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					
2/15/23	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING 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.						
	237						
		I					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
		DIODE CABLE CO					
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)					
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM					
		P O BOX 236					
	(Number, street, rural route, apartment, or suite number)  DILLER NE 68342-0236						
		(City, town, state, zip)					
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system under a salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in s					
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	(Number, street, rurar 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 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 filing, a determination that would be made by a court of law.

	"a separate and distinct community or municipal entity (including unit discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first commun as the "first community." Please use it as the first community on all fu	a. A "community" is the same as a "community unit" as defined in FCC runcorporated communities within unincorporated areas and including sing ty that you list will serve as a form of system identification hereafter knoture filings.  In a "community" is the same as a "community unit" as defined in FCC runcorporated areas and including sing ty that you list will serve as a form of system identification hereafter knoture filings.  In a "community" is the same as a "community unit" as defined in FCC runcorporated areas and including sing ty that you list will serve as a form of system identification hereafter knoture filings.  In a "community" is the same as a "community unit" as defined in FCC runcorporated areas and including sing ty that you list will serve as a form of system identification hereafter knoture filings.  In a "community" is the same as a "community unit" as defined in FCC runcorporated areas and including sing ty that you list will serve as a form of system identification hereafter knoture filings.  In a "community" is the same as a "community unit" as defined in FCC runcorporated areas and including sing ty that you list will serve as a form of system identification hereafter knoture filings.  In a "community" is the same as a "community unit" as defined in FCC runcorporated areas and including sing ty that you list will serve as a form of system identification hereafter knoture filings.
Area Served First Community	Instructions: List each separate community served by the cable system "a separate and distinct community or municipal entity (including unit discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first commun as the "first community." Please use it as the first community on all fu Note: Entities and properties such as hotels, apartments, condominius identified city.  CITY OR TOWN	n. A "community" is the same as a "community unit" as defined in FCC runcorporated communities within unincorporated areas and including sing ty that you list will serve as a form of system identification hereafter knoture filings.  In many the serve as a form of system identification hereafter knoture filings.  In many the serve as a form of system identification hereafter knoture filings.  In many the serve as a form of system identification hereafter knoture.  STATE
Area Served First Community	"a separate and distinct community or municipal entity (including unit discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first commun as the "first community." Please use it as the first community on all function in the sum of the sum	corporated communities within unincorporated areas and including sing ty that you list will serve as a form of system identification hereafter kno ture filings.  Ins, or mobile home parks should be reported in parentheses below the STATE
Area Served First Community	Note: Entities and properties such as hotels, apartments, condominium identified city.  CITY OR TOWN	ns, or mobile home parks should be reported in parentheses below the
Area Served First Community	identified city.  CITY OR TOWN	STATE
Community		
Community	DILLER	NE NE
d Rows as Necessary		
d Rows as Necessary		
i i		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 237 **DIODE CABLE CO** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken

scribers and Rates

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:					
<ul> <li>Service to first set</li> </ul>	110	64.95			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
					•

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.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable		Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
<ul> <li>Fire protection</li> </ul>		• Pay cable		
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		<ul> <li>Fire protection</li> </ul>		
• First set	25.00	Burglar protection		
<ul><li>Additional set(s)</li></ul>		Other services:		
• FM radio (if separate rate)		Reconnect	30.00	
Converter		Disconnect		
		Outlet relocation		
		Move to new address		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

DIODE CABLE CO

3131 EWI 1D# 237

PRIMARY TRANSMITTERS: TELEVISION

# G

## 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
KSNB	10.2	N	LINCOLN, NE
KLKN	8.2	N-M	LINCOLN, NE
KOLN	10.1	N	LINCOLN, NE
NET	29.1	E	LINCOLN, NE
KFXL	51.5	N	LINCOLN, NE
KLKN	8.1	N	LINCOLN, NE
ME/MY	10.3	N-M	LINCOLN, NE
NCN	21.1	<u> </u>	NORFOLK, NE
NCN	21.2	I-M	NORFOLK, NE
	1000		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

DIODE CABLE CO 237

### 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.

Primary Transmitters: Radio

paper SA1-2 form.

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
NONE							
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		ļ				 	
		<del> </del>					
		<del> </del>					
		<del> </del>					
		<del> </del>					
		<del> </del>					
		ļ					

A	4. 2022/2						FORM	4 0 4 4 0 E BA 0 E E	
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FORM	SYSTEM ID#	
Name	DIODE CABLE CO							237	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
1	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a								
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth 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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log									
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.				-		_		
	2. LOG OF SUBSTITUTE								
	In General: List each subst clear. If you need more spa				s wherever p	ossible, if	their meaning	j is	
	Column 1: Give the title				e program") t	hat, during	the account	ing	
	period, was broadcast by a								
	under certain FCC rules, re Do not use general categor								
	"NBA Basketball: 76ers vs.	Bulls."				,	,		
	Column 2: If the program Column 3: Give the call								
	Column 4: Give the broa					censed by	the FCC or,	in	
	the case of Mexican or Can						ala with tha m	a a m t b	
	Column 5: Give the mor first. Example: for May 7 gives		wnen your sys	stem carried the substitut	e program. U	se numera	ais, with the m	ionth	
	Column 6: State the time	es when the						ately	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program carr	ied by a system from 6:0	1:15 p.m. to 6	6:28:30 p.r	n. should be		
	Column 7: Enter the lette								
	to delete under FCC rules a							ogram	
	was substituted for program effect on October 19, 1976.	•	your system wa	as permitted to delete und	der FCC rules	s and regu	liations in		
	,				Π				
	SI SI	IBSTITLIT	E PROGRAM		1 1	N SUBST AGE OC		7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION	
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO		
							_		
							_		
							_		
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					<b>-</b>				
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							_		
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							_		
					-				

Accounting Period:	2022/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: DIODE CABLE CO	SYSTEM ID# 237
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service
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 \$20 uses the amount of gross receipts in space K is more than \$137,100 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 thi accounting period is \$52.00.	is 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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)
	Base amount under statutory formula \$263,800.00      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 \$527,6	00)
	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 Foo and		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00
	EFT Trace # or TRANSACTION ID # 273U8JMI	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	

Accounting Period:	2022/2		FORM SA1-2E. PAGE 7.								
Name	LEGAL NAME OF O	DWNER OF CABLE SYSTEM:	SYSTEM ID# 237								
M Channels		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.									
		I number of channels on which the cable television broadcast stations	9								
	on which the c	I number of activated channels able system carried television broadcast stations cast services	41								
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)									
for Further Information	Name	LOREN DUERKSEN Telephone	402-793-5330								
	Address	300 COMMERCIAL ST (Number, street, rural route, apartment, or suite number)									
		DILLER NE 68342 (City, town, state, zip)									
	Email	lorend@diodecom.net Fax (optional)									
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulation	ns)								
O Certification	• I, the undersigne	ed, hereby certify that (Check one, but only one, of the boxes.)									
	(Owne	r other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	e B; or								
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable line 1 of space B and that the owner is not a corporation or partnership; or	e system as identified								
		er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as c line 1 of space B.	wner of the cable system								
		I the statement of account and hereby declare under penalty of law that all statements of fact contained here e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	sin								
		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: Loren Duerksen									
		Title: General Manager (Title of official position held in corporation or partnership)									
		Date: February 15, 2023									

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Accounting Period: 2022/2 FORM SA1-2E. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

ODE CABLE CO		237
The Satellite Home Vie lowing sentence:  "In determining service of provi scribers and an For more information of located in the paper SA During the accounting made by satellite carried NO	MENT CONCERNING GROSS RECEIPTS EXCLUSIONS  ewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- the total number of subscribers and the gross amounts paid to the cable system for the basic iding secondary transmissions of primary broadcast transmitters, the system shall not include sub- mounts collected from subscribers receiving secondary transmissions pursuant to section 119."  on when to exclude these amounts, see the note on page (vii) of the general instructions A1-2 form.  period, did the cable system exclude any amounts of gross receipts for secondary transmissions ers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST ASSES	SSMENT	
For an explanation of i	s worksheet for those royalty payments submitted as a result of a late payment or underpayment.  Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  unt of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 l	by the interest rate* and enter the sum here	
Line 3 Multiply line 2 l	by the number of days late and enter the sum here	
	by 0.00274** and enter here ge 6), block 1, line 2, or block 2, line 8, or block 3, line 6 (interest charge)	
	est rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please using Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decim	nal 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 ddress, first community served, ID number, and accounting period as given in the original filing.	
ID number		
First community served Accounting period	i	

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