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						
2/22/2021	\$ 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	ACCO	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20202 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							
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
	HunTel CableVision, Inc.							
	•	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		PO Box 400 (Number, street, rural route, apartment, or suite number)						
		Blair, NE 68008						
	-	X 20 - 3 - 3 - 10						
С		<b>UCTIONS:</b> 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:						
		020155						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	PO Box 400 (Number, street, rural route, apartment, or suite number)						
		Blair, NE 68008 (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.

	T	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	HunTel CableVision, Inc.	2015
	Instructions: List each separate community served by the cable system. A "communit	
D	"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 list as the "first community." Please use it as the first community on all future filings.	t will serve as a form of system identification hereafter know
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	ome parks should be reported in parentheses below the
Area	identified city.	one parks should be reported in parentheses below the
Served		
	CITY OR TOWN	STATE
First	Bassett	NE
Community		
Rows as Necessary		
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		(m. 11.11.11.11.11.11.11.11.11.11.11.11.11

Accounting Period: 2020/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

20155

# Ε

## Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

HunTel CableVision, Inc.

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.

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	66	71.28			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel	30	12.73			
Commercial					
Converter					
Residential					
Non-residential					
		<b>†</b>		1	<b>[</b>

# 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	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	16.50	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
	Move to new address				

FORM SA1-2E. PAGE 3. Accounting Period: 2020/2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 20155

HunTel CableVision, Inc.

1. CALL SIGN

PRIMARY TRANSMITTERS: TELEVISION

G

**Primary** Transmitters: Television

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

KHGI 9 Kearney, NE Ν **KOLN** 11 Ν Lincoln, NE **KMNE** 12 Ε Lincoln, NE **KFXL** 23 Ν Grand Island, NE Hastings, NE **KSNB** 28 Ν

3. TYPE OF STATION

4. LOCATION OF STATION

Add Rows as Necessary

Accounting Period: 2020/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

20155

HunTel CableVision, Inc.

# 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

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.

Primary Transmitters: Radio

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
		ļ					
		\					

Associating Dovin	.d. 2020/2						FOR	M CA4 OF DACE 5	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5.  SYSTEM ID#	
Name	HunTel CableVision, I							20155	
				THE AND DOCUMENT					
	SUBSTITUTE CARRIAG				-				
•	<b>In General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. F								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE					
Special Statement and	During the accounting pe	riod, did yo	ur cable systei	m carry, on a substitute ba	asis, any noni	network te	levision prog		
Program Log	broadcast by a distant station?								
	Note: If your answer is "No	", leave the	rest of this pa	age blank. If your answer	is "Yes," you ι	must comp	olete the pro	gram	
	log in block 2.								
	2. LOG OF SUBSTITUTI			-4- 1:     -		::	4l i i	_ :_	
	In General: List each subsclear. If you need more spa				is wherever p	ossidie, it	their meaning	g is	
	Column 1: Give the title	of every no	onnetwork tele	vision program ("substitut					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor								
	"NBA Basketball: 76ers vs.		dogat live ont	or "Voo." Othorwing ontor	"No "				
				er "Yes." Otherwise enter casting the substitute prog					
	Column 4: Give the broa	adcast stati	on's location (	the community to which the	ne station is li		the FCC or,	in	
	the case of Mexican or Car <b>Column 5:</b> Give the more		, ,	e community with which the estem carried the substitut		,	als, with the r	month	
	first. Example: for May 7 gi	ve "5/7."			-				
	Column 6: State the tim to the nearest five minutes		•	ogram was carried by you	•			ately	
	stated as "6:00–6:30 p.m."	Lxample.	a program car	ned by a system nom o.o	1. 13 p.111. to c	7.20.30 p.i	II. SHOULD DE		
				n was substituted for prog					
	to delete under FCC rules was substituted for prograr							ogram	
	effect on October 19, 1976	•	, ,	<b>F</b>					
					\\\\L	NI SLIBST	TITLITE	T	
	s	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON FO				
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>		
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Accounting Period:	<b>2020/2</b> FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  HunTel CableVision, Inc.  SYSTEM ID# 20155
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.  \$\$30,518.88\$ [MPORTANT: You must complete a statement in space P concerning gross receipts.
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 \$263,800  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month
	accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	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)
	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
	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)
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID # 26RB0I20
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2020/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWN HunTel CableVisio	IER OF CABLE SYSTEM: on, Inc.				SYSTEM ID# 20155
M Channels	to its subscribers, an  1. Enter the total nun system carried tele  2. Enter the total nun on which the cable	nust give (1) the number of ad (2) the cable system's to mber of channels on which vision broadcast stations.  The of activated channels system carried television bervices	otal number of activate the cable broadcast stations	ed channels during the a		5 40
N Individual to Be Contacted		CONTACTED IF FURTHI		S NEEDED (Identify an in		
for Further Information		ane Sutherland			Telephone	402.426.6242
	BI	umber, street, rural route, apartn lair, NE 68008 ty, town, state, zip)	nent, or suite number)			
	Email	jsutherland@an	nericanbb.com		Fax (optional)	
O Certification	I, the undersigned, h      (Owner oth      (Agent of original in line)      X (Officer original in line)      I have examined the	nereby certify that (Check of the than corporation or provided than corporation of provided that the or provided t	ne, but only one, of the artnership) I am the cution or partnership) I wher is not a corporation or a partnership I whereby declare under	wmer of the cable system am the duly authorized a on or partnership; or artner (if a partnership) of	copyright Office regulations)  as identified in line 1 of space  gent of the owner of the cable  the legal entity identified as over  ements of fact contained hereide in good faith.	system as identified wner of the cable system
				nature on the line above to an "/s/ signature" (e.g., /s,		
		Typed or printed	name: <b>Joe Jet</b>	ensky		
		Title: (Title of of	President ficial position held in corpo	ration or partnership)		
		Date:			2/19/21	

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Scribers 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.  Name  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.	SA1-2E. PAGE 8
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?   NO	SYSTEM ID#
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Name Mailing Address  Name Mailing Address	
Name Mailing Address  Name 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	
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	st Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
(interest charge)  * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  ** 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	
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list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  Owner	
ID number First community served	

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