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	NT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
	y Transmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instruc	ns (Short Form) ations are located of this workbook	9-3-20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
	2020/1	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 t of the subsidiary, not that of the parent c		diary of another corporation, give the full corp	porate title
Owner	List any other name or names under whic	h the owner conducts the business of th	ne cable system.	
	If there were different owners during the single statement of account and royalty for		he last day of the accounting period should su ing period.	bmit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number a	assigned by the Licensing Division.	704

		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)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 suffciency of the fling, a determination that would be made by a court of law.

None	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Great Plains Cable Television	70
	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate 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 mob	nunity" is the same as a "community unit" as defined in FCC rule d communities within unincorporated areas and including single ou list will serve as a form of system identification hereafter kno s.
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Sutherland	Nebraska
Community	Hershey	Nebraska
dd Rows as Necessary		

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Great Plains Cable Tele	vision							70
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRI	BERS AND R	ATES				
E	In General: The information in s	•		•		•			
Secondary	system, that is, the retransmissi about other services (including r					•			
Transmission	last day of the accounting period	• • •			•			sting on the	
Service: Sub-	Number of Subscribers: Both						able system	n, broken	
scribers and	down by categories of secondar	•		•		•			
Rates	each category by counting the n		-	•••		•	-	s charged	
	separately for the particular servert Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	•	•	•				•	
	category, but do not include disc	counts allowed	for adva	ance payment.					
	Block 1: In the left-hand block			-		•			
	systems most commonly provid that applies to your system. Not								
	categories, that person or entity			•		•			
	subscriber who pays extra for ca					•			
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t					•	,		
	with the number of subscribers a sufficient.	and rates, in th	e right-h	and block. A t	wo- or thre	ee-word descrip	tion of the	service is	
		OCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		369	24.95	Broado	aster Fee		257	18.0
	 Service to additional set(s) 								
	• FM radio (if separate rate)				HD Rer	ntal		188	4.9
	Motel, hotel								
	Commercial				Conver	rter Rental		53	4.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscri	ber) info	rmation with re	espect to a	all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,					•			
Services	service for a single fee. There a furnished at cost or (2) services								
Other Than	amount of the charge and the u								
Secondary	enter only the letters "PP" in the		ele elemp			ged en a ra			
ransmissions:	Block 1: Give the standard ra			•					
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a brief (two- or three-word) description		-		Isnea. Lisi	t these other se	rvices in th	le form of a	
	bher (two- of three-word) descrip								
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	17.00			identiai				
	• Pay cable	17.00		el, hotel					
	 Pay cable—add'l channel Fire protection 	15.00		nmercial					
				r cable	operat				
				cable-add'l ch	annei				
	•Burglar protection		. Et	protoction					
	•Burglar protection Installation: Residential	0.5.00		protection					
	•Burglar protection Installation: Residential • First set	65.00	• Bur	glar protection					
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Bur Other s	glar protection					
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Bur Other s • Rec	glar protection services: connect		65.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Bur Other s • Rec • Disc	glar protection services: connect connect					
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Bur Other s • Rec • Disc • Out	glar protection services: connect		65.00 65.00 65.00			

Accounting Period:	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
Name	Great Plains Cable T	elevision		704
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, V Column 3: Indicate in each educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations on's call sign. <i>Do not</i> report origination ed with a station according to its over-th	<i>t</i> (1) stations carried only on a part-ti- the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat carried by your cable system on a sub- the Special Statement and Program ed both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOP	2.1	N	North Platte, NE
	KHGI	13.1	Ν	Kearney, NE
	KHGI	13.3	I-M	
Add Rows as Necessary	KUON	12.1	E	Lincoln, NE
	KUON-EW	12.2	E-M	การ <mark>ในแทบสามสามสามสามสามสามสามสามสามสามสามสามสามส</mark>
	KUON -EC	12.3	E-M	
	KSNB	4.2	I-M	Superior, NE
	KNPL	10.1	Ν	North Platte, NE
	KIIT	11.1	N	North Platte, NE
		11.2	I-M	

			***************************************	***

EGAL NAME OF								SYSTEM II
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
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 station	y the sys be rece t the Co sign of o he static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on 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 ed by the cable s he station is licent	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can eertain st general i eparate	be expected, ated 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	
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						·		
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Accounting Perio	od: 2020/1					I	FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Great Plains Cable Te	levision					704
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident					tion that your cable	system carried on a
_	substitute basis during the a	• •				-	•
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of the	ne general ins	tructions in the pape	er SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special	• During the accounting per	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any nonr	network television p	orogram
Statement and Program Log	broadcast by a distant sta	ition?				YE	s 🔽 NO
r rogram Log	-						
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you r	nust complete the	program
	log in block 2.						
	2. LOG OF SUBSTITUTE			ata lina. Llas abbraviation		oociblo if their mee	oning io
	In General: List each subs clear. If you need more spa		•		s wherever p		aning is
				vision program ("substitut	e program") t	hat, during the acc	ounting
	period, was broadcast by a		•	-		0	
	under certain FCC rules, re	•					
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love Lu	ucy" or
			dcast live. ent	er "Yes." Otherwise enter	"No."		
				asting the substitute prog			
			,	the community to which th		-	or, in
	the case of Mexican or Car			e community with which the stem carried the substitute		,	the month
	first. Example: for May 7 gi	-	when your sy		e program. Us	se numerais, with t	
			e substitute pr	ogram was carried by you	r cable syste	m. List the times ad	ccurately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	3:28:30 p.m. should	be
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	t vour evetem was	required
	to delete under FCC rules a						
	was substituted for program	0		0			
	effect on October 19, 1976						
					WHE	N SUBSTITUTE	
	S	UBSTITUT	E PROGRAM	1		AGE OCCURRED	
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — T	ГО
						_	
						_	
					·		
						_	
						_	
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						_	
				-			-

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 704
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 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.	smission service
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. 	9 \$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	or 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	<u>) </u>
	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 \$52	27,600)
	1. Enter the amount of gross receipts from space K	_
	2. Base amount under statutory formula \$ 263,800.00)
	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
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.0
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101 Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7.
Nome	LEGAL NAME OF (OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains C	Cable Television	704
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	16
	on which the c	I 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 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)	
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;	or
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne line 1 of space B.	or 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. 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

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	2020/1	FORM SA1-2E. PAGE 8
AL NAME OF OW	INER OF CABLE SYSTEM:	SYSTEM ID
eat Plains Ca	ble Television	70
The Satellite H lowing sentence "In dete service scribers For more infor located in the During the acc	TATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS lome Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- ce: ermining the total number of subscribers and the gross amounts paid to the cable system for the basic of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- s and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." mation on when to exclude these amounts, see the note on page (vii) of the general instructions paper SA1-2 form. counting period, did the cable system exclude any amounts of gross receipts for secondary transmissions lite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
YES. Ente	er the total here and list the satellite carrier(s) below	
Name Mailing Address	Name Mailing Address	
For an explana	plete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. ation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. the amount of late payment or underpayment	Q Interest Assessmen
	x	
Line 3 Multip Line 4 Multip in spac * To view t		
Line 3 Multip Line 4 Multip in space * To view t contact t	In y line 1 by the interest rate* and enter the sum here	
Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a	Iv line 1 by the interest rate* and enter the sum here	
Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a	y line 1 by the interest rate* and enter the sum here	
Line 3 Multip Line 4 Multip in space * To view t contact t ** This is the NOTE: If you a list below the of Owner	y 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.