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						
	\$					
	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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.					
Owner		List any other name or names under which the owner conducts the business of the cable system.					
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.					
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
	Great Plains Cable Television						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		P. O. Box 50 (Number, street, rural route, apartment, or suite number)					
		Blair, NE 68008					
		(City, town, state, zip)					
C		EUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ure 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:	2020/1	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name									
	Great Plains Cable Television	24984							
	Instructions: List each separate community served by the cable system. A "communit	ry" is the same as a "community unit" as defined in FCC rules:							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single,								
D	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	lidentified city.								
	CITY OR TOWN	STATE							
First	North Bend	Nebraska							
Community	Dodge	Nebraska							
	Snyder	Nebraska							
Add Rows as Necessary	Scribner	Nebraska							
,	Dodge County	Nebraska							
	Douge County	Nebraska							

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

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Great Plains Cable Television

SYSTEM ID#

24984

E

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 	458	24.95	Broadcaster Fee	458	18.00		
 Service to additional set(s) 							
• FM radio (if separate rate)			HD Rental	433	4.95		
Motel, hotel							
Commercial			Converter Rental	63	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 R
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: 2020/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Great Plains Cable Television

FORM SA1-2E. PAGE 3.

SYSTEM ID#

24984

ln Ca

Primary Transmitters: Television

G

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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

KMTV 3.1 Ν Omaha, NE **KPTH** 42.1 Ν Omaha, NE I-M 42.2 I-M 42.3 **WOWT** 6.1 N Omaha, NE 6.2 I-M 6.3 I-M Ν **KETV** 7.1 Omaha, NE 7.2 I-M Ν **KXVO** 15.1 Omaha, NE **KUON** 12.1 Ε Lincoln, NE **KUON-EW** 12.2 E-M **KUON-EC** 12.3 E-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

24984

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.

Н

Primary Transmitters: Radio

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.

- **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
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Accounting Perio	d: 2020/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						24984
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	G			
1	In General: In space I, ident					•	•	
	substitute basis during the a	• .		•				
Substitute	explanation of the programm				ne generai ins	tructions in tr	ne paper SA	A1-2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	 During the accounting per 	riod, did you	ır cable syster	n carry, on a substitute ba	sis, any nonr	network telev	/ision progr	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	". leave the	rest of this pa	ige blank. If vour answer i	s "Yes." vou r	nust comple	te the prod	ıram
	log in block 2.	,		.go blaint ii your amonoi i				,,
	2. LOG OF SUBSTITUTE	PROGR/	MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if the	eir meaning	a is
	clear. If you need more spa					,	,	
		•		vision program ("substitute		•		•
	period, was broadcast by a		•	-	•			
	under certain FCC rules, re Do not use general categor	•						
	"NBA Basketball: 76ers vs.		ovice of basic	cibali. List specific progre	ani (100, 101)	oxampio, i L	LOVO LUOY	OI
	Column 2: If the program	n was broa	dcast live, ente	er "Yes." Otherwise enter	"No."			
		-		asting the substitute prog			===	
	the case of Mexican or Car		,	the community to which the		•	ie FCC or,	in
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 given		Wildir your oy		program o	oo mamoralo	, with the	
	Column 6: State the tim	es when the		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 "R" if the	listed program	n was substituted for prog	ramming that	t vour eveten	n was requi	uired
	to delete under FCC rules a							
	was substituted for progran							- g
	effect on October 19, 1976	•						
	T1 T							
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON							
			3. STATION'S	1	5. MONTH	6. TI		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
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Accounting Period:	2020/1	FORM SA1	I-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	Great Plains Cable Television		24984
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	,699.43 s 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	
		this sir manuals	
	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	tnis six-montn	
	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		32.00
		00)	
	1. Base amount under statutory formula		
	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
	or meroor sharger. Enter the amount home more typedes at page 5 mm market more than the contract of the contra		
	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	
	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
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101		
	<u>Important:</u> 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:	2020/1				FORM SA1-2E. PAGE 7		
Name		OWNER OF CABLE SYSTEM: able Television			SYSTEM ID# 24984		
M Channels	to its subscribers 1. Enter the tota system carried	s, and (2) the cable system's to		accounting period.	19		
		able system carried television bast services	oroadcast stations		108		
N Individual to Be Contacted		BE CONTACTED IF FURTHE	ER INFORMATION IS NEEDED (Identify an t.)	individual to whom			
for Further Information	Name	LeaAnn Quist		Telephone 402	2-456-6434		
	Address	P. O. Box 500 (Number, street, rural route, apartm	nent, or suite number)				
		Blair, NE 68808 (City, town, state, zip)					
	Email	lquist@gpcom.co	om	Fax (optional)			
	CERTIFICATION	(This statement of account mu	ust be certified and signed in accordance with	n Copyright Office regulations)			
O Certification	• I, the undersign	ed, hereby certify that (Check on	ne, but only one, of the boxes.)				
	(Owne	er other than corporation or pa	artnership) I am the owner of the cable systen	n as identified in line 1 of space B; or			
		-	tion or partnership) I am the duly authorized wner is not a corporation or partnership; or	agent of the owner of the cable syster	m as identified		
	X (Offic		f a corporation) or a partner (if a partnership) o	f the legal entity identified as owner of	f the cable system		
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 						
			X /s/Janelle Allison				
			Enter an electronic signature on the line above tenter signature using an "/s/ signature" (e.g., /s	-			
		Typed or printed	name: Janelle Allison				
			CFO & COO ficial position held in corporation or partnership)				
		Date:		August 31, 2020			

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U.S. Copyright Office

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

Accounting Period: 2020/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Great Plains Cable Television	24984
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	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q 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	
** 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)