This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	08/29/2019	\$ ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		2019/1 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	
		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 unless these 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:	
		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 sufficiency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Great Plains Cable Television	6
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
	as the "first community." Please use it as the first community on all future filing	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mol	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Center	Nebraska
Community	Wynot	Nebraska
	Creighton	Nebraska
	Bloomfield	Nebraska
d Rows as Necessary		
	Crofton	Nebraska
	Plainview	Nebraska
	Wausa	Nebraska
	Verdigre	Nebraska
	Winnetoon	Nebraska
	Niobrara	Nebraska

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	
Name	Great Plains Cable Telev							010	69
		VISION							
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	TES				
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period	l (June 30 or De	ecember	31, as the ca	se may be	e).		-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
	separately for the particular servi	ice at the rate ir	ndicated-	-not the num	ber of set	s receiving servi	ice).	-	
	Rate: Give the standard rate c								
	unit in which it is generally billed. category, but do not include disc	· · ·	,		ny standa	rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block	in space E, the	form list	s the categor					
	systems most commonly provide								
	that applies to your system. Note categories, that person or entity			-		-			
	subscriber who pays extra for ca								
	first set" and would be counted o							a	
	Block 2: If your cable system I printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.		-		1				
	BLC	OCK 1 NO. OF					BLOCK	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:				_	_			
	Service to first set	1	1,265	24.95	Broado	aster Fee		1,265	14.9
	Service to additional set(s)							~~~	4 4 4
	• FM radio (if separate rate)				HD Equ	uipment Leas	se	656	14.9
	Motel, hotel Commercial				Additio	onal Conv Re	ntal	112	3.9
	Converter						iitai	114	5.3
	Residential								
	Non-residential								
			·····						
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMISS	ONS: RATES	5				
F	In General: Space F calls for rat	`	,		•	, ,			
•	not covered in space E, that is, the service for a single fee. There are					,	,		
Services	furnished at cost or (2) services of	•			•		• • • •		
Other Than	amount of the charge and the un		usually b	lled. If any ra	tes are ch	narged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		e cable :	system for ea	ch of the a	applicable servic	es listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which as				shed. List	these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	otion and include	e the rate	e for each.					
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services: Pay cable	17.00		l, hotel	idential				
	Pay cable—add'l channel	15.00		mercial					
	Fire protection	10.00	• Pay (
	•Burglar protection			cable-add'l ch	annel				
	Installation: Residential			protection	-				
	installation. Residential			ar protection					
	• First set	65.00							
			Other se	•					
	First set		Other se • Reco	rvices:		65.00			
	First setAdditional set(s)			rvices: nnect		65.00			
	 First set Additional set(s) FM radio (if separate rate) 		• Reco • Disco	rvices: nnect		65.00 65.00			

nting Period:	-			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C			SYSTEM ID 69
	Great Plains Cable T			
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eact educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the location	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program I both on a substitute basis and als see page (v) of the general instruc rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the statior	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	NCN35	35.1		Norfolk, NE
	INCINSS	33.1		
	КРТН	44.1	Ν	Sioux City, Iowa
ows as Necessary	KPTH-SI	44.2	I-M	
	KPTH-LA	44.3	I-M	
	KPTH-TTV	44.4	I-M	
	κτιν	4.1	N	Sioux City, Iowa
	KTIV-LA	4.2	I-M	
	KTIV-W	4.3	I-M	
	KTIV	4.4	I-M	
	KUON	12.1	E	Lincoln, NE
	KUON KUON-EW	12.1		Lincoln, NE
	KUON-EW	12.2	E-M	Lincoln, NE
				Lincoln, NE
	KUON-EW KUON-EC	12.2 12.3	E-M E-M	
	KUON-EW KUON-EC KCAU	12.2 12.3 9.1	E-M E-M	Lincoln, NE Sioux City, Iowa
	KUON-EW KUON-EC	12.2 12.3	E-M E-M	
	KUON-EW KUON-EC KCAU KCAU-SI	12.2 12.3 9.1 9.2	E-M E-M N I-M	
	KUON-EW KUON-EC KCAU KCAU-SI KCAU-LA	12.2 12.3 9.1 9.2 9.3	E-M E-M N I-M I-M	
	KUON-EW KUON-EC KCAU KCAU-SI KCAU-LA	12.2 12.3 9.1 9.2 9.3	E-M E-M N I-M I-M	Sioux City, Iowa
	KUON-EW KUON-EC KCAU KCAU-SI KCAU-LA KCAU-LAI	12.2 12.3 9.1 9.2 9.3 9.4	E-M E-M N I-M I-M I-M	

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:						SYSTEM I
Great Plains	Cable Tele	evision	l						6
		-		- t- '	ala card l' r		tion -	mind on on	н
			arried on a separate and disc nerally receivable by your ca						п
	-	-	I-Band FM Carriage: Under		-				Primary
			stem whenever it is received a						Transmitters
			ved at the headend, with the						Radio
or detailed info		it the Co	pyright Office regulations on	this po	oint, see pa	ge (v) of the g	eneral I	nstructions in the.	
Column 1: lo	dentify the call		each station carried.						
			on is AM or FM. nal was electronically proces	end hv	the cable s	evetem as a se	anarata	and discrete	
			k mark in the "S/D" column.	seu by		system as a se	eparate		
Column 4: G	live the station	n's locati	on (the community to which t				C or, in	the case of	
lexican or Can	adian stations	s, if any,	the community with which the	e static	on is identifi	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CA	LL SIGN	AM or FM	S/D	LOCATION OF STATION	
									-
]
									-
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]
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]

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Great Plains Cable Tel	evision						698
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I	In General: In space I, identi substitute basis during the a	ify <i>every nor</i> ccounting pe	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati C rules, regul	ations, or aut	thorizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	During the accounting per	-	r cable system	carry, on a substitute basi	is, any nonnei	work televis		
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete	the program	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				wherever pos	sible, if their	meaning is	3
	clear. If you need more spa Column 1: Give the title			ision program ("substitute	program") tha	t during the	accounting	1
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for furthe	r informatio	n.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Lov	ve Lucy" or	
			dcast live ente	r "Yes." Otherwise enter "N	lo "			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
				e community to which the			FCC or, in	
	the case of Mexican or Can	adian statio	when your sys	tem carried the substitute	station is iden	tified). numerals v	vith the mor	oth
	first. Example: for May 7 giv		when you byo		program. Obc	numeraio, v		
	Column 6: State the time	es when the		gram was carried by your				ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sh	ould be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	was substituted for progra	amming that v	our system	was require	d
	to delete under FCC rules a							
			our system wa	s permitted to delete unde		nd regulatio	ns in	
	was substituted for program effect on October 19, 1976.		our system wa			nd regulatio	ns in	
	effect on October 19, 1976.			s permitted to delete unde	r FCC rules a		TUTE	7. REASON FOR
	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	7. REASON FOR DELETION
	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI	N SUBSTI AGE OCCU 6. T	TUTE JRRED	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	
	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	
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	effect on October 19, 1976.	UBSTITUT	E PROGRAM	s permitted to delete unde	r FCC rules a WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. T	TUTE JRRED IMES	

Accounting Period:	2019/1 FORM SA1-2E	. PAGE 6.
Name		EM ID#
	Great Plains Cable Television	698
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 of 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, see 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, block 2, or block 3. Use block 2 if the amount of gross receipts in space K is \$137,100 or less Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 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. 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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	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)	
	1. Enter the amount of gross receipts from space K \$ 321,373.07	
	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	
		4 72
		4.73
	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) \$ 1,894.73	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,91	4.73
	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.	

			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: S Cable Television	SYSTEM ID# 698
M Channels	to its subscrib 1. Enter the to system carri	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	24
	on which the	otal number of activated channels e cable system carried television broadcast stations adcast services	109
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct 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	• I, the undersig	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) oner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	
	 X (Of I have examinare true, comp 	ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. totion 1001(1986)]	stem as identified
	 X (Of I have examinare true, comp 	in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. .ction 1001(1986)] 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)	stem as identified
	 X (Of I have examinare true, comp 	in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. totion 1001(1986)] X/s/Janelle Allison Enter an electronic signature on the line above to certify this statement.	stem as identified

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 the 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 telephoi 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 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 t 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 lay

inting Period: 2019/1	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
at Plains Cable Television	69
 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:	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	
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
	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
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