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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	Return completed workbook by email to:	
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ems (Short Form) ctions are located of this workbook	3-5-20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	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 th of the subsidiary, not that of the parent co		diary 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	ne cable system.	
	If there were different owners during the a single statement of account and royalty fe		ne last day of the accounting period should su ing 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.	4980
	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 n	umber)		
	Blair, NE 68008 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			
System	1			
	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)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Great Plains Cable Television	498
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated cordiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	ty" is the same as a "community unit" as defined in FCC rules mmunities within unincorporated areas and including single,
Area	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 h	ome parks should be reported in parentheses below the
Served	identified city.	
Fired	CITY OR TOWN	STATE Nebraska
First Community	McCook Trenton	Nebraska
Add Rows as Necessary		

	1						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	
	Great Plains Cable Tele	vision						498
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBERS /	AND RATES				
E	In General: The information in s	•						
Secondary	system, that is, the retransmissi about other services (including			•••	•			
Transmission	last day of the accounting period			•		THOSE EXIS		
Service: Sub-	Number of Subscribers: Bot					able 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	· ·	,	•	ard rate variatior	ns within a	particular rate	
	category, but do not include disc			•			ing that apple	
	Block 1: In the left-hand block systems most commonly provid	-		-	•			
	that applies to your system. Not							
	categories, that person or entity	should be cou	nted as a subs	criber in each ap	plicable category	y. Example	e: a residential	
	subscriber who pays extra for ca					nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system	•		• • •		e different	from those	
	printed in block 1 (for example,	-						
	with the number of subscribers				•	,		
	sufficient.	OCK 1		<u> </u>		BLOCK	()	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RAT	TE CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:						004	
	Service to first set		681 2	24.95 Broade	caster Fee		681	14.
	• Service to additional set(s)				~~~		120	444
	• FM radio (if separate rate)			DRV F	ees		129	14.
	Motel, hotel Commercial			Conve	rter Fees		435	4.9
	Converter			Conve	itel Fees		433	4.
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC		NSMISSIONS:	RATES				
F	In General: Space F calls for ra	•		•	• •			
I	not covered in space E, that is, service for a single fee. There a				•			
Services	furnished at cost or (2) services		•	-			·	
Other Than	amount of the charge and the u							
Secondary	enter only the letters "PP" in the					in an linted		
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha		•					
nuioo	listed in block 1 and for which a	• •				•		
	brief (two- or three-word) description and include the rate for each.							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY C	F SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installation: N	on-residential				
	• Pay cable	17.00	 Motel, hote 	9				
	 Pay cable—add'l channel 	15.00	Commercia	al				
	Fire protection		 Pay cable 					
	 Burglar protection 		, , , , , , , , , , , , , , , , , , ,	add'l channel				
	Installation: Residential		 Fire protection 					
	• First set	65.00	• Burglar pro					
	• Additional set(s)	65.00	Other service					
	 FM radio (if separate rate) 		 Reconnect 		65.00			
	, , , ,							
	• Converter		Disconnect		05.00			
	, , , ,		• Disconnect • Outlet reloc • Move to ne	cation	65.00 65.00			

Accounting Period:	2019/2			FORM SA1-2E. PAGE 3.			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Hume	Great Plains Cable Te	levision		4980			
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	of (1) stations carried only on a part-til 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 ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESP ne-air designation. For example, report evision station for broadcasting over a station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form. st the community to which the station	me basis under ams [sections tions carried on a postitute program Log)—if the p on some other tons. N, 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			
	KFXL	15.1	N	Lincoln, NE			
	KUON	12.1	E	Lincoln, NE			
Add Rows as Necessary	KUON-EW	12.2	E-M	Lincoln, NE			
rad nows as necessary	KUON-EC	12.3	E-M	Lincoln, NE			
	KOLN	10.1	N	Lincoln, NE			
	KSNB	4	N	Superior, NE			
		4.2	N-M				
	KHGI	13.1	N	Kearney,NE			
	KHGI	13.3	I-M				
	KTIV	4.2	N-M	Sioux City, Iowa			
	KLKN	8.1	N	Lincoln, NE			
	KSNK	3	N				
	NJIN	3		Witchita, Kansas			

EGAL NAME OF								SYSTEM I 49
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to ormation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he statio ion's sign g a checl n's locatio	I-Band FM Carriage: Under O the whenever it is received a tived 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	at the system's he system's FM ante this point, see pa sed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, tated 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	
		5, 5				5,6		
						·	·	
						·		
						·	·	
						·	·	
						·		
						·		
						·		
						·		
						·		
						·		
						·		

Accounting Peric	od: 2019/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						4980
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident					tion, that your	· cable svst	em carried on a
_	substitute basis during the a	• •			•	•	•	
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	tructions in th	e paper SA	1-2 form.
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	asis, any nonr	network tel <u>ev</u>	ision progi	ram
Program Log	broadcast by a distant sta	tion?					YES	XNO
	Note: If your onewer in "No	" loovo tha	reat of this pa	an blonk. If your onowor i	o "Voo " vou r			
	Note: If your answer is "No	, leave the	e rest or this pa	ige blank. If your answer i	s res, your	nust complet	te the prog	ram
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle if the	ir meaning	n is
	clear. If you need more spa				s wherever p		in meaning	y 15
				vision program ("substitut	e program") t	hat, during th	e account	ing
	period, was broadcast by a		•	-	•	• •		
	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, TL	ove Lucy	or
			dcast live, ente	er "Yes." Otherwise enter	"No."			
		•		asting the substitute prog				
			,	the community to which th		•	e FCC or,	in
	the case of Mexican or Car			stem carried the substitut		,	with the n	oonth
	first. Example: for May 7 gi	-	when year ey			oo namoraio,	with the fi	
				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	5:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	uired
	to delete under FCC rules a							
	was substituted for program	nming that		8 81				0
	effect on October 19, 1976							
					WHE		UTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCU	RRED	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. TIN FROM —	ИES - TO	DELETION
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT		. 10	
						_		
]			
						_		
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	A1-2E. PAGE
Name	Great Plains Cable Television		498
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (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.	smission service	
	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.	\$ 19 (Amount of gr	4,823.09
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 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 accounting period is \$52.00	or 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 than \$137		
	1. Base amount under statutory formula \$ 263,800.00 2. End and the statutory formula 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	_	
	2. Enter amount of gross receipts from space K \$ 194,823.09	_	
	3. Subtract line 2 from line 1	_	
	4. Enter the amount of gross receipts from space K	194,823.09	
	5. Enter the amount from line 3	68,976.91	
	6. Subtract line 5 from line 4	125,846.18	
	7. Multiply line 6 by .005 (enter figure here)		629.23
	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	. \$	629.23
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	27,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula)	
	3. Subtract line 2 from line 1	<u> </u>	
	4. Multiply line 3 by .01	_	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$		
	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 otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	629.23	
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	\$	649.23
	EFT Trace # or TRANSACTION ID # 21CTX10491316276910	1	
	Important: Your remittance must be in the form of an electronic payment payable to the Regist	ter of Copyrights	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7.
News	LEGAL NAME OF (OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains C	Cable Television	4980
M Channels		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 I television broadcast stations	18
	on which the c	Il number of activated channels able system carried television broadcast stations cast services	109
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	LeaAnn Quist Telephone 40	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)	
O Certification		(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , 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; of	or
		It of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 1 of space B and that the owner is not a corporation or partnership; or	tem as identified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner 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 te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 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)
Typed or printed	name: Janelle Allison
	CFO & COO cial position held in corporation or partnership)
Date:	August 29, 2019

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 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 Office'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.

unting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
at Plains Cable Television	498
 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 	P Special Statement Concerning Gross Receipts Exclusion
<pre>made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below \$</pre>	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
x	-
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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 \$ -	-
x	-
x	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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 Office'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.