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				
3-5-20	\$ 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	ACCC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
A		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.								
		LECAL NAME OF OWNER/MAILING ADDRESS OF CARLE SYSTEM							
	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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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)							

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2019/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name								
	Great Plains Cable Television	29319						
	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 home parks should be reported in parentheses below the							
Area	identified city.							
Served								
- ,	CITY OR TOWN STATE							
First	Wolbach Nebraska							
Community								
Add Rows as Necessary								
•								

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2019/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Great Plains Cable Television

29319

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	37	51.49	Broadcaster Fee	37	14.95
 Service to additional set(s) 					
• FM radio (if separate rate)			DVR Rental	-	14.95
Motel, hotel					
Commercial			Converter Rental	-	4.95
Converter					
Residential					
Non-residential					

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RA
Continuing Services:		Installation: Non-residential		
• Pay cable	17.00	Motel, hotel		
 Pay cable—add'l channel 	15.00	Commercial		
 Fire protection 		• Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	65.00	Burglar protection		
Additional set(s)	65.00	Other services:		
 FM radio (if separate rate) 		Reconnect	65.00	
 Converter 		Disconnect		
		 Outlet relocation 	65.00	
		 Move to new address 	65.00	

Accounting Period: 2019/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Great Plains Cable Television

FORM SA1-2E. PAGE 3.

SYSTEM ID#

29319

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

G

Primary Transmitters: Television **In General:** In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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.

2. B'CAST CHANNEL NUMBER

KHNE 2.1 Ε Hastings, Nebraska 2.2 E-M **KSNB** 4.1 Ν Superior, Nebraska 4.2 I-M **KFXL** Ν 15.1 Lincoln, Nebraska **KGIN** 11.1 Ν Grand Island, NE **KHGI** 13.1 Ν Kearney, NE 13.3 I-M

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Great Plains Cable Television

29319

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.

H

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

Accounting Perio							FORM	M SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	Great Plains Cable Te	levision						29319		
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEME	NT AND PROGRAM LO	G					
	In General: In space I, ident	ify <i>every no</i>	nnetwork televi	sion program, broadcast by	ı a distant sta	tion, that you	r cable syst	tem carried on a		
	substitute basis during the a	• .		•						
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of the	ne general ins	tructions in th	ne paper SA	1-2 form.		
Carriage:	1. SPECIAL STATEMEN	CONCER	NING SUBS	TITUTE CARRIAGE						
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant station?									
l riogiani Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	Note: If your answer is "No	", leave the	rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comple	te the prog	ıram		
	log in block 2.									
		2. LOG OF SUBSTITUTE PROGRAMS								
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is		
	clear. If you need more spa			rows to the tables. vision program ("substitute	o program") t	hat during th	aa aaaaunt	ina		
	period, was broadcast by a	•		. • •				•		
	under certain FCC rules, re		•	-	•					
	Do not use general categor	•								
	"NBA Basketball: 76ers vs.									
				er "Yes." Otherwise enter						
		-		asting the substitute prog		concod by th	o ECC or	in		
	the case of Mexican or Car		,	the community to which the community with which the		•	e i cc oi,	11.1		
				stem carried the substitute			, with the n	nonth		
	first. Example: for May 7 gi		, , , , ,		1 3		,			
				ogram was carried by you				ately		
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:0 ⁻	1:15 p.m. to 6	3:28:30 p.m.	should be			
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	ramming that	t vour eveten	n was room	uired		
	to delete under FCC rules									
	was substituted for program							ogram.		
	effect on October 19, 1976	•	,	•		· ·				
								1		
	_			_		N SUBSTIT				
	S		E PROGRAM		l — —	AGE OCCU		7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –	MES - TO	BELETION		
		163 01 140	OALL SIGIN	4. STATIONS ECCATION	AND DAT	TROW	- 10			
							_			
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Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#							
Name	Great Plains Cable Television		29319							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En 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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service amount, see	,528.11 ss receipts)							
1,70	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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	263,800								
	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	uno oix monur								
	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									
	1. Base amount under statutory formula	,								
	Enter amount of gross receipts from space K									
	3. Subtract line 2 from line 1									
	4. Enter the amount of gross receipts from space K									
	5. Enter the amount from line 3									
	6. Subtract line 5 from line 4									
	7. Multiply line 6 by .005 (enter figure here)									
	8. Interest charge. Enter the amount from line 4, space Q, page 8		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								
		0.00								
	6. Interest charge. Enter the amount from line 4, space Q, page 8									
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6									
	FILING FEE AND TOTAL REMITTANCE DUE									
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00								
Total Remittance Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00								
	2. I ming I do (dee the instructions for more information on ming fee calculations)	10.00								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00							
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101									
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m									

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2019/2				FORM SA1-2E. PAGE 7			
Name		OWNER OF CABLE SYSTEM: Cable Television			SYSTEM ID# 29319			
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total	s, and (2) the cable system's t	Is	ccounting period.	39			
	and nonbroado	cast services						
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accour	HER INFORMATION IS NEEDED (Identify an in-	dividual to whom				
for Further Information	Name	LeaAnn Quist		Telephone 402-456 -	-6434			
	Address	P. O. Box 500						
		(Number, street, rural route, aparts Blair, NE 68808	tment, or suite number)					
		(City, town, state, zip)						
	Email	Iquist@gpcom.o	com	Fax (optional)				
	CERTIFICATION	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)						
O		ad hayahı ayıkifı khak (Chash a						
Certification	• I, the undersign	ed, nereby certily that (Check o	one, but only one, of the boxes.)					
	(Owne	er other than corporation or p	partnership) I am the owner of the cable system a	as identified in line 1 of space B; or				
		-	ation or partnership) I am the duly authorized ag	gent of the owner of the cable system as id	entified			
		·	owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of t	the legal entity identified as owner of the ca	ble system			
		line 1 of space B.						
		e, and correct to the best of my	hereby declare under penalty of law that all stater y knowledge, information, and belief, and are mad					
			X /s/Janelle Allison					
			/5/Janelle Allison					
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	•				
		Typed or printed	d name: Janelle Allison					
		T :41a.	CEO & COO					
		Title: (Title of o	CFO & COO official position held in corporation or partnership)					
		Date:		March 2, 2020				

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2019/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Great Plains Cable Television	29319
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 YES. Enter the total here and list the satellite carrier(s) below.	Special Statement Concerning Gross Receipts Exclusion
The the teta here and not the eatenine earner(e) selem.	
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	
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	
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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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)