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					
8/25/2022	\$ 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	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
		20212 Barcode Data Filing Period (optional - see instructions)						
		20212						
Accounting Period								
		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						
В		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.						
		Est diff date indire of names and i which the owner conducts the business of the cause 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.						
		29579						
	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						
	Huntal Cobleticion Inc							
	HunTel CableVision, Inc. BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		DOUNTED NAME (O) OF OWNER OF OADEL OF OTE IN (III DITTER (III))						
		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)						
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С	names	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:						
		029579						
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	PO Box 400						
	_	(Number, street, rural route, apartment, or suite number) Blair, NE 68008						
		(City, town, state, zip code)						

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

		FORM SA1-2E. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	HunTel CableVision, Inc.	29579
	Instructions: List each separate community served by the cable system. A	
D	"a separate and distinct community or municipal entity (including unincor	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community	
	as the "first community." Please use it as the first community on all future	
Area	Note: Entities and properties such as hotels, apartments, condominiums,	or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Wayne	NE
Community	Osmond	NE
	Carroll	NE
dd Rows as Necessary	Wakefield	NE
	Belden	NE
	Walthill	NE
	Emerson	NE
	Laurel	NE
	Pender	NE
	Homer	NE NE
	1	

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

HunTel CableVision, Inc.

29579

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 	1,158	44.08			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel	442	7.49			
Commercial					
Converter					
 Residential 					
Non-residential					
		1			T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	16.50	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
 Additional set(s) 		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/2 FORM SA1-2E, PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 29579

HunTel CableVision, Inc.

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

KPTH 44 Sioux City, IA KTIV 4 N Sioux City, IA Ν **KMEG** 14 Sioux City, IA **KCAU** 9 Ν Sioux City, IA **KETV** Ν Omaha, NE 7 **KXNE** 12 Ε Norfolk, NE KTIV-CW N 11 Sioux City, IA

3. TYPE OF STATION

4. LOCATION OF STATION

Add Rows as Necessary

Accounting Period: 2021/2	FORM SA1-2E. PAGE 4
---------------------------	---------------------

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

HunTel CableVision, Inc.

29579

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.

H

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
	 						
	 						
	 						
							
							
							
	T						
						l	
	T						
	T						
						<u> </u>	

Accounting Perio	nd: 2021/2						FOR	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				i ORI	SYSTEM ID#	
Name	HunTel CableVision, I	nc.						29579	
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi eriod, under sp	ision program, broadcast becific present and former I	y a <i>distant</i> sta FCC rules, reg	julations, o	r authorizatio	ns. For a further	
Carriage:	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Special Statement and									
Program Log	broadcast by a distant station?							NO	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prog								
	log in block 2. 2. LOG OF SUBSTITUT								
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	ace, please of every not a distant state egulations, or ries like "mo. Bulls." m was broasign of the adcast statinh and day ive "5/7." les when th . Example: ter "R" if the and regulatemming that	add additional onnetwork tele tion and that your authorization ovies" or "bask dcast live, entration broadd on's location (toons, if any, they when your sy e substitute pra program carrions in effect d	rows to the tables. vision program ("substitut our cable system substitut ns. See page (v) of the getball." List specific progreer "Yes." Otherwise enter easting the substitute program community to which the community with which the stem carried the substitute or carried the substitute or carried by a system from 6:0 m was substituted for progluring the accounting peri	te program") to ted for the program instruct am titles, for a "No." gram. The station is like station is ide program. Unit cable syste 1:15 p.m. to 6 gramming that od; enter the	hat, during ogramming tions for fu example, " censed by lentified). se numera m. List the 6:28:30 p.n. t your syst letter "P" if	the account g of another rither informa I Love Lucy" the FCC or, als, with the retimes accurn, should be em was request the listed pr	ting station tion. or in month ately	
	effect on October 19, 1976.					WHEN SUBSTITUTE			
	S		E PROGRAM 3. STATION'S	1	1	AGE OCC	TIMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO		
							_		
					-				
		 						·	
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Accounting Period:	2021/2			FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HunTel CableVision, Inc.			5	29579
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's s tion of how	econdary trans to compute this	mission services amount, se	
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 \$137,10 Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions located in the paper SA1-2 form for more BLOCK 1: GROSS RECEIPTS OF \$13	0 but less the	nan \$527,60(\$263,800	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00 Line 1. Royalty fee for accounting period	ty fee that yo	ou must pay for t	his six-month	
	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 I	ines 1 and 2			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	re than \$137,1	00)	
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (but I	ess than \$527	(600)	
	Enter the amount of gross receipts from space K	\$	326,144.04	,	
	Base amount under statutory formula	\$	263,800.00	•	
	·	\$	62,344.04		
	4. Multiply line 3 by .01			623.44	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula) . Interest charge. Enter the amount from line 4, space Q, page 8			1,319.00 0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .		\$	1,942.44
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,942.44	
Total Remittance Due	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			\$	1,962.44
	EFT Trace # or TRANSACTION ID #	27:	1DSEFQ		+
	<u>Important:</u> Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	d: 2021/2	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: HunTel CableVision, Inc.	SYSTEM ID# 29579
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.	
	Enter the total number of channels on which the cable system carried television broadcast stations	7
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	210
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Charlcye J Rankins Telephone 337.583.83	19
	Address PO Box 167 (Number, street, rural route, apartment, or suite number) Sulphur, LA 70664	
	(City, town, state, zip) Email charlcye.rankins@fastwyre.com Fax (optional) 337.583.2026	
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identin line 1 of space B and that the owner is not a corporation or partnership; or	tified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable in line 1 of space B.	e system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	X /s/ Keith Soldan	
	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: Keith Soldan	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: 8/25/2022	

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ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
nTel CableVision, Inc.	29579
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.	Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address Mailing Address	
INTEREST ASSESSMENT	1111111
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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.	
** 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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