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

		FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:	
	ry Transmissions by ms (Short Form)	DATE RECEIVED	<u>coplicsoa@copyright.gov</u>		
General instru	ctions are located of this workbook	3/1/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	-	
	2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		1			
		I			
		Barcode Data Filing Period (optional -	- see instructions)		
Accounting Period					
	Instructions:				
В	Give the full legal name of the owner of t title of the subsidiary, not that of the par		idiary of another corporation, give the full c	orporate	
Owner	List any other name or names under which	ch the owner conducts the business of th	he cable system.		
	If there were different owners during the single statement of account and royalty f		the last day of the accounting period should ting period.	l submit a	
	Check here if this is the system's first filin	ig. If not, enter the system's ID number :	assigned by the Licensing Division.	6064	
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM			
	Great Plains Cable Television				
	BUSINESS NAME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)		
			, 		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
	P. O. Box 50				
	(Number, street, rural route, apartment, or suite n	iumber)			
	Blair, NE 68008 (City, town, state, zip)				
^	INSTRUCTIONS: In line 1, give any busin				
C	names already appear in space B. In line	2, give the mailing address of the	e system, if different from the addre	ss given in space B	
System	1				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Number, street, rural route, apartment, or suite number)

MAILING ADDRESS OF CABLE SYSTEM:

City, town, state, zip code)

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
	Great Plains Cable Television	6064					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC ru "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sind 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 k 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 Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bbile home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Elgin	Nebraska					
Community	Neligh	Nebraska					
	Oakdale	Nebraska					
Rows as Necessary	Petersburg	Nebraska					
	Ewing	Nebraska					

				FO LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Great Plains Cable Tele							51	STEM I 60			
		131011										
Е	SECONDARY TRANSMISSION											
E	In General: The information in s			-		•						
Secondary	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											
Transmission	last day of the accounting period				-			ing on the				
Service: Sub-	Number of Subscribers: Both	•										
scribers and	down by categories of secondary	•		•		•						
Rates	each category by counting the n separately for the particular serv			0,0				charged				
	Rate: Give the standard rate of					•	,	je and the				
	unit in which it is generally billed					ard rate variation	s within a p	particular rate				
	category, but do not include disc											
	Block 1: In the left-hand block systems most commonly provide			0		•						
	that applies to your system. Not											
	categories, that person or entity											
	subscriber who pays extra for ca					d in the count un	der "Servi	ce to the				
	first set" and would be counted of Block 2: If your cable system					service that are	different f	rom those				
	printed in block 1 (for example, t	-		•								
	with the number of subscribers a					,		, 0				
	sufficient.											
	BLC	BLOCK 1					BLOCK	. 2 NO. OF	-			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	 Service to first set 		463	24.95	Broado	aster Fee		46	3 22.0			
	 Service to additional set(s) 											
	 FM radio (if separate rate) 				HD Rer	ntal		23	3 4.9			
	Motel, hotel											
	Commercial				Conver	rter Rental		174	4.9			
	Converter											
	• Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s							
-	In General: Space F calls for rat					all your cable sys	tem's serv	ices that were				
F	not covered in space E, that is, t											
Services	service for a single fee. There ar	•			U							
Other Than	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,											
Secondary	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.											
ransmissions:		Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	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 brief (two- or three-word) description and include the rate for each.							, IOITI OI A				
								BLOCK 2	<u>к э</u>			
								BLUCK Z				
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	VICE	RATE	CATEGO	RY OF SERVIC	E RAT			
	CATEGORY OF SERVICE Continuing Services:		CATEG	ORY OF SER		RATE	CATEGO	ORY OF SERVIC	E RAT			
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEG			RATE	CATEGO	ORY OF SERVIC	E RAT			
	Continuing Services:	RATE	CATEG Installa • Mot	tion: Non-res		RATE	CATEGO	DRY OF SERVIC	E RAT			
	Continuing Services: • Pay cable	RATE 17.00	CATEG Installa • Mot • Cor	ition: Non-res el, hotel		RATE	CATEGO	ORY OF SERVIC	E RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE 17.00	CATEG Installa • Mot • Cor • Pay	ition: Non-res el, hotel nmercial	idential	RATE	CATEGO	DRY OF SERVIC	E RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 17.00	CATEG Installa • Mot • Cor • Pay • Pay	t ion: Non-res el, hotel nmercial ^r cable	idential	RATE	CATEGO	DRY OF SERVIC	E RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 17.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ttion: Non-res el, hotel nmercial r cable r cable-add'l ch	idential	RATE	CATEGO	DRY OF SERVIC	E RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE 17.00 15.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial r cable r cable-add'l ch protection	idential	RATE	CATEGO	DRY OF SERVIC	E RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 17.00 15.00 65.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection	idential	RATE 65.00	CATEGO	DRY OF SERVIC	E RAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 17.00 15.00 65.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential		CATEGO	DRY OF SERVIC	ERAT			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 17.00 15.00 65.00	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential		CATEGO	DRY OF SERVIC	ERAT			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM			
Name	Great Plains Cable Te	elevision		60			
	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 ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination p d with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st rried by your cable system on a si e Special Statement and Program both on a substitute basis and al see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the statio	E-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each poort multistream er the air in its community a noncommercial pendent), "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			
d Rows as Necessary	KFXL	15.1	N	Lincoln, NE			
u nows as need	KHGI	13.1	N	Kearney, NE			
	KHGI	13.3	I-M				
	KSNB	4.1	Ν	Superior. NE			
	KSNB	4.1	N	Superior, NE Lincoln. NE			
		10.1	N	Superior, NE Lincoln, NE			
	KSNB	10.1 10.3	N N-M				
	KSNB KOLN	10.1 10.3 10.5	N N-M I-M	Lincoln, NE			
	KSNB KOLN KUON	10.1 10.3 10.5 12.1	N N-M	Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW	10.1 10.3 10.5 12.1 12.2	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW	10.1 10.3 10.5 12.1 12.2	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			
	KSNB KOLN KUON KUON-EW KUON-EC	10.1 10.3 10.5 12.1 12.2 12.3	N N-M I-M E E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE			

ccounting Period:	2021/2			FORM SA1-2E. PAGE 3	
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID	
Name	Great Plains Cable Te	levision		6064	
	PRIMARY TRANSMITTERS:	TELEVISION			
G	carried by your cable system	m during the accounting period, excep	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program	ne basis under	
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as	e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph.	51(e)(2) and (4))]; and (2) certain statio arried by your cable system on a subs	ons carried on a	
••••••	basis under specific FCC ru • Do <i>not</i> list the station here	iles, regulations, or authorizations: e in space G—but do list it in space I (t	he Special Statement and Program Lo		
	 station was carried <i>only</i> 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. <i>Do not</i> 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 Column 2: Give the channed	he form.	evision station for broadcasting over th		
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these terms	case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru		ndent), "I-M" nal multicast).	
			t the community to which the station is the community with which the station is		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	

Great Plains	Cable Tele							SYSTEM I 60
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to mation abou m. entify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTEM								SYSTEM ID
Name	Great Plains Cable Tel									606
	SUBSTITUTE CARRIAG	E: SPECIAL ST	ГАТЕМЕ	NT AND PROGRA		G				
	In General: In space I, ident									
	substitute basis during the a									
Substitute Carriage:	explanation of the programm					ie general ins	structions I	n the pa	aper SA	1-2 torm.
Special	1. SPECIAL STATEMEN	-					otwork to	lovision	progra	
	During the accounting per	•	ne system	n carry, on a subsit	lule bas	sis, any noni			· • –	
	broadcast by a distant station? YES X NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.	, leave the rest of	oi this pa	ge blank. If your an	iswer is	res, your	nust comp	biete the	e progra	am
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes.	a distant station ar egulations, or auth ries like "movies" . Bulls." m was broadcast sign of the station adcast station's lo nadian stations, if nth and day when ive "5/7."	nd that ye horization or "baske n broadc ocation (t f any, the n your sys stitute pro	our cable system suns. See page (v) of etball." List specific er "Yes." Otherwise asting the substitute the community to whe community with whe stem carried the sub ogram was carried the	ubstitute the gen program e enter "I te progra which the hich the ubstitute by your	ed for the pro- neral instruct m titles, for e No." am. e station is liu program. Us cable system	ogrammin ions for fu example, " censed by entified). se numera m. List the	g of and rther inf I Love L the FC als, with	other sta formatic Lucy" of C or, in the mo	ation on. r n onth
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the listed and regulations in	n effect d	uring the accounting	ig period	d; enter the l	etter "P" if	the list	ed prog	
	Column 7: Enter the lett	ter "R" if the listed and regulations in mming that your s	n effect d	uring the accounting	ig period	d; enter the l er FCC rules	etter "P" if and regu	the liste lations i	ied prog in	
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations ir mming that your s b. UBSTITUTE PR	n effect d system wa	uring the accounting as permitted to dele	ig period	d; enter the l er FCC rules WHE CARRI	etter "P" if and regu N SUBST AGE OCC	The list lations i TTUTE	ied prog	gram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s b. UBSTITUTE PR 2. LIVE? 3. ST	n effect d system w	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	ied prog	gram
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON FC
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON FO
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F(
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F
	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F
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	Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976	ter "R" if the listed and regulations in mming that your s 5. UBSTITUTE PR(2. LIVE? 3. ST	OGRAM	uring the accounting as permitted to dele	ng period ete unde	d; enter the l er FCC rules WHE CARRI 5. MONTH	etter "P" if and regu N SUBST AGE OCC	TITUTE TITUTE TIMES	in	gram 7. REASON F(
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Accounting Period:	2021/2 FORM SA1-2E. PAGE
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I
Name	Great Plains Cable Television 606
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 for subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross 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 or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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 \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 137,913.69
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8 0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)
	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) \$ 60.14
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 \$ 80.14
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101
	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:	2021/2	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID 606
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which to its subscribers, and (2) the cable system's total number of activa 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	ted channels during the accounting period.
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION we can contact about this statement of account.)	IS NEEDED (Identify an individual to whom
for Further Information	Name LeaAnn Quist	Telephone 402-456-6434
	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)
Certification	(Agent of owner other than corporation or partnership in line 1 of space B and that the owner is not a corporation) or a in line 1 of space B. • I have examined the statement of account and hereby declare under are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] • If a use examined the statement of account and hereby declare under are true, complete, and correct to the best of my knowledge, informat [18 U.S.C., Section 1001(1986)] • Typed or printed name: Janelle Janelle • Title: CFO & COO (Title of official position held in corr	e boxes.) owner of the cable system as identified in line 1 of space B; or 1 am the duly authorized agent of the owner of the cable system as identified tion or partnership; or partner (if a partnership) of the legal entity identified as owner of the cable system repenalty of law that all statements of fact contained herein ion, and belief, and are made in good faith. Ile Allison Allison Anticology and the statement is statement is statement. an "s/s signature" (e.g., /s/ John Smith) Anticology and the statement is statement. Antic
	Date:	March 1, 2022

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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
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 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	-
Name Mailing Address Name Mailing Address Mailing Address Mailing Address	 u u
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 Assessmen
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	-
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	-
* 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.	
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.	
** 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	
 ** 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 	
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