting p ning that mu T CONCEF riod, did you ation?  b", leave the cace, please of every no a distant sta egulations, ries like "mo Bulls." m was broa sign of the adcast stati nadian stati nth and day ve "5/7." les when th	eriod, under spats be included  RNING SUBS  Bur cable system  erest of this paradd additional  connetwork tele  tion and that y  or authorization  covies" or "bask  dcast live, ente  station broadd  on's location (  ons, if any, the  when your sy  e substitute pr	ision program, broadcast by becific present and former F in this log, see page (v) of the triple of triple	y a distant star FCC rules, reg the general in asis, any noni s "Yes," you s wherever p e program") t ted for the pr neral instruct am titles, for a "No." ram. he station is li e program. U r cable syste	pulations, or authorizations tructions in the paper interventions in the paper interventions for further informations in the information in the information in the paper in the p	stem carried on a ons. For a further SA1-2 form.  gram  X NO  gram  gram  rigins  gram  y ng is  station ation.  or  , in  month  rately
	to the nearest five minutes. Example: a program carried by a system from 6:0′ stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting period was substituted for programming that your system was permitted to delete undeffect on October 19, 1976.  SUBSTITUTE PROGRAM					· t your system was <i>req</i> letter "P" if the listed p	uired
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO — — — — — — — — — — — — — — — — —	

Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  NW Communications Co	Sì	STEM ID# 0
<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 transi (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 amount, se	,553.00
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 5.  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,80(	
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	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	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. 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		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)	
	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		
	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 REWITTAINGE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26FBKG9U		
	<u>Important:</u> 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 more		

Accounting Period:	: 2018/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O	DWNER OF CABLE SYSTEM: cations Co	SYSTEM ID# 0
M Channels	to its subscribers.     Enter the total system carried to the total on which the carrier to the total on the tota	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period.  I number of channels on which the cable television broadcast stations  I number of activated channels able system carried television broadcast stations	5
N Individual to	INDIVIDUAL TO	D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
Be Contacted for Further Information	Name	Jane Sutherland Telephone 402.426.62	42
	Address	1638 Lincoln St (Number, street, rural route, apartment, or suite number)  Blair, NE 68008 (City, town, state, zip)  jsutherland@americanbb.com  Fax (optional)	
O Certification	I, the undersigne      (Owner)      (Agent in li      X (Office in li      I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations)  ed, hereby certify that (Check one, but only one, of the boxes.)  er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 1 of space B and that the owner is not a corporation or partnership; or  err or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable line 1 of space B.  d the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith.  on 1001(1986)]  X /S/ Joe Jetensky  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:  Joe Jetensky	
		Title: President (Title of official position held in corporation or partnership)  Date: 2/12/19	

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Accounting Period: 2018/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
W Communications Co	0
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.	P Special Statement Concerning Gross 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?  X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	 
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	<u>-</u>
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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