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							
3/1/22	\$ 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of 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
		Great Plains Cable Television
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P. O. Box 50
		(Number, street, rural route, apartment, or suite number)
		Blair, NE 68008 (City, town, state, zp)
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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

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

City Or Town State			FORM SA1-2E. PAG					
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 sing 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 kr 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 identified city. CITY OR TOWN STATE North Bend Nebraska Dodge Nebraska Snyder Nebraska Snyder Nebraska Dodge Nebraska Herman iTV Nebraska Beemer iTV Nebraska	Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 kn 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 identified city. CITY OR TOWN STATE North Bend Nebraska Community Dodge Nebraska Snyder Nebraska Scribner Nebraska Dodge County Nebraska Herman iTV Nebraska Beemer iTV Nebraska	Name	Great Plains Cable Television 2						
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 known 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 identified city. CITY OR TOWN STATE North Bend Nebraska Dodge Nebraska Snyder Nebraska Scribner Nebraska Dodge County Nebraska Herman iTV Nebraska Beemer iTV Nebraska		Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rule					
Area Served identified city. CITY OR TOWN STATE First North Bend Nebraska Community Dodge Nebraska Snyder Nebraska Scribner Nebraska Dodge County Nebraska Herman iTV Nebraska Beemer iTV Nebraska	D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	u list will serve as a form of system identification hereafter kno					
First North Bend Nebraska Community Dodge Nebraska Snyder Nebraska J Rows as Necessary Scribner Nebraska Dodge County Nebraska Herman iTV Nebraska Beemer iTV Nebraska			e home parks should be reported in parentheses below the					
First North Bend Nebraska Community Dodge Nebraska Snyder Nebraska J Rows as Necessary Scribner Nebraska Dodge County Nebraska Herman iTV Nebraska Beemer iTV Nebraska								
Community Dodge Snyder Snyder Scribner Scribner Dodge County Herman iTV Nebraska Beemer iTV Nebraska								
Snyder Nebraska	First	North Bend	Nebraska					
Scribner Nebraska Dodge County Nebraska Herman iTV Nebraska Beemer iTV Nebraska	Community	Dodge	Nebraska					
Scribner Nebraska Dodge County Nebraska Herman iTV Nebraska Beemer iTV Nebraska		Snyder	Nebraska					
Dodge CountyNebraskaHerman iTVNebraskaBeemer iTVNebraska	d Rows as Necessary		Nebraska					
Herman iTV Nebraska Beemer iTV Nebraska	•							
Beemer iTV Nebraska								
Unana IV Nebraska A Company of the								
		Omana II V	Nepraska					

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

*SYSTEM ID *24984

Great Plains Cable Television

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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:					
 Service to first set 	554	24.95	Broadcaster Fee	554	22.00
 Service to additional set(s) 					
 FM radio (if separate rate) 			HD Rental	200	4.95
Motel, hotel					
Commercial			Converter Rental	100	4.95
Converter					
 Residential 					
Non-residential					
					<i>[</i>

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	17.00	 Motel, hotel 			
 Pay cable—add'l channel 	15.00	Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		 Fire protection 			
• First set	65.00	 Burglar protection 			
 Additional set(s) 	65.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 	65.00		
Converter		Disconnect			
		 Outlet relocation 	65.00		
		 Move to new address 	65.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 24984

Great Plains Cable Television

G

Primary Transmitters: Television

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KMTV	3.1	N	Omaha, NE
КРТН	42.1	N	Omaha, NE
	42.2	I-M	
	42.3	I-M	
WOWT	6.1	N	Omaha, NE
	6.2	I-M	
	6.3	I-M	
KETV	7.1	N	Omaha, NE
	7.2	I-M	
KXVO	15.1	N	Omaha, NE
KUON	12.1	E	Lincoln, NE
KUON-EW	12.2	E-M	
KUON-EC	12.3	E-M	
	•		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Great Plains Cable Television

24984

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	ΛM 05 ΓM	C/D	LOCATION OF STATION	CALLSION	ΛΜ or ΓΝ4	e/D	LOCATION OF STATION
CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION	CALL SIGN	AIVI OF FIVI	3/0	LOCATION OF STATION
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A							505	14 0 4 4 OF DAOF 5			
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FOR	SYSTEM ID#			
Name	Great Plains Cable Te							24984			
								24004			
I	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a	tify every no accounting p	nnetwork telev period, under sp	ision program, broadcast becific present and forme	by a <i>distant</i> sta r FCC rules, reg	ulations, c	r authorizatio	ons. For a further			
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: Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and											
Program Log											
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answe	r is "Yes," you	must com	plete the pro	gram			
	log in block 2.										
	2. LOG OF SUBSTITUT In General: List each subs		_	ate line. I lse abbreviatio	ns wherever n	ossible if	their meanir	na is			
	clear. If you need more sp				nia wiicicvei p	ossibic, ii	tricii mcami	19 13			
	Column 1: Give the title										
	period, was broadcast by a under certain FCC rules, re			•		•	•				
	Do not use general catego	ries like "mo									
	"NBA Basketball: 76ers vs		deest live ant	or "Voo." Othorwine ente	w "NIo "						
	Column 2: If the progra Column 3: Give the call										
	Column 4: Give the bro	adcast stati	ion's location (the community to which	the station is li		the FCC or	, in			
	the case of Mexican or Ca Column 5: Give the mo						ale with the	month			
	first. Example: for May 7 g		wileli your sy	sterri carried the substitu	ate program. O	se numer	ais, with the	month			
	Column 6: State the tim										
	to the nearest five minutes stated as "6:00–6:30 p.m."		a program car	ried by a system from 6:	01:15 p.m. to 6	5:28:30 p.r	n. should be	•			
	Column 7: Enter the let		e listed program	m was substituted for pro	ogramming tha	t your sys	tem was <i>req</i>	uired			
	to delete under FCC rules				riod; enter the	letter "P" i	f the listed p	rogram			
	lwas substituted for prograi			*** * * * * * * * * * * * * * * * * * *				3			
		•	your system w	as permitted to delete u	nder FCC rules	and regu	llations in	9			
	effect on October 19, 1976	•	your system w	as permitted to delete u	nder FCC rules	and regu	llations in	9			
	effect on October 19, 1976	S		·	WHE	N SUBST	TITUTE				
	effect on October 19, 1976	S. SUBSTITUT	E PROGRAM	·	WHE CARRI	N SUBST	TITUTE CURRED	7. REASON FOR DELETION			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE	7. REASON FOR			
	effect on October 19, 1976	S. SUBSTITUT	E PROGRAM	·	WHE CARRI	N SUBST	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			
	effect on October 19, 1976	SUBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FOR			

counting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:		A1-2E. PAGE YSTEM II				
Name	Great Plains Cable Television	_	2498				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. I 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 thi 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.	smission servic s amount, se					
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gr	•				
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$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	this six-month					
	Line 1. Royalty fee for accounting period						
	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	•					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	•					
	1. Base amount under statutory formula	_					
	2. Enter amount of gross receipts from space K	_					
	3. Subtract line 2 from line 1	_					
	<u></u>	158,170.89					
		105,629.11					
	6. Subtract line 5 from line 4	52,541.78					
	7. Multiply line 6 by .005 (enter figure here)		262.71				
	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	7,600)					
	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)	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 otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	262.71					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	282.71				
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101						
	Important: Your remittance must be in the form of an electronic payment payable to the Registe						
	<u>Important:</u> 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:	2021/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Cable Television	SYSTEM ID# 24984
M Channels	to its subscriber 1. Enter the total	You 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 d television broadcast stations	19
	on which the o	al number of activated channels cable system carried television broadcast stations loast services	108
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	LeaAnn Quist P. O. Box 500	402-456-6434
	Address	(Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip)	
	Email	lquist@gpcom.com	
O Certification	• I, the undersign	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ned, hereby certify that (Check one, but only one, of the boxes.) ner 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 in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	in	icer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own line 1 of space B.	·
		ed the statement of account and hereby declare under penalty of law that all statements of fact contained hereir ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	1
		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	
		Title: CFO & COO (Title of official position held in corporation or partnership)	
		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.

Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 24984 **Great Plains Cable Television** 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion 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. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 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. ** 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 ID number First community served Accounting period

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