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 workbool by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u> </u>
General instructions are located in the first tab of this workbook	1/10/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(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 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	
		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	
		Mid-Plains Communications	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 300	
		(Number, street, rural route, apartment, or suite number) Tulia, TX 79088 (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Mid-Plains Communications	63445
D	Instructions: List each separate community served by the cable system. A "commu "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
		OTATE
First	CITY OR TOWN Kress	STATE TX
Community	Silverton	TX
	Tulia	ТХ
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORM SA1-	-2E. PAGE TEM IC
Name	Mid-Plains Communicat								6344
Е	SECONDARY TRANSMISSION In General: The information in s		-	-	-	/ transmission s	ervice of th	e cable	
_	system, that is, the retransmission								
Secondary	about other services (including p						hose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						ole system	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n	umber of billing	s in that	category (the	number of	persons or org	anizations		
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	nce payment.	-				
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a								
	sufficient.	OCK 1					BLOCK	´ 2	
		NO. OF		DATE	CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	EKS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		810	17.95	Expand	led Basic		710	62.
	Service to additional set(s)				P				
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	3				
F	In General: Space F calls for rat	· ·	,		•				
•	not covered in space E, that is, t service for a single fee. There ar					,	,		
Services	furnished at cost or (2) services				•		• • • •		
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	arged on a varia	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	system for ea	ch of the a	unnlicable servir	nes listed		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	e was m	ade or establi					
	brief (two- or three-word) descrip	otion and includ	le the ra	te for each.					
		BLO						BLOCK 2	
		RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	CATEGORY OF SERVICE		Installa	tion: Non-res	idential		Lubboo	k Tior	10.
	Continuing Services:			امغما ام					10.3
	Continuing Services: • Pay cable			el, hotel				lior	
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Con	nmercial			Variety Hispan		10.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Con • Pay	nmercial cable	annel		Hispan		10.9 4.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection		• Con • Pay • Pay	nmercial cable cable-add'l ch	annel		Hispan HBO	ic Tier	10.9 4.9 16.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	99.00	• Con • Pay • Pay • Fire	nmercial cable cable-add'l ch protection	annel		Hispan HBO Cinema	ic Tier	10. 4. 16. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	99.00	• Con • Pay • Pay • Fire • Burg	nmercial cable cable-add'l ch	annel		Hispan HBO Cinema	ic Tier IX Encore	10.9 4.9 16.9 14.9 14.9
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	99.00	• Con • Pay • Pay • Fire • Burg Other s	nmercial cable cable-add'l ch protection glar protection	annel		Hispan HBO Cinema Starz &	ic Tier IX Encore me	10. 4. 16. 14. 14. 14.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	99.00	• Con • Pay • Pay • Fire • Burg Other s	nmercial cable cable-add'l ch protection glar protection ervices:	annel		Hispan HBO Cinema Starz & Showti	ic Tier IX Encore me d Zone	10. 4. 16. 14. 14. 14. 50.
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	99.00	• Con • Pay • Pay • Fire • Burg Other s • Rec • Disc	nmercial cable cable-add'l ch protection glar protection services: connect	annel		Hispan HBO Cinema Starz & Showti NFL Re	ic Tier IX Encore me d Zone	10.9

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Mid-Plains Communic	cations		63 [,]
	PRIMARY TRANSMITTERS:	TELEVISION		
G		ntify every television station (including	, i	,
G		n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t		
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6		
ansmitters: Television		s explained in the next paragraph. : With respect to any distant stations c	arried by your cable system on a sul	bstitute program
		lles, regulations, or authorizations: e in space G—but do list it in space I (t	the Special Statement and Program	Logif the
	station was carried only on	a substitute basis.		
		also in space I, if the station was carrie in concerning substitute basis stations,		
	Column 1: List each station	n's call sign. <i>Do not</i> report origination	program services such as HBO, ESF	PN, etc. Identify each
	"WETA-2" as the same on t		.	
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community
	Column 3: Indicate in each	case whether the station is a network		
		ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), (
	For the meaning of these te	rms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	,
		n of each station. For U.S. stations, list dian stations, if any, give the name of t		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KACV-HD	9.1	E	Amarillo, TX
	KAMC-HD	27	Ν	Lubbock, TX
ows as Necessary	KAMR-HD	19.1	N	Amarillo, TX
···· .	KCBD-HD	11	N	Lubbock, TX
		15.1		
	IKCIT-HD	15.1		Amarillo, TX
	KCIT-HD			Amarillo, TX Amarillo, TX
	KCPN	33	I I I-M	Amarillo, TX
	KCPN KEYU	33 41	I I I-M	Amarillo, TX Amarillo, TX
	KCPN KEYU KEYU-HD	33	I I I I	Amarillo, TX Amarillo, TX Amarillo, TX
	KCPN KEYU KEYU-HD KFDA-HD	33 41 41.1 10.1	l N	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4	33 41 41.1 10.1 10.2	<u> </u>	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX
	KCPN KEYU KEYU-HD KFDA-HD	33 41 41.1 10.1	I N N-M I	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4	33 41 41.1 10.1 10.2	I N N-M	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2	33 41 41.1 10.1 10.2 35.3	I N N-M I	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT	33 41 41.1 10.1 10.2 35.3 35.1	I N N-M I N	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Lubbock, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT2	33 41 41.1 10.1 10.2 35.3 35.1 35.2	I N N-M I N	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Lubbock, TX Lubbock, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT2 KLBB	33 41 41.1 10.1 10.2 35.3 35.1 35.2 48	I N N-M I N I-M I	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Lubbock, TX Lubbock, TX Lubbock, TX Lubbock, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT2 KLBB KLBB-LD2	33 41 41.1 10.1 10.2 35.3 35.1 35.2 48 48 48.2	I N N-M I N I-M I I-M	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT2 KLBB KLBB-LD2 KLBB-LD3	33 41 41.1 10.1 10.2 35.3 35.1 35.2 48 48.2 48.2 48.3	I N N-M I N I-M I I-M I-M	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT2 KLBB KLBB-LD2 KLBB-LD3 KLBK-HD KLCW-TV	33 41 41.1 10.1 10.2 35.3 35.1 35.2 48 48.2 48.3 40 43	I N N-M I N I-M I I-M I-M	Amarillo, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT2 KLBB KLBB-LD2 KLBB-LD3 KLBK-HD KLCW-TV KMYL	33 41 41.1 10.1 10.2 35.3 35.1 35.2 48 48 48.2 48.3 40 43 22	I N N-M I N I-M I I-M I I N I I N I I I I	Amarillo, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT2 KLBB KLBB-LD2 KLBB-LD3 KLBK-HD KLCW-TV KMYL KMYL-LD5	33 41 41.1 10.1 10.2 35.3 35.1 35.2 48 48 48.2 48.3 40 40 43 22 22.1	I N N-M I N I-M I-M I-M I I I I I I I I I I I I I I	Amarillo, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT2 KLBB KLBB-LD2 KLBB-LD2 KLBB-LD3 KLBK-HD KLCW-TV KMYL KMYL-LD5 KTTZ	33 41 41.1 10.1 10.2 35.3 35.1 35.2 48 48 48.2 48.3 40 43 22 22.1 39	I N N-M I N I-M I I I I N I I I I I I I I I I I I I I	Amarillo, TX Lubbock, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT KLBB KLBB-LD2 KLBB-LD3 KLBB-LD3 KLBK-HD KLCW-TV KMYL KMYL-LD5 KTTZ KVII-DT2	33 41 41.1 10.1 10.2 35.3 35.1 35.2 48 48.2 48.3 40 40 43 22 22.1 39 7	I N N-M I N I-M I-M I I I I I I I I I I I I I I I I	Amarillo, TX Lubbock, TX Amarillo, TX
	KCPN KEYU KEYU-HD KFDA-HD KFDA-DT4 KJTV-CD2 KJTV-DT KJTV-DT2 KLBB KLBB-LD2 KLBB-LD2 KLBB-LD3 KLBK-HD KLCW-TV KMYL KMYL-LD5 KTTZ	33 41 41.1 10.1 10.2 35.3 35.1 35.2 48 48 48.2 48.3 40 43 22 22.1 39	I N N-M I N I-M I I I I N I I I I I I I I I I I I I I	Amarillo, TX Lubbock, TX

Accounting Period:	2019/2			FORM SA1-2E. PAGE 3
	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Mid-Plains Communic	ations		6344
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 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 informatio Column 1: List each station multicast stream associated	n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t (2) and (4), or 76.63 (referring to 76.63 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations s's call sign. <i>Do not</i> report origination with a station according to its over-th	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain static carried by your cable system on a subs the Special Statement and Program Lo ed both on a substitute basis and also , see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ΚΧΤQ	46	I	Lubbock, TX
	KZBZ-CD	26		Amarillo, TX
		=•		

EGAL NAME OF Mid-Plains C	owner of communica		/STEM:					SYSTEM II 634
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of i for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < 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 ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		T	· · · · · ·			-		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2019/2						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Mid-Plains Communic	ations						63445
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi							
	substitute basis during the a							
Substitute	explanation of the programm				e general Instr	uctions in th	e paper SA1	-2 torm.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	During the accounting per		r cable system	carry, on a substitute basi	s, any nonne	work televis		
Program Log	broadcast by a distant sta	tion?				L	YES	NO
	Note: If your answer is "No"	", leave the	rest of this pag	je blank. If your answer is '	"Yes," you mu	st complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			te Burgellere alderen de Brune e				_
	In General: List each subst clear. If you need more spa				wherever pos	sible, if thei	r meaning is	5
				ision program ("substitute	program") tha	t, during the	e accounting	9
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.			abali. List specific program		inipio, 120	VC LUCY OF	
				r "Yes." Otherwise enter "N				
				asting the substitute progra ne community to which the		need by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	nth and day		tem carried the substitute			with the mo	nth
	first. Example: for May 7 giv		aubatituta pro	arom was corriad by your	abla avatam	list the tim		sh.
	to the nearest five minutes.			gram was carried by your on the system from 6.01.2				ery
	stated as "6:00–6:30 p.m."					•		
				was substituted for progra				
	to delete under FCC rules a							ram
	Iwas substituted for brodram	nming that v	our system wa	s permitted to delete unde	r FCC rules a	nd redulatio	ons in	
	effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulatio	ons in	
			our system wa	s permitted to delete unde		-		1
	effect on October 19, 1976.		our system wa	·	WHE	N SUBSTI	TUTE	7. REASON FOR
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	7. REASON FOR DELETION
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI	N SUBSTI AGE OCC 6. 1	TUTE URRED	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	
	effect on October 19, 1976.	SUBSTITUT	E PROGRAM	1	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. 1	TUTE URRED TIMES	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
	Mid-Plains Communications		63445
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (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. 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.	mission service s amount, see	, 826.50
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.	\$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 accounting period is \$52.00	this six-month	
	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,	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	7,600)	
	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		
	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		
	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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: ommunications	SYSTEM ID# 63445
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	27 301
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Andrew Vargas Telephone 8	06-668-4420
	Address	P.O. Box 300	
		(Number, street, rural route, apartment, or suite number) Tulia, TX 70988	
		(City, town, state, zip)	
	Email	avargas@midplains.org Fax (optional)	
ο	CERTIFICATIO	N (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersig	gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Ow	ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; o	r
		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	em as identified
	X (Off	ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner	of the cable system
	 I have examin are true, compl 	in line 1 of space B. ed 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/ Andrew Vargas	
		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: Andrew Vargas	
		Title: CEO/General Manager (Title of official position held in corporation or partnership)	
		Date: January 9, 2020	

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 telephon 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 law

	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Plains Communications	634
 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? 	P Special Statemen Concerning Gros Receipts Exclusio
NO	
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
Line 1 Enter the amount of late payment or underpayment	
	Interest Assessme
x	Interest Assessme
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	
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