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

## Return completed workbook

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ormation, Copyright Division at: 50

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	- conliccon@conu
	ms (Short Form)	09/06/22	\$	For additional info
-	ctions are located	09/00/22		Office Licensing D Tel: (202) 707-81
in the first tab	of this workbook		ALLOCATION NUMBER	_
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	(YYY/(Period))	
	2022/1	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, zip)
С		<b>RUCTIONS:</b> 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 suffciency of the fling, a determination that would be made by a court of law.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	Great Plains Cable Television	6
	Instructions: List each separate community served by the cable system. A "commu	nity" is the same as a "community unit" as defined in FCC rule
-	"a separate and distinct community or municipal entity (including unincorporated	
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.	ist will serve as a form of system identification hereafter kild
		the second states of the second states and the second states and the
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
<b>E</b> !	Center	Nebraska
First		
Community	Wynot	Nebraska
	Creighton	Nebraska
d Rows as Necessary	Bloomfield	Nebraska
	Crofton	Nebraska
	Plainview	Nebraska
	Wausa	Nebraska
	Verdigre	Nebraska
	Winnetoon	Nebraska
	Niobrara	Nebraska
		INEDIASKA

	LEGAL NAME OF OWNER OF CA							FORM SA1	
Name	Great Plains Cable Telev							010	69
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission (	service of	the cable	
_	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 secondar	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv			0,0				g	
	Rate: Give the standard rate c	-	-	•				-	
	unit in which it is generally billed category, but do not include disc					rd rate variation	s within a	particular rate	
	Block 1: In the left-hand block					ondarv transmis	sion servi	ce 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								
	Block 2: If your cable system					service that are	different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-ha	and block. A t	wo- or thre	e-word descript	on of the	service is	
	sufficient. BLC	DCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBI	=R5	RATE	CAT	EGORY OF SEF	(VICE	SUBSCRIBERS	RAT
	Service to first set		1,063	24.95	Broadc	aster Fee		1,063	24.5
	Service to additional set(s)		.,					.,	
	• FM radio (if separate rate)				HD Rer	ntal		527	4.9
	Motel, hotel								
	Commercial				Conver	ter Rental		350	4.9
	Converter								
	Residential								
	Non-residential								
			NoMior						
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					Il your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There ar		,		0		0.		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
	enter only the letters "PP" in the		usually I	nieu. n any i	ales ale ci	larged on a van	able hei-h	logram basis,	
Secondary							a lintad		
Secondary ransmissions:	Block 1: Give the standard rat								
-	Block 1: Give the standard rat Block 2: List any services that	t your cable sys	stem furr	ished or offe	red during	the accounting	period that		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	t your cable sys separate charg	stem furr e was m	ished or offe ade or establ	red during	the accounting	period that		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	t your cable sys separate charg ption and includ	stem furr e was m le the ra	ished or offe ade or establ	red during	the accounting	period that	e form of a	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable system separate chargo otion and includ BLOC	stem furr le was m le the ra CK 1	ished or offe ade or establ e for each.	red during lished. List	the accounting   these other ser	period that vices in the	e form of a BLOCK 2	
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable system separate chargo btion and includ BLOO	stem furr le was m le the ra CK 1 CATEG	ade or offe ade or establ te for each.	red during lished. List	the accounting	period that vices in the	e form of a	RAT
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sys separate charg otion and includ BLO0 RATE	etem furr le was m le the ra CK 1 CATEGO Installa	hished or offe ade or establ te for each. DRY OF SER tion: Non-res	red during lished. List	the accounting   these other ser	period that vices in the	e form of a BLOCK 2	RATI
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sys separate charg otion and includ BLO( RATE 16.95	etem furr le was m le the ra CK 1 CATEG Installat	hished or offe ade or establ te for each. DRY OF SER <b>DRY OF SER</b> <b>ion: Non-res</b>	red during lished. List	the accounting   these other ser	period that vices in the	e form of a BLOCK 2	RATI
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sys separate charg otion and includ BLO0 RATE	e was m le the ra CK 1 CATEGO Installat • Mote • Com	hished or offe ade or establ te for each. DRY OF SER tion: Non-res el, hotel mercial	red during lished. List	the accounting   these other ser	period that vices in the	e form of a BLOCK 2	RATI
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	t your cable sys separate charg otion and includ BLO( RATE 16.95	stem furr le was m le the ra CK 1 CATEGO Installat • Mote • Com • Pay	hished or offe ade or establ te for each. DRY OF SER tion: Non-res el, hotel mercial cable	red during lished. List RVICE sidential	the accounting   these other ser	period that vices in the	e form of a BLOCK 2	RATI
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	t your cable sys separate charg otion and includ BLO( RATE 16.95	stem furr e was m le the ra CK 1 CATEG Installat • Mote • Corr • Pay • Pay	aished or offe ade or establ te for each. DRY OF SER cion: Non-res el, hotel mercial cable cable-add'l c	red during lished. List RVICE sidential	the accounting   these other ser	period that vices in the	e form of a BLOCK 2	RATI
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ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	t your cable sys separate charg ption and includ BLOO RATE 16.95 12.95 65.00	stem furr e was m le the ra CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	ade or estable ade or estable te for each. DRY OF SEF cion: Non-res el, hotel mercial cable cable-add'l cl protection lar protectior	red during lished. List <u>RVICE</u> sidential	the accounting   these other ser	period that vices in the	e form of a BLOCK 2	RAT
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ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sys separate charg ption and includ BLOO RATE 16.95 12.95 65.00	stem furr e was m le the ra CK 1 CATEG Installat • Mote • Com • Pay • Fire • Burg Other s • Rec	DRY OF SER in Contract of the second contract	red during lished. List <u>RVICE</u> sidential	the accounting j these other ser	period that vices in the	e form of a BLOCK 2	RAT
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sys separate charg ption and includ BLOO RATE 16.95 12.95 65.00	stem furr e was m le the ra CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other s • Reco • Disc	DRY OF SER ion: Non-res al, hotel mercial cable cable-add'l cl protection lar protection protection	red during lished. List <u>RVICE</u> sidential	the accounting j these other ser	period that vices in the	e form of a BLOCK 2	RAT

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID						
Name	Great Plains Cable T	elevision		69						
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary ransmitters: Television	In General: In space G, id. carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stations basis under specific FCC m • Do not list the station her station was carried only or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations ca- ules, 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, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su the Special Statement and Program I both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial education ctions in the paper SA1-2 form.	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each bort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).						
		2. B'CAST CHANNEL NUMBER	•	-						
	KNEN	35.1	I.	Norfolk, NE						
Rows as Necessary	КРТН	44.1	Ν	Sioux City, Iowa						
Rows as Necessary										
	KPTH-SI	44.2	I-M							
	KPTH-SI KPTH-LA	44.2	I-M I-M							
	KPTH-LA	44.3	I-M							
	KPTH-LA	44.3	I-M	Sioux City, Iowa						
	KPTH-LA KPTH-TTV	44.3 44.4	I-M I-M	Sioux City, Iowa						
	KPTH-LA KPTH-TTV KTIV	44.3 44.4 4.1	I-M I-M	Sioux City, Iowa						
	KPTH-LA KPTH-TTV KTIV KTIV-LA	44.3 44.4 4.1 4.2	I-M I-M N I-M	Sioux City, Iowa						
	KPTH-LA KPTH-TTV KTIV KTIV-LA KTIV-W	44.3 44.4 4.1 4.2 4.3	I-M I-M N I-M I-M	Sioux City, Iowa						
	KPTH-LA KPTH-TTV KTIV KTIV-LA KTIV-W	44.3 44.4 4.1 4.2 4.3	I-M I-M N I-M I-M							
	KPTH-LA KPTH-TTV KTIV KTIV-LA KTIV-W KTIV KUON	44.3 44.4 4.1 4.2 4.3 4.4 12.1	I-M I-M N I-M I-M I-M E	Sioux City, Iowa						
	KPTH-LA KPTH-TTV KTIV KTIV-LA KTIV-W KTIV KUON KUON-EW	44.3 44.4 4.1 4.2 4.3 4.3 4.4 12.1 12.2	I-M I-M I-M I-M I-M I-M E E E-M							
	KPTH-LA KPTH-TTV KTIV KTIV-LA KTIV-W KTIV KUON	44.3 44.4 4.1 4.2 4.3 4.4 12.1	I-M I-M N I-M I-M I-M E							
	KPTH-LA KPTH-TTV KTIV KTIV-LA KTIV-W KTIV-W KUON KUON-EW KUON-EC	44.3 44.4 4.1 4.2 4.3 4.4 12.1 12.2 12.3	I-M I-M I-M I-M I-M I-M E E E E-M E-M	Lincoln, NE						
	KPTH-LA KPTH-TTV KTIV KTIV-LA KTIV-W KTIV KUON KUON-EW KUON-EC KCAU	44.3 44.4 4.1 4.2 4.3 4.3 4.4 12.1 12.2 12.3 9.1	I-M I-M N I-M I-M I-M E E E E-M E-M N							
	KPTH-LA KPTH-TTV KTIV-LA KTIV-LA KTIV-W KTIV KUON KUON-EW KUON-EC KCAU KCAU-SI	44.3 44.4 4.1 4.2 4.3 4.4 12.1 12.2 12.3 9.1 9.2	I-M I-M N I-M I-M I-M E-M E-M E-M E-M	Lincoln, NE						
	KPTH-LA KPTH-TTV KTIV KTIV-LA KTIV-W KTIV KUON KUON-EW KUON-EC KCAU KCAU-LA	44.3 44.4 4.1 4.2 4.3 4.4 12.1 12.2 12.3 9.1 9.2 9.3	I-M I-M I-M I-M I-M I-M E-M E-M E-M I-M I-M	Lincoln, NE						
	KPTH-LA KPTH-TTV KTIV-LA KTIV-LA KTIV-W KTIV KUON KUON-EW KUON-EC KCAU KCAU-SI	44.3 44.4 4.1 4.2 4.3 4.4 12.1 12.2 12.3 9.1 9.2	I-M I-M N I-M I-M I-M E-M E-M E-M E-M	Lincoln, NE						
	KPTH-LA KPTH-TTV KTIV-LA KTIV-LA KTIV-W KTIV-W KUON KUON-EW KUON-EC KCAU KCAU-LA KCAU-LA	44.3 44.4 4.1 4.2 4.3 4.4 12.1 12.2 12.3 9.1 9.2 9.3 9.4	I-M I-M I-M I-M I-M I-M I-M E-M E-M N I-M I-M I-M	Lincoln, NE Sioux City, Iowa						
	KPTH-LA KPTH-TTV KTIV KTIV-LA KTIV-W KTIV KUON KUON-EW KUON-EC KCAU KCAU-LA	44.3 44.4 4.1 4.2 4.3 4.4 12.1 12.2 12.3 9.1 9.2 9.3	I-M I-M I-M I-M I-M I-M E-M E-M E-M I-M I-M	Lincoln, NE						

Accounting Period:	2022/1			FORM SA1-2E. PAGE 3.			
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Name	Great Plains Cable Te	levision		698			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system FCC rules and regulations in	m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	y translator stations and low power telev of (1) stations carried only on a part-tim the carriage of certain network program	ne basis under ns [sections			
Primary			61(e)(2) and (4))]; and (2) certain statio	ins carried on a			
Transmitters:		s explained in the next paragraph.	erried by your apple system on a subsi	***.***			
Television		: with respect to any distant stations c iles, regulations, or authorizations:	arried by your cable system on a subst	atute program			
			the Special Statement and Program Lo	g)—if the			
	station was carried only on	a substitute basis.					
	,		ed both on a substitute basis and also o				
			, see page (v) of the general instruction				
			program services such as HBO, ESPN				
	"WETA-2" as the same on the	•	e-air designation. For example, report	multistream			
			evision station for broadcasting over the	e air in its community			
	<b>Column 2:</b> 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.						
	<b>Column 3:</b> 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. <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed by the						
			the community with which the station is				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
	I. OALL OION	2. B CAOT ONAMALE MOMBER	J. THE OF OTATION	4. LOOATION OF OTATION			
	KOLN	10.5	I-M	Lincoln, NE			

EGAL NAME OF								SYSTEM I 6
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	the sys be recei t the Co sign of e he statio on's sign a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. on is AM or FM. hal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the	the system's he system's FM ante his point, see par ed by the cable s e station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	) it can ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
-								
				L		+		

Accounting Perio	od: 2022/1						FORM	SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						698
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LC	G			
I	In General: In space I, iden substitute basis during the a	tify every no	onnetwork telev period, under sp	<i>ision program,</i> broadcast b becific present and former F	y a <i>distant</i> sta CC rules, reg	ulations, or author	orizations	s. For a further
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of	the general ins	structions in the p	paper SA	1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did yo	ur cable syste	m carry, on a substitute ba	asis, any nonr	network televisio	on progra	im
Program Log	broadcast by a distant sta	ition?				N	YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	must complete tl		
	log in block 2.	,		0 ,				
	2. LOG OF SUBSTITUT							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if their n	meaning i	is
				vision program ("substitut	e program") ti	hat during the a	accountin	a
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming of a	nother sta	ation
	under certain FCC rules, re							
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Love	e Lucy" oi	r
	Column 2: If the program	m was broa		er "Yes." Otherwise enter casting the substitute prog				
				the community to which the		censed by the F	CC or, in	1
	the case of Mexican or Ca							
			/ when your sy	stem carried the substitut	e program. U	se numerals, wi	ith the mo	onth
	first. Example: for May 7 gi		e substitute pr	ogram was carried by you	r cable syste	m List the times	s accurat	elv
	to the nearest five minutes							ciy
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules was substituted for prograr							gram
	effect on October 19, 1976		,,					
			E PROGRAM	1		N SUBSTITUT		7. REASON FOR
	1. TITLE OF PROGRAM	1	3. STATION'S		5. MONTH	6. TIMES		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						<u>-</u>		
						_		
						_		
						_		

Accounting Period:	2022/1 FORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:
Name	Great Plains Cable Television 698
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c         all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service         (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se         page (vii) of the general instructions located in the paper SA1-2 form         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,80( • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	1. Base amount under statutory formula \$ 263,800.00
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	2. Base amount under statutory formula \$ 263,800.00
	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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 1,968.50
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 1,988.50
	EFT Trace # or TRANSACTION ID # 76-1316/1049
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 698
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statistic to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	ons24109
N Individual to Be Contacted	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 LeaAnn Quist Telepi	hone 402-456-6434
	Address P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip)	
	Email Iquist@gpcom.com Fax (optional)	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations in the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of s</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of on a partner of the owner of owner of the owner own</li></ul>	pace B; or cable system as identified as owner of the cable system
	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	
	Title: CFO & COO (Title of official position held in corporation or partnership)	
	Date: Sepptember 6, 2022	
	Section 111 of title 17 of the United States Code authorizes the Convright Office to collect the personally identifying information (F	NI) requested on this

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

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Plains Cable Television	69
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- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement 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	
	m
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x       days         Line 3 Multiply line 2 by the number of days late and enter the sum here	_
	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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 \$ - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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