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				
08/27/2019	\$ 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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		PINPOINT COMMUNICATIONS INC.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM 611 PATTERSON ST
		(Number, street, rural route, apartment, or suite number)
		CAMBRIDGE NE 69022 (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 unless these salready 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, fown, 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM
Name		
	PINPOINT COMMUNICATIONS INC.	297
_	Instructions: List each separate community served by the cable system. A "commun" a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	
	as the "first community." Please use it as the first community on all future filings.	st will serve as a form of system identification hereafter kild
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	name narks should be reported in parentheses help the
Area	identified city.	ionie parks snould be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	CAMBRIDGE	NE
Community	BARTLEY	NE
,	GOTHENBURG	NE
Rows as Necessary	INDIANOLA	NE
	OXFORD	NE

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: PINPOINT COMMUNICATIONS INC.

SYSTEM ID# 29750

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			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:			BULK IPTV BASIC/EXPAND GOTH	80/56	19.75/26.5
Service to first set	79	64.99	IPTV HOSPITALITY	35	17.50
Service to additional set(s)			IPTV ESSENTIALS	50	29.99
• FM radio (if separate rate)			IPTV BASIC	287	79.99
Motel, hotel	39	21.65	IPTV EXPANDED	204	89.99
Commercial	2	242.00	IPTV ELITE	29	149.99
Converter			BULK IPTV ESSENTIALS	41	15.00
Residential			BULK IPTV BASIC	45	40.00
Non-residential			BULK IPTV EXPANDED	4	45.00
	T			T	T

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel		IPTV INSTALLATION	99.00
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
First set	15.00	Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect	20.00		
Converter		Disconnect			
		Outlet relocation			
		Move to new address	15.00		

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29750

PINPOINT COMMUNICATIONS INC.

G

Primary Transmitters: Television

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 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KWNB** 6 Ν **HAYES CENTER NE** WTBS 17 **ATLANTA GA KSNK** 8 Ν MCCOOK NE **KLNE** 3 Ε LEXINGTON NE **KGIN** 10 Ν **GRAND ISLAND NE KHGI** 6 Ν **KEARNEY NE** 5 Ν **KNOP NORTH PLATTE NE KFXL** 9 Ν **KEARNEY NE**

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

PINPOINT COMMUNICATIONS INC.

29750

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).

	1	1			1	1	T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KICX	FM		MCCOOK NE				
KIOD	FM		MCCOOK NE				
KFNF	FM		OBERLIN KS				
KUVR	AM		HOLDREGE NE				
KODY	FM		NORTH PLATTE NE				
KBRL	AM		MCCOOK NE				
KMTY	FM		HOLDREGE NE				
KIGS	AM		HASTINGS NE				
KCNT	FM		HASTINGS NE				
KHNE	FM		HASTINGS NE				
KFXX	FM		HASTINGS NE				
KROR	FM	 	HASTINGS NE				
K29AF	FM		HASTINGS NE				
KHAS	AM		HASTINGS NE				
KGFW	AM	 	KEARNEY NE				
KXPR	AM	 	KEARNEY NE				
KCSV	FM		KEARNEY NE				
KKPR	FM		KEARNEY NE			 	
KRNY	AM		KEARNEY NE			 	
KQKY	FM	 	KEARNEY NE			 	
KLNE	FM	 	LEXINGTON NE				
KNGN	AM	 	MCCOOK NE				
KSWN	FM	 	MCCOOK NE				
ROWN	1 101		WICCOOKINE				
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Accounting Perio	d: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	ГЕМ:					SYSTEM ID#
Name	PINPOINT COMMUNIC	ATIONS I	NC.					29750
1	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> sta CC rules, regu	lations, or au	ıthorizations.	For a further
Substitute Carriage:	explanation of the programm				ne general insu	ructions in th	е рарег ЗАТ	-2 101111.
Special	1. SPECIAL STATEMENT					. 6		_
Statement and	During the accounting period	-	r cable system	carry, on a substitute ba	sis, any nonne	etwork televi		
Program Log	broadcast by a distant stat	tion?					YES	X NO
	Note: If your answer is "No"	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust complete	e the prograr	m
	log in block 2.							
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in						tion n. nth ly	
	effect on October 19, 1976.				11			T
		LIDOTITLIT				EN SUBSTI		7 DEACON FOR
			E PROGRAM			IAGE OCC	TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
			0					
								,
							_	
								
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Accounting Period:	2019/1	FORM SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: PINPOINT COMMUNICATIONS INC.	SYSTEM ID# 29750					
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ission service amount, see					
	during the accounting period	\$ 432,760.12 (Amount of gross receipts)					
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 \$2 • 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.	263,800					
	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-mon 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	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						
	1. Base amount under statutory formula	00)					
	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)					
	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	1,689.60					
	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	\$ 3,008.60					
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	3,008.60					
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	\$ 3,028.60					
	EFT Trace # or TRANSACTION ID # 116881015						
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for many tables.						

Accounting Period:	2019/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CAPINPOINT COMMUNICATION				SYSTEM ID# 29750
M Channels	to its subscribers, and (2) the 1. Enter the total number of ct system carried television bro 2. Enter the total number of ar on which the cable system of	cable system's total numb hannels on which the cable badcast stations		counting period.	285
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this stat		PRMATION IS NEEDED (Identify an ind	ividual to whom	
for Further Information	Name SAMAN1	THA JONES		Telephone 308-6	697-7678
	(Number, stree	TERSON ST et, rural route, apartment, or sui DGE NE 69022 ate zip)	ite number)		
		samantha.jones@pnpt.c	com	Fax (optional)	
O	Owner other than of the property of the prope	tify that (Check one, but only corporation or partnership ther than corporation or partnership there than corporation or pare B and that the owner is not a corporate a B. It of account and hereby dect to the best of my knowledge (b) Enter an Enter sign. Typed or printed name:	ritified and signed in accordance with Colly one, of the boxes.) p) I am the owner of the cable system as artnership) I am the duly authorized ager of a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all statemed in the information, and belief, and are made in the line above to construct using an "/s/ signature" (e.g., /s/ Journal of the line above to construct using an "/s/ signature" (e.g., /s/ Journal of the line above to construct using an "/s/ signature" (e.g., /s/ Journal of the line above to construct using an "respective of the line above to construct using a line	identified in line 1 of space B; or not of the owner of the cable system as legal entity identified as owner of the ents of fact contained herein in good faith.	

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ounting Period: 2019/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
POINT COMMUNICATIONS INC.	29750
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."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below	
TES. Effet the total fiele and list the sateline carrier(s) below	_
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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	_
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0.00274	
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . 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.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address	
list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner	

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