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 COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook	08/18/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20201 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
		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 (City, town, state, zip)
С		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.
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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		20155
D	HunTel CableVision, Inc. Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	unity" is the same as a "community unit" as defined in FCC rules: communities within unincorporated areas and including single,
A	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 mobil	
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Bassett	NE
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM.						FORM SA1	TEM ID
Name	HunTel CableVision, Inc							010	2015
		-							
Е	SECONDARY TRANSMISSION								
L	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the n								
	separately for the particular serv								
	Rate: Give the standard rate c unit in which it is generally billed.								
	category, but do not include disc				ny standai		, within a p		
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca	ble service to a	additiona	al sets would b	e included				
	first set" and would be counted o Block 2: If your cable system I					sonvice that are	difforant fr	om thoso	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				1				
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		74	71.28					
	Service to additional set(s)								
	• FM radio (if separate rate) Motel, hotel		30	6.37					
	Commercial		30	0.57					
	Converter								
	Residential								
	Non-residential								
			1						
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat not covered in space E, that is, the	•	,		•	• •			
-	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	tes are ch	arged on a varia	able per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable	e system for ea	ch of the a	applicable servic	es listed.		
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. List	these other serv	ices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE		BLOCK 2 DRY OF SERVICE	
	Continuing Services:	RATE		tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT
	• Pay cable	16.50		el, hotel	acintiai				
	• Pay cable—add'l channel			nmercial					
	• Fire protection		• Pay	cable					
	•Burglar protection		• Pay	v cable-add'l ch	annel				
	Installation: Residential		• Fire	protection					
	• First set			glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect					
	Converter			connect					
			i ∙Out	let relocation					
				ve to new addr					

е	LEGAL NAME OF OWNER OF			SYSTEM ID# 20155
	HunTel CableVision, I			
ry ters: ion	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including t m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61 s explained in the next paragraph. : With respect to any distant stations ca lles, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. 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 pi d with a station according to its over-the-	t (1) stations carried only on a part-time carriage of certain network program (1(e)(2) and (4))]; and (2) certain static arried by your cable system on a substime Special Statement and Program Lo d both on a substitute basis and also see page (v) of the general instructio program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a re for network multicast), "I" (for indepen- pr "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station is	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KHGI	9	N	Kearney, NE
		9	N N	Kearney, NE Lincoln. NE
rv	KHGI KOLN KMNE			Lincoln, NE
ry	KOLN	11	N	Lincoln, NE Lincoln, NE
·у	KOLN KMNE KFXL	11 12 23	N E	Lincoln, NE Lincoln, NE Grand Island, NE
ary	KOLN KMNE	11 12	N E N	Lincoln, NE Lincoln, NE
ıry	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
iry	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
зry	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
ary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
ary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
ary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
sary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
sary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
sary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
sary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
ssary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
ssary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
essary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
essary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
essary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE
cessary	KOLN	11	N	Lincoln, NE
	KMNE	12	E	Lincoln, NE
	KFXL	23	N	Grand Island, NE

lunTel Cabl	• OWNER OF C eVision, In		1 0 I EM:					SYSTEM 201
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) on the basis of i cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation about m. dentify the call tate whether to the radio stat this by placing tive the station	y the sys be recein the Co sign of the the static ion's sig g a chech n's locati	I-Band FM Carriage: Under item whenever it is received a wed at the headend, with the opyright Office regulations on 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	at the system's he system's FM anto this point, see pa sed 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 ertain 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	
						L		

Accounting Perio	od: 2020/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	HunTel CableVision, Ir	nc.						20155
	SUBSTITUTE CARRIAG	E: SPECIA			 G			
	In General: In space I, ident	-	-			on. that vo	ur cable svste	m carried on a
-	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or a	uthorizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in th	he paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonne	work telev	ision progran	
Program Log	broadcast by a distant sta	tion?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ist complet	te the program	n
	log in block 2.							
	2. LOG OF SUBSTITUTE			ta lina. I laa ahbraviatiana y	wherever	aible if the	ir mooning is	
	In General: List each subst clear. If you need more spa				wherever pos	sidle, il trie	er meaning is	
	Column 1: Give the title	of every no	nnetwork telev	ision program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							1.
	"NBA Basketball: 76ers vs.	Bulls."						
				r "Yes." Otherwise enter "N Isting the substitute program				
	Column 4: Give the broa	adcast static	on's location (th	ne community to which the	station is lice		e FCC or, in	
	the case of Mexican or Can						with the mor	ath a
	first. Example: for May 7 give		when your sys	tem carried the substitute p	logiani. Use	numerais,		101
	Column 6: State the time	es when the		gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. s	should be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	n was <i>require</i>	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete undel	r FCC rules a	na regulati	ons in	
	S	UBSTITUT	E PROGRAM	1		N SUBST		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
								·

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	HunTel CableVision, Inc.		20155
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	,794.00 s receipts)
	COPYRIGHT ROYALTY FEE		
L 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 \$2 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. 	63,800	
	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 t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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		
	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
			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		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	4 040 00	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and			
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 26PNJUQT		
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF HunTel Cable	OWNER OF CABLE SYSTEM: Vision, Inc.			SYSTEM ID# 20155
M Channels	to its subscriber		total numb	Is on which the cable system carried television broadcast stations per of activated channels during the accounting period. le	5
	2. Enter the tota on which the c	al number of activated channe cable system carried televisior	ls n broadcas	st stations	40
N Individual to Be Contacted		about this statement of accou		RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Jane Sutherland		Telephone	402.426.6242
	Address	1638 Lincoln St (Number, street, rural route, apar	tment, or su	ite number)	
		Blair, NE 68008 (City, town, state, zip)			
	Email	jsutherland@a	mericanb	b.com Fax (optional)	
O Certification	I, the undersign (Owne (Agen in X (Offic in I have examined	ed, hereby certify that (Check of er other than corporation or p nt of owner other than corpor- n line 1 of space B and that the cer or partner) I am an officer (n line 1 of space B. d the statement of account and te, and correct to the best of my	one, <i>but oni</i> partnership ation or pa owner is no if a corpora hereby de	rtified and signed in accordance with Copyright Office regulations) <i>ly one</i> , of the boxes.) p) I am the owner of the cable system as identified in line 1 of space B artnership) I am the duly authorized agent of the owner of the cable sy ot a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as own clare under penalty of law that all statements of fact contained herein le, information, and belief, and are made in good faith.	rstem as identified
				/s/ Joe Jetensky electronic signature on the line above to certify this statement. mature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printe	d name:	Joe Jetensky	
		Title:	Presid	dent	
			official positi	ion held in corporation or partnership)	

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 telephol 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of lay

	OVOTEN
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEN 20
Tel CableVision, Inc.	
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 fol- lowing 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 sub-	P Special Stateme
scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	Concerning Gro Receipts Exclusi
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 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
	Q Interest Assessm
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 Assessm
	Interest Assessm
	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Lander La
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	LINTEREST Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
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Line 1 Enter the amount of late payment or underpayment	L Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Lander La

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