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 COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	9-3-20	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Accounting Period		Period 2 = July 1 - December 31	
Instructions:			

		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional - see instructions)	
B Owner		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. 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 System	names	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.	
	2	MAILING ADDRESS OF CABLE SYSTEM: (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 suffciency of the fling, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Great Plains Cable Television	60
D	Instructions: List each separate community served by the cable system. A "commur "a separate and distinct community or municipal entity (including unincorporated con- 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. Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nity" is the same as a "community unit" as defined in FCC rule ommunities within unincorporated areas and including single list will serve as a form of system identification hereafter kno
Area Served	identified city.	nome parks should be reported in parentiteses below the
	CITY OR TOWN	STATE
First	Elgin	Nebraska
Community	Neligh	Nebraska
	Oakdale	Nebraska
d Rows as Necessary	Petersburg	Nebraska
	Ewing	Nebraska
		าก <mark>ก</mark> องกลางการการการการการการการการการการการการการก

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM:	:					SYS	TEM II
	Great Plains Cable Tele	evision							60
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		0					
Secondary	system, that is, the retransmissi about other services (including					•			
Transmission	last day of the accounting period				•			sting on the	
Service: Sub-	Number of Subscribers: Bot						ble systen	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the r separately for the particular service		-	•••		•	-	s charged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·	,			rd rate variation	s within a	particular rate	
	category, but do not include dise							· · · · · · · · · · · · · · · · · · ·	
	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 subscriber i	n each app	licable category	. Example	e: a residential	
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted Block 2: If your cable system	•			• • •	sorvice that ar	different	from those	
	printed in block 1 (for example,	-		-					
	with the number of subscribers					•			
	sufficient.	0.014.4	-	r					
	BLO	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:				_				
	Service to first set		488	24.95	Broadc	aster Fee		488	18.
	Service to additional set(s)							~~~	
	• FM radio (if separate rate)				HD Rer	ntal		373	4.9
	Motel, hotel				A			~ 1	
	Commercial				Conver	ter Rental		64	4.9
	Converter								
	 Residential Non-residential 								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for ra	•			•	• •			
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								
ranemieeione	Block 1: Give the standard ra			•					
ansmissions:	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								
Rates	-	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.							
	listed in block 1 and for which a		de the ra		ished. List	these other ser			
	listed in block 1 and for which a	ption and includ			ished. List	these other ser		BLOCK 2	
	listed in block 1 and for which a		CK 1			RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RAT
	listed in block 1 and for which a brief (two- or three-word) descri	ption and includ BLOO RATE	CK 1 CATEG	te for each.	VICE		CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE	ption and includ BLOO RATE	CK 1 CATEG Installa	te for each.	VICE		CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and includ BLOC RATE	CK 1 CATEG Installa • Mot	te for each. ORY OF SER tion: Non-res	VICE		CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable	Ption and includ BLOC RATE 17.00	CK 1 CATEG Installa • Mot • Con • Pay	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable	VICE idential		CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	Ption and includ BLOC RATE 17.00	CK 1 CATEG Installa • Mot • Con • Pay	te for each. ORY OF SER tion: Non-res el, hotel nmercial	VICE idential		CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	Ption and includ BLOC RATE 17.00	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable cable-add'l cl protection	VICE idential		CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	ption and includ BLOC RATE 17.00 15.00 65.00	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	te for each. ORY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection glar protection	VICE idential		CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	ption and includ BLOC RATE 17.00 15.00 65.00	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure Other s	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection ervices:	VICE idential	RATE	CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and includ BLOC RATE 17.00 15.00 65.00	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec	te for each. ORY OF SER tion: Non-res el, hotel mercial cable-add'l cl protection glar protection ervices: onnect	VICE idential		CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	ption and includ BLOC RATE 17.00 15.00 65.00	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bure • Bure • Bure • Cother s	te for each. ORY OF SER tion: Non-res el, hotel nmercial cable cable-add'l cl protection glar protection glar protection ervices: onnect	VICE idential	RATE	CATEGO		RAT
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	ption and includ BLOC RATE 17.00 15.00 65.00	CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Bury • Bury • Rec • Disc • Out	te for each. ORY OF SER tion: Non-res el, hotel mercial cable-add'l cl protection glar protection ervices: onnect	VICE idential	RATE	CATEGO		RAT

	LEGAL NAME OF OWNER OF	- CABLE SYSTEM:		SYSTEMI				
Name	Great Plains Cable Te			60				
	PRIMARY TRANSMITTERS: TELEVISION							
G	In General: In space G, ide carried by your cable syster FCC rules and regulations i	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	t (1) stations carried only on a part- he carriage of certain network progr	time basis under rams [sections				
Primary ansmitters: Television	substitute program basis, as Substitute Basis Stations: basis under specific FCC ru	e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations:	arried by your cable system on a su	ubstitute program				
	 Do not list the station here station was carried only on List the station here, and a basis. For further information 	e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations,	ed both on a substitute basis and als , see page (v) of the general instruc	so on some other ctions.				
	Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channed	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele	brogram services such as HBO, ES e-air designation. For example, rep	PN, etc. Identify each port multistream				
	Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	/RC is channel 4 in Washington, D.C. in case whether the station is a network a ering the letter "N" (for network), "N-M" (, "E" (for noncommercial educational), of erms, see page (iv) of the general instru- on of each station. For U.S. stations, list dian stations, if any, give the name of the	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the statior	bendent), "I-M" tional multicast). n is licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	κτιν	4.1	N	Sioux City, Iowa				
	KTIV-LA	4.2	I-M	Sioux City, Iowa				
		• • • • • • •						
Powers Necessary	KFXL	15.1	N	Lincoln, NE				
Rows as Necessary	KFXL	15.1	Ν	Lincoln, NE				
Rows as Necessary	KFXL KHGI	15.1 13.1	N N					
Rows as Necessary	KFXL KHGI KHGI	15.1 13.1 13.3	N N I-M	Lincoln, NE Kearney, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB	15.1 13.1 13.3 4.1	N N I-M N	Lincoln, NE Kearney, NE Superior, NE				
Rows as Necessary	KFXL KHGI KHGI	15.1 13.1 13.3 4.1 10.1	N N I-M N N	Lincoln, NE Kearney, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB	15.1 13.1 13.3 4.1 10.1 10.3	N N I-M N N N N-M	Lincoln, NE Kearney, NE Superior, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN	15.1 13.1 13.3 4.1 10.1 10.3 10.5	N N I-M N N N N-M I-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1	N N I-M N N N N-M I-M E	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				
Rows as Necessary	KFXL KHGI KHGI KSNB KOLN KUON KUON-EW KUON-EC	15.1 13.1 13.3 4.1 10.1 10.3 10.5 12.1 12.2 12.3	N N I-M N N N N-M I-M E E E-M	Lincoln, NE Kearney, NE Superior, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE				

counting Period	l: 2020/1			FORM SA1-2E. PAGE
Nome	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM I
Name	Great Plains Cable Te	levision		60
	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, a 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 informatic 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-tir the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also s, see page (v) of the general instruction program services such as HBO, ESPI ne-air designation. For example, report evision station for broadcasting over t a station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education cuctions in the paper SA1-2 form. as the community to which the station in	me basis under ms [sections ions carried on a pstitute program _og)—if the o on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF Great Plains								SYSTEM I 60
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r or detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recein at the Co sign of e 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 pyright Office regulations on t 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 ne 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 certain st general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				0,0		
						·		
						··		
						·		
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Accounting Perio	d: 2020/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						6064
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, ident					tion, that vo	ur cable syst	tem 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 th	ne general inst	tructions in t	he 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	sis, any nonr	etwork tele	vision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your oppyor in "No	" loovo tha	reat of this pa	an blonk. If your onower is	- "Vee " veu r			
	Note: If your answer is "No	, leave the	rest of this pa	ige blank. If your answer is	s res, your	nust comple	ete the prog	Iram
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviation	s wherever n	ossihle if th	eir meanin	nis
	clear. If you need more spa					5551510, 11 11		y 10
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute	e program") tl	hat, during t	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	•						
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		example, i	LOVE LUCY	01
			dcast live, ente	er "Yes." Otherwise enter	"No."			
		•		asting the substitute prog				
			,	the community to which th		•	he FCC or,	in
	the case of Mexican or Car			stem carried the substitute		,	s with the n	nonth
	first. Example: for May 7 gi	-	when your sy		s program. O		s, with the h	nontin
	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 6:01	l:15 p.m. to 6	:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	romming that	Nour eveto	m was rogi	uirod
	to delete under FCC rules a							
	was substituted for program	0		0				sgram
	effect on October 19, 1976					-		
					WHE	N SUBSTI	TUTE	
	S		E PROGRAM	1	CARRI	AGE OCC	JRRED	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. T FROM -	IMES — TO	DELETION
						1 Holin	10	
						-		
					·			
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			
					· · · · · · · · · · · · · · · · · · ·			

	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	
Name	Great Plains Cable Television		U	606
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amoun all amounts (gross receipts) paid to your cable system by subscribers for the system's seco (as identified in space E) during the accounting period. For a further explanation of how to c page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ondary transr	nission service	
	during the accounting period		\$ 140 (Amount of gro),034.78 oss 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than 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 LE	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	must 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	than \$137, ⁻	100)	
		63,800.00		
	2. Enter amount of gross receipts from space K \$	40,034.78		
	3. Subtract line 2 from line 1	23,765.22		
	4. Enter the amount of gross receipts from space K	\$	40,034.78	
	5. Enter the amount from line 3	\$	23,765.22	
	6. Subtract line 5 from line 4	\$	16,269.56	
	7. Multiply line 6 by .005 (enter figure here)		\$	81.35
	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		\$	81.35
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but les	s than \$527	,600)	
	1. Enter the amount of gross receipts from space K			
		63,800.00		
	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	Ψ	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)	\$	81.35	
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		\$	101.35
	EFT Trace # or TRANSACTION ID # 21CTX10491	3162769101		
	Important: Your remittance must be in the form of an electronic payment payable to	o the Registe	r of Convrights	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions	-		

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM:	SYSTEM ID#
	Great Plains C	able Television	6064
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 television broadcast stations	19
	on which the ca	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	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersigned	ed, hereby certify that (Check one, but only one, of the boxes.)	
	(Owne	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	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
		e r 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.	er 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)]	

	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	aname: Janelle Allison
Title: (Title of o	CFO & COO fficial position held in corporation or partnership)
Date:	August 31, 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 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: 2020/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
at Plains Cable Television	606
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	P Special Statement Concerning Gross Receipts Exclusion
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?	
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 Assessmen
x	
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* 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.