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

STATEMEN <sup>T</sup>	T OF ACCOUNT	FOR COPYRIGE	HT OFFICE USE ONLY	Return completed workbook by email to:
-	Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@copyright.gov</li> </ul>
Cable Systems General instruction in the first tab of th	ns are located	9-3-20	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A AC	COUNTING PERIOD COVERED E	<b>BY THIS STATEMENT: (YY</b> Period 1 = January 1 - June 30	<b>YYY/(Period))</b> Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	- see instructions)	
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full cor	porate title
Owner	List any other name or names under which	the owner conducts the business of th	ne cable system.	
	If there were different owners during the a single statement of account and royalty fee Check here if this is the system's first filing	e payment covering the entire account		ubmit a 29319
	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 no	umber)		
	Blair NE 68008			

 C
 Intercent of (Number, street, rural route, apartment, or suite number)

 Blair, NE 68008
 (City, town, state, zip)

 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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:

 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.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Great Plains Cable Television	2931
D Area	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 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 rules I communities within unincorporated areas and including single, u list will serve as a form of system identification hereafter know
Served	identified city.	
	CITY OR TOWN	STATE
First	Chapman	Nebraska
Community		
dd Rows as Necessary		

								FORM SA1-	TEM ID
Name	LEGAL NAME OF OWNER OF C		:					313	<b>293</b> 1
	Great Plains Cable Tele	vision							233
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	IBERS AND R	ATES				
E	In General: The information in s	space E should	cover	all categories o	f seconda	ry transmission	service of	the cable	
<u> </u>	system, that is, the retransmissi					•			
Secondary Transmission	about other services (including plast day of the accounting period	• • •			•		those exis	sting on the	
Service: Sub-	Number of Subscribers: Both						able syster	n, broken	
scribers and	down by categories of secondar	•					-		
Rates	each category by counting the n		-			•	-	s charged	
	separately for the particular serv							rac and the	
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	0	•	5 7				0	
	category, but do not include disc	· ·		,	•			particular rate	
	Block 1: In the left-hand block					condary transm	ission serv	ice that cable	
	systems most commonly provide								
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca					•	• •		
	first set" and would be counted of						nuel Selv		
	Block 2: If your cable system	•			• • •	service that a	e different	from those	
	printed in block 1 (for example, t						,	-	
	with the number of subscribers a	and rates, in th	e right-	hand block. A t	wo- or thre	e-word descrip	tion of the	service is	
	sufficient.	DCK 1					BLOC	()	
		NO. OF					BLUC	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		22	56.49	Broadc	aster Fee		22	18.
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>				DVR Re	ental			
	Motel, hotel								
	Commercial				Conver	ter Rental			
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sy	etom's sor	vices that were	
F	not covered in space E, that is,	•			•	• •			
	service for a single fee. There a					•			
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	y billed. If any r	ates are c	harged on a va	riable per-p	program basis,	
Secondary ransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra		the cab	le system for e	ach of the	applicable serv	vices listed		
Rates	Block 2: List any services that			•		• •			
	listed in block 1 and for which a	separate charg	ge was	made or establ	ished. List	these other se	rvices in th	ne form of a	
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	17.00	• Mo	tel, hotel					
	<ul> <li>Pay cable—add'l channel</li> </ul>	15.00	• Co	mmercial					
	Fire protection		•Pa	y cable					
	<ul> <li>Burglar protection</li> </ul>		• Pa	y cable-add'l cł	nannel				
	Installation: Residential		• Fire	e protection					
	• First set	65.00	• Bu	rglar protection					
	<ul> <li>Additional set(s)</li> </ul>	65.00	Other	services:					
	• FM radio (if separate rate)		• Re	connect		65.00			
	,		L						I
	Converter		• Dis	sconnect					
	• Converter			connect tlet relocation		65.00			

ounting Period: 2	2020/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
	Great Plains Cable Te	levision		2931
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further 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	TELEVISION ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (if a substitute basis. also in space I, if the station was carrie n concerning substitute basis stations of call sign. <i>Do not</i> report origination p d with a station according to its over-th	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial rendent), "I-M" ional multicast).
		Jian stations, if any, give the name of t	-	-
	KHNE	2. B CAST CHANNEL NOMBER	E	
	KLKN		N	Hastings, Nebraska
	KSNB	8.1 4.1	N	Lincoln, Nebraska
Rows as Necessary	NOND			Superior Nebraksa
	VEVI	4.2	<u>N-M</u>	Lincoln Nobrooko
	KFXL	15	<u>N</u>	Lincoln, Nebraska
	KGIN	11	N	Lincoln, Nebraska
		11.5	I-M	
	KHGI	13	N	Kearney, Nebraska
	KHGI	13.3	I-M	

EGAL NAME OF								SYSTEM I 293
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of the For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> G	it is carried by monitoring, to ormation about m. lentify the call tate whether to the radio stat this by placing ive the station	y the sys be recein at the Co sign of e the static ion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s he station is licen	adend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can certain st general i eparate	be expected, tated intervals. 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	
						·	·	
						·	·	
						·		

Accounting Perio	od: 2020/1					FO	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Great Plains Cable Te	levision					29319
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G		
	In General: In space I, ident	ifv everv no	nnetwork televi	sion program, broadcast b	v a <i>distant</i> sta	tion, that your cable sy	stem 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 t	ne general ins	tructions in the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCEF	RNING SUBS	TITUTE CARRIAGE			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did yo	ur cable syster	n carry, on a substitute ba	isis, any nonr	network tel <u>evisi</u> on pro	gr <u>am</u>
Program Log	broadcast by a distant sta	ition?				YES	× NO
	Note: If your answer is "No	" leave the	rest of this pa	ae blank. If your answer i	e "Vee " vou r		
	-	, leave life		ige blank. If your answer i	s res, your	nusi complete the pro	byram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible. if their meani	na is
	clear. If you need more spa		•				- g - c
		•		vision program ("substitut			•
	period, was broadcast by a					0	
	under certain FCC rules, re Do not use general categor	•					
	"NBA Basketball: 76ers vs.			List specific progra			
			dcast live, ent	er "Yes." Otherwise enter	"No."		
		•		asting the substitute prog			
	the case of Mexican or Car		,	the community to which th		2	r, in
				stem carried the substitute			month
	first. Example: for May 7 gi	-	,			,	
				ogram was carried by you			
	to the nearest five minutes, stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. should b	9
		er "R" if the	e listed program	n was substituted for prog	ramming that	t vour system was <i>re</i> o	guired
	to delete under FCC rules						
	was substituted for program	•	your system w	as permitted to delete und	der FCC rules	s and regulations in	-
	effect on October 19, 1976	•					
					WHE	N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED 6. TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM – TO	
						_	
							*****
						_	
						_	
						_	
						_	
						_	

Accounting Period:	2020/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 29319
<b>K</b> Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay.         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	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>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.</li> </ul>	o \$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	\$ <u>52.00</u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	7,100)
	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	<u>)</u>
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	

	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) <b>\$</b> 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)       \$ 52.00         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	00
	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	29319
M Channels		ou must give (1) the number of channels on which the cable system carried television broadcast stations rs, and (2) the cable system's total number of activated channels during the accounting period.	
		al number of channels on which the cable	8
	on which the c	al number of activated channels cable system carried television broadcast stations cast services	39
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 402	2-456-6434
	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		I (This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Own	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
		nt of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste line 1 of space B and that the owner is not a corporation or partnership; or	m as identified
		<b>cer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner o line 1 of space B.	of the cable system
		ed 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. ion 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	name: Janelle Allison
	CFO & COO cial position held in corporation or partnership)
Date:	August 29, 2019

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unting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
at Plains Cable Television	293
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
<b>INTEREST ASSESSMENT</b> You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
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	Interest Assessme
	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme

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.