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

SA1-2E Short Form

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	- <u>coplicsoa@copyright.gov</u>
Cable Syste General instru in the first tab	ictions	are located	3-5-20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCO	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
		2019/2	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 of the subsidiary, not that of the parent co		liary of another corporation, give the full corp	porate title
Owner		List any other name or names under which	the owner conducts the business of th	e cable system.	
		If there were different owners during the a single statement of account and royalty fer		ne last day of the accounting period should suing period.	ıbmit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	assigned by the Licensing Division.	4962
		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 no	umber)		
		Blair, NE 68008 (City, town, state, zip)			
С				ntify the business and operation of the esystem, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM			
	2	(Number, street, rural route, apartment, or suite n	umber)		

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.

(City, town, state, zip code)

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Great Plains Cable Television	49
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	nmunity" is the same as a "community unit" as defined in FCC rul ed communities within unincorporated areas and including singl you list will serve as a form of system identification hereafter kno gs.
	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
First	CITY OR TOWN Broken Bow	STATE Nebraska
Community	Arnold	Nebraska
	Callaway	Nebraska
d Rows as Necessary	Stapleton	Nebraska
	Oconto	Nebraska

	[FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Great Plains Cable Tele	vision							496
F	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	BERS AND RA	TES				
E	In General: The information in s	•		0		•			
Secondary	system, that is, the retransmissi about other services (including a					•			
Transmission	last day of the accounting period				•			sting on the	
Service: Sub-	Number of Subscribers: Bot						ble syster	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	I. (Example: "\$	20/mth"). Summarize a	ny standa	rd rate variatior	ns within a	particular rate	
	category, but do not include disc							the descent to	
	Block 1: In the left-hand block systems most commonly provid			-		•			
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count u	nder "Serv	rice to the	
	first set" and would be counted of	•			• • •	convice that or	a different	from these	
	Block 2: If your cable system	-		-					
	printed in block 1 (for example, with the number of subscribers					•			
	sufficient.		o ngin i						
	BLC	OCK 1 NO. OF					BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		729	24.95	Broadc	aster Fee		729	14.
	 Service to additional set(s) 								
	• FM radio (if separate rate)				DVR Re	ental		153	14.9
	Motel, hotel								
	Commercial				Conver	ter Rental		549	4.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATES	 5				
F	In General: Space F calls for ra					III your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,					•	•		
Services	service for a single fee. There a furnished at cost or (2) services		-		-		. .	,	
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the								
ransmissions:	Block 1: Give the standard ra			•					
Rates	Block 2: List any services tha listed in block 1 and for which a				-	-	•		
	brief (two- or three-word) descrip		-			these other ser		le form of a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-resi					
	• Pay cable	17.00		tel, hotel					
	• Pay cable—add'l channel	15.00	• Co	mmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection			, / cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	65.00	• Bur	glar protection					
	 Additional set(s) 	65.00		services:					
	• FM radio (if separate rate)		• Re	connect		65.00			
	• Converter		• Dis	connect					
			• Ou	tlet relocation		65.00			
			• Mo	ve to new addre	ess	65.00			

Accounting Period:	2019/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID#
Hame	Great Plains Cable Te	elevision		4962
0	PRIMARY TRANSMITTERS: In General: In space G, ide	TELEVISION entify every television station (including	g translator stations and low power te	levision stations)
G Primary Transmitters: Television	FCC rules and regulations 76.59(d)(2) and (4), 76.61(d substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> on	m during the accounting period, except in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.1 is explained in the next paragraph. : With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carried	the carriage of certain network progra 61(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub the Special Statement and Program I	ams [sections tions carried on a ostitute program Log)—if the
	Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these te Column 4: Give the location	on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th the form. el number the FCC assigned to the tel /RC is channel 4 in Washington, D.C. n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr on of each station. For U.S. stations, lis dian stations, if any, give the name of	program services such as HBO, ESP ne-air designation. For example, report evision station for broadcasting over estation, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education functions in the paper SA1-2 form. St the community to which the station	PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOP	2.1	Ν	North Platte, NE
	KUON	12.1	Е	Lincoln, NE
Add Rows as Necessary	KUON-EW	12.2	E-M	Lincoln, NE
	KUON-EC	12.3	E-M	Lincoln, NE
	KOLN	10.1	N	Lincoln, NE
	KSNB	4	Ν	Superior
		4.2	N-M	
	KHGI	13.1	N	Kearney
	KHGI	13.3	I-M	
	κτιν	4.2	N-M	Sioux City, Iowa
	KFXL	15	Ν	Lincoln, NE

				1

EGAL NAME OF								SYSTEM 49
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of the or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to ormation abour m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be rece it the Co sign of o he static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s he station is licen	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st eneral in eparate	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UNEL SIGIN		3/0	LOOKTION OF STATION			5/0	LOGATION OF STATION	
·						·		
						·		
						·		
						·		
						·		
						·		

Accounting Perio	od: 2019/2					F	FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Great Plains Cable Te	levision					4962
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident					tion that your cable	system carried on a
-	substitute basis during the a	• •				•	•
Substitute	explanation of the programm	• •		•			
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tel <u>evisi</u> on p	program
Statement and Program Log	broadcast by a distant sta	tion?				YE	S × NO
r rogram zog	-				- "// "		
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust complete the	program
	log in block 2.						
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Lise abbreviation	s wharever n	ossible if their me	aning is
	clear. If you need more spa				s wherever p		
				vision program ("substitut	e program") t	hat, during the acc	ounting
	period, was broadcast by a		•	-		c	
	under certain FCC rules, re	•					
	Do not use general categor "NBA Basketball: 76ers vs.		ovies of bask	etball." List specific progra	am titles, for e	example, "I Love Ll	JCY OF
			dcast live, ent	er "Yes." Otherwise enter	"No."		
				asting the substitute prog			
			,	the community to which th			; or, in
	the case of Mexican or Car			stem carried the substitute		,	the month
	first. Example: for May 7 gi		when your sy		e program. Os	se numerais, with t	
			e substitute pr	ogram was carried by you	r cable syste	m. List the times ad	ccurately
	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."	· · · · · · · · · · · · · · · · · · ·	lists of a way surger				no en vino el
	to delete under FCC rules			n was substituted for prog			
	was substituted for program	0		0			
	effect on October 19, 1976	•	, ,				
					I WHE	N SUBSTITUTE	
	S		E PROGRAM		CARRI	AGE OCCURRED	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. TIMES FROM — T	TO
					·		
						_	
						_	
						_	
						_	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:		A1-2E. PAGE
Name	Great Plains Cable Television		496
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to compage (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	dary transmission servic	
	during the accounting period	\$ 19 (Amount of g	9,113.38 ross receipts)
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$580 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	3	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you m accounting period is \$52.00	ust pay for this six-month	
	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 th	nan \$137,100)	
	1. Base amount under statutory formula \$ 263	3,800.00	
	2. Enter amount of gross receipts from space K \$ 199	9,113.38	
	3. Subtract line 2 from line 1	1,686.62	
	4. Enter the amount of gross receipts from space K	199,113.38	
	5. Enter the amount from line 3	64,686.62	
	6. Subtract line 5 from line 4	134,426.76	
	7. Multiply line 6 by .005 (enter figure here)	•••••••• \$	672.13
	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	\$	672.13
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less	than \$527,600)	
	1. Enter the amount of gross receipts from space K		
		3,800.00	
		<u>, </u>	
	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) \$	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 otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	672.13	
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	\$	692.13
	EFT Trace # or TRANSACTION ID # 21CTX1049131	62769101	
	Important: Your remittance must be in the form of an electronic payment payable to t	he Register of Convrights	
	See page i of the general instructions in the paper SA1-2 form and the Excel instruction		

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF (DWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains C	able Television	4962
M		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	17
	on which the c	I number of activated channels able system carried television broadcast stations cast services	109
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	LeaAnn Quist Telephone 4	02-456-6434
	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)	
0		(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	or
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne line 1 of space B.	r of the cable system
		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)]	

	K /s/Janelle Allison
	r an electronic signature on the line above to certify this statement. r signature using an "/s/ signature" (e.g., /s/ John Smith)
Typed or printed nam	e: Janelle Allison
	O & COO osition held in corporation or partnership)
Date:	March 2, 2020

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unting Period: 2019/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Plains Cable Television	496
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 Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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.	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q Interest Assessmen
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. Line 1 Enter the amount of late payment or underpayment	
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