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 COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	3/1/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		2022/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20222 Barcode Data Filing Period (optional - see instructions)
		20222
Accounting Period		
		Instructions:
В		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 have if this is the system's first filling. If not enter the system's ID symbol assigned by the Lippering Division
		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
		NEBRASKA CENTRAL TELECOM INC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		1006 12TH STREET (Number, street, rural route, apartment, or suite number)
		AURORA, NE 68818
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
		NCTC CABLE
		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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PA
Name		
	NEBRASKA CENTRAL TELECOM INC	31
	Instructions: List each separate community served by the cable system. A "community	y" is the same as a "community unit" as defined in FCC ru
D	"a separate and distinct community or municipal entity (including unincorporated com	munities within unincorporated areas and including sing
U	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 ho	ma parks should be reported in parentheses below the
Area		ine parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	BURWELL 031226	NE
Community	ANSLEY 060960	NE
	ARCADIA 031228	NE
	ASHTON 029480	NE
Add Rows as Necessary		
	BOELUS 035035	NE
	DANNEBROG 029313	NE
	ELBA 033351	NE
	MASON CITY 034983	NE
	NORTH LOUP 031209	NE
	SARGENT 031227	NE
	SCOTIA 031208	NE
	TAYLOR 031210	
	IAYLOR U3121U	NE

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID
Name								010	3122
Е	SECONDARY TRANSMISSION In General: The information in s					ny transmission s	ervice of t	he cable	
—	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period							h u a la a u	
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					•	,		
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc					rd rate variations	s within a p	barticular rate	
	Block 1: In the left-hand block					ondary transmis	sion servio	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	-		•					
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		5 fight f						
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATI	EGORY OF SER	VICE	NO. OF SUBSCRIBERS	RATI
	Residential:								
	Service to first set		427	63.55	BROAD	CAST BASI	C	10	28.5
	 Service to additional set(s) 				DIGITA	L BASIC		-	19.0
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential		44	-					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	te (not subscrib	per) info	ormation with re	espect to a	ll your cable sys	tem's serv	rices that were	
Г	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the			-					
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that			•				were not	
nutoo	listed in block 1 and for which a	• •			-	• •			
	brief (two- or three-word) descrip	otion and inclue	le the ra	ate for each.					
			CK 1						
		BLOG						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SEF		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	RATE	Installa	ation: Non-res		RATE	CATEGO		RATE
	Continuing Services: • Pay cable	RATE 15.50	Installa • Mo	ation: Non-res tel, hotel		RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installa • Mo • Cor	ation: Non-res tel, hotel mmercial		RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE 15.50	Installa • Mo • Cor • Pay	ation: Non-res tel, hotel mmercial / cable	sidential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE 15.50	Installa • Moi • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl	sidential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	RATE 15.50 18.50	Installa • Mo • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	idential	RATE	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 15.50	Installa • Mo • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection rglar protectior	idential	RATE	CATEGO		RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE 15.50 18.50	Installa • Mo • Cor • Pay • Pay • Fire • Bur Other	ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection	idential		CATEGO		RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	RATE 15.50 18.50	Installa • Mo • Cor • Pay • Pay • Fire • Bur Other s • Red	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl protection rglar protectior services:	idential	25.00	CATEGO		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE 15.50 18.50	Installa • Mo • Cor • Pay • Pay • Fire • Bur Other • Rec • Dis	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection glar protection services: connect	idential		CATEGO		RATI

	LEGAL NAME OF OWNER OF			SYSTEM ID
Name				31220
	NEBRASKA CENTRA	-		
G Primary ansmitters: Felevision	In General: In space G, ide carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, at Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a	entify every television station (including m during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s 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	t (1) stations carried only on a part-ti- he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program I d both on a substitute basis and also	ime basis under ams [sections tions carried on a postitute program _og)—if the o on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the locatio	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 the form. I number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network rring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), c erms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of the	program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepen- pr "E-M" (for noncommercial education actions in the paper SA1-2 form. It the community to which the station	PN, etc. Identify each ort multistream the air in its community noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	5	N	HASTINGS, NE
	KLNE	7	—	
d Rows as Necessary	INLINE	1	E-M	LEXINGTON, NE
	KGIN	11	E-M N	
Rows as Necessary				GRAND ISLAND, NE
ows as Necessary	KGIN	11	N	GRAND ISLAND, NE KEARNEY, NE
ows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE
ws as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
ows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
ows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
ws as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
ows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
ows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE
Rows as Necessary	KGIN KHGI	11 13	N N N	GRAND ISLAND, NE KEARNEY, NE

NEBRASKA	CENTRAL							SYSTEM II 312
	every radio s	tation ca	arried on a separate and discre					н
all-band basis w	hose signals	were ge	nerally receivable by your cab	le system during	the accountin	ng perioo	1.	
eceivable if (1) on the basis of r For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou m.	y the sys be recei t the Co	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried.	t the system's he system's FM ante	adend, and (2 enna, during c	2) it can ertain st	be expected, ated intervals.	Primary Transmitters Radio
Column 3: If signal, indicate Column 4: G	the radio stati this by placing ive the statior	ion's sig g a checl n's locati	on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting I cho	od: 2022/2						FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	NEBRASKA CENTRAL	_ TELECO	OM INC					31226
					•			
1	SUBSTITUTE CARRIAG	-	-		-			
I I	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				5			
Special	 During the accounting per 				sis. anv nonr	network te	levision proa	ram
Statement and Program Log	broadcast by a distant sta		,	3 7	, ,			XNO
Program Log	,				<i></i>			
	Note: If your answer is "No	o", leave the	e rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subs			ate line. Use abbreviations	wherever n	nesible if	their meaning	n ie
	clear. If you need more spa					5551510, 11		y 13
	Column 1: Give the title	of every no	onnetwork telev	vision program ("substitute				
	period, was broadcast by a		,	,		0	0	
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."				Mampio,	Love Eacy	
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		oncod by	the ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			als, with the n	nonth
	first. Example: for May 7 gi						r.	
	to the nearest five minutes.			ogram was carried by your				ately
	stated as "6:00–6:30 p.m."		a program oan		. 10 p.m. to 0	.20.00 p.i		
				n was substituted for progr				
	to delete under FCC rules a was substituted for program							ogram
		inining that	your system w	as permitted to delete und		anu regu		
	effect on October 19, 1976			·				
	effect on October 19, 1976		· ·		1			1
				·		N SUBST		
	S	UBSTITUT		·	CARRI	AGE OC	CURRED	7. REASON FOR DELETION
			E PROGRAM	·		AGE OC		
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	
	S	UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.	CURRED TIMES	

Accounting Period:	2022/2			FORM S/	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Indille	NEBRASKA CENTRAL TELECOM INC				31226
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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	system's se on of how t	econdary transm to compute this a	ission service amount, see	9,494.84 oss 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in 	but less the information	an \$527,600 n.	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 royalt accounting period is \$52.00	ty fee that y	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period			. <u> </u>	
	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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	159,494.84		
	3. Subtract line 2 from line 1	\$	104,305.16		
	4. Enter the amount of gross receipts from space K		. \$ 1	59,494.84	
	5. Enter the amount from line 3		. \$ 1	04,305.16	
	6. Subtract line 5 from line 4		\$	55,189.68	
	7. Multiply line 6 by .005 (enter figure here)			\$	275.95
	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		\$	275.95
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (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	l, 5, and 6 .			
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	275.95	
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			\$	295.95
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				jhts!

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: ENTRAL TELECOM INC				SYSTEM ID# 31226
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	, and (2) the cable system's to number of channels on which television broadcast stations . number of activated channels able system carried television	total numb h the cable ls broadcas		ations	5 59
N Individual to Be Contacted		bout this statement of accoun		RMATION IS NEEDED (Identify an individual to whom		
for Further Information	Name Address	JOHN NELSON		Tel	ephone 402-	694-5101
	Address	(Number, street, rural route, apartr AURORA, NE 68818 (City, town, state, zip)		number)		
	Email	SHAYE.WALKE	ER@HAN	ILTONTEL.COM Fax (optional)		
O Certification	I, the undersigne (Ownee (Agent in li X (Office in li I have examined	ed, hereby certify that (Check o r other than corporation or p r of owner other than corpora ine 1 of space B and that the o er or partner) I am an officer (i ine 1 of space B. I the statement of account and e, and correct to the best of my	one, <i>but on</i> partnershi ation or p owner is no (if a corpor I hereby de y knowledg	b) I am the owner of the cable system as identified in line 1 or rtnership) I am the duly authorized agent of the owner of the t a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identifient clare under penalty of law that all statements of fact contain e, information, and belief, and are made in good faith.	f space B; or e cable system ed as owner of	
				/s/ John Nelson	_	
		Typed or printed Title: (Title of of	Chief	John Nelson Executive Officer held in corporation or partnership)		
		Date:		03/01/2023		

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 II 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
IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
BRASKA CENTRAL TELECOM INC	3122
 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:	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
	-
x	_
x Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	-
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x	-
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 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 \$ -	-
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 - x 0.00274 -	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - 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 contact the Licensing Division at (202) 707-8150 or licensing@loc.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.	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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