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								
AMOUNT								
\$ ALLOCATION NUMBER								

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING DEPLOY COVERED BY THIS STATEMENT. (VVVV/(Barria 4))									
_ ^	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)									
	20231 Barcode Data Filing Period (optional - see instructions)									
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 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									
	(City, town, state, zip)									
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	IDENTIFICATION OF CABLE SYSTEM:									
	NCTC CABLE									
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 (Number: street, rural route, apartment, or suite number)									
	Z (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.

	LEGAL NAME OF OWNER OF OARLE OVOTEN	FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEBRASKA CENTRAL TELECOM INC	SYSTEM I 312
	Instructions: List each separate community served by the cable system. A "community" is	
	separate and distinct community or municipal entity (including unincorporated community is	
D	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a	
	community." Please use it as the first community on all future filings.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the identif
Area	city.	5 parks stroute be reported in part 1
Served	City.	
	CITY OR TOWN	STATE
First	BURWELL 031226	NE
Community	ANSLEY 060960	NE NE
,	ARCADIA 031228	NE NE
		NE NE
Rows as Necessary	ASHTON 029480	
	BOELUS 035035	NE NE
	DANNEBROG 029313	NE
	ELBA 033351	NE
	MASON CITY 034983	NE
	NORTH LOUP 031209	NE
	SARGENT 031227	NE
	SCOTIA 031208	NE
	TAYLOR 031210	NE
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		ļ
		ļ

Accounting Period: 2023/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEBRASKA CENTRAL TELECOM INC

SYSTEM ID# 31226

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	318	51.95	BROADCAST BASIC			
Service to additional set(s)			DIGITAL BASIC	26	19.00	
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		1		1		

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	15.50	Motel, hotel		
 Pay cable—add'l channel 	18.50	Commercial		
Fire protection		• Pay cable		
Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	50.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	25.00	
Converter		Disconnect	-	
		Outlet relocation	36.25	
		Move to new address	20.00	

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

NEBRASKA CENTRAL TELECOM INC

SYSTEM ID# 31226

PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters:

Television

G

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	5	N	HASTINGS, NE
KLNE	7	E-M	LEXINGTON, NE
KGIN	11	N	GRAND ISLAND, NE
KHGI	13	N	KEARNEY, NE
KFXL	17	N	LINCOLN, NE

NEBRASKA CENTRAL TELECOM INC

31226

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		 			ļ		
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Assumption Device to 2000 (4												
Accounting Perio	g Period: 2023/1 FORM SA1-2E. PAGE 5. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#											
Name	NEBRASKA CENTRAL						SYSTEM ID# 31226					
	SUBSTITUTE CARRIAGE	· SPECIA	I STATEMEN	T AND PROGRAM I O	3							
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further 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	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Statement and												
Program Log	1	oroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	1	, leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust complete the progra	m					
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	MS									
	In General: List each subst			te line. Use abbreviations	wherever po	ssible, if their meaning i	s					
	clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s	ce, please a of every non distant stati gulations, o es like "mo Bulls." n was broad	add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, entel	rows to the tables. Ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter	e program") the ed for the prog neral instruction im titles, for ex	at, during the accounting gramming of another sta ons for further information	g ation n.					
	Column 4: Give the broa											
	the case of Mexican or Cana			•		,	41-					
	Column 5: Give the mon first. Example: for May 7 giv		wnen your sysi	tem carried the substitute	program. Us	e numerais, with the mo	ntn					
	Column 6: State the time		substitute pro	gram was carried by you	cable system	n. List the times accurate	ely					
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. should be	,					
	stated as "6:00–6:30 p.m."	"D" if the	listed program	was substituted for pro-	anamaina that							
	Column 7: Enter the letter to delete under FCC rules a											
	was substituted for program	•		0.	•							
	effect on October 19, 1976.											
					П Мн	EN SUBSTITUTE						
	S	UBSTITUT	E PROGRAM		1 1	RIAGE OCCURRED	7. REASON FOR					
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION					
						_						
						_						
							·					
						 						
												
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						_						
												
						 						
						_						
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						_						
						 						

	2023/1	NE OARLE OVOTEN						SA1-2E. PAGE SYSTEM II	
Name	NEBRASKA CENT		INC					3122	
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 of 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, see page (vii) of the general instructions located in the paper SA1-2 form.								
		om subscribers for senting period ust complete a staten						52,859.34 gross receipts)	
L Copyright Royalty Fee	COPYRIGHT ROYALT Instructions: To compt. Complete block 1, blo Use block 1 if the ame Use block 2 if the ame Use block 3 if the ame See page (vi) of the gene	te the royalty fee you ck 2, or block 3. ount of gross receipts ount of gross receipts ount of gross receipts	s in space K is \$1; s in space K is mo s in space K is mo	re than \$137,100 re than \$263,800) but less	than \$527,600	\$263,800		
		BLOC	K 1: GROSS RE	CEIPTS OF \$13	37,100 OI	R LESS			
	Instructions: As a cable accounting period is \$5		ceipts of \$137,100	or less, the royal	ty fee that	you must pay fo	this six-month		
	Line 1. Royalty fee for	accounting period							
	Line 2. Interest charge.	Enter the amount fro	om line 4, space Q	page 8				0.00	
	Line 3. TOTAL ROYAL	TY FEE PAYABLE F	FOR ACCOUNTIN	G PERIOD. Add	lines 1 and	d 2			
		BLOCK 2: GROSS	RECEIPTS OF S	263,800 OR LE	SS (but i	more than \$137	7,100)		
	1. Base amount under	statutory formula			\$	263,800.0	<u>) </u>		
	2. Enter amount of gro	ss receipts from space	e K		\$	152,859.3	<u>.</u>		
	3. Subtract line 2 from	ine 1			\$	110,940.6	<u> </u>		
	4. Enter the amount of	gross receipts from sp	pace K			\$	152,859.34	_	
	5. Enter the amount fro	m line 3				\$	110,940.66	_	
	6. Subtract line 5 from	ine 4				\$	41,918.68	_	
	7. Multiply line 6 by .00	5 (enter figure here).					\$	209.59	
	8. Interest charge. Ent	er the amount from lin	ne 4, space Q, pag	e 8				0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8							209.59	
	В	LOCK 3: GROSS R	RECEIPTS OF M	ORE THAN \$26	3,800 (bı	ut less than \$52	27,600)		
	1. Enter the amount of	gross receipts from sp	pace K				_		
	2. Base amount under	statutory formula			\$	263,800.0	<u>) </u>		
	3. Subtract line 2 from	ine 1							
	4. Multiply line 3 by .01							_	
	5. Royalty due on the f	rst \$263,800 of gross	receipts (under st	atutory formula) .		\$	1,319.00	_	
	6. Interest charge. Ent	er the amount from lin	ne 4, space Q, pag	e 8			0.00	_	
	7. TOTAL ROYALTY I	EE PAYABLE FOR	ACCOUNTING PE	RIOD. Add lines	4, 5, and	6			
		FILING FEE	E AND TOTAL R	EMITTANCE D	UE				
Filing Fee and otal Remittance	Royalty Fee Payable	for Accounting Period	d (from Block 1, 2,	or 3, above)		\$	209.59	_	
Due	2. Filing Fee (See the i	nstructions for more in	nformation on filing	fee calculations)		\$	20.00	_	
	3. TOTAL AMOUNT D	UE FOR ACCOUNTII	NG PERIOD. Add	l lines 2 and 3			\$	229.59	
		ur remittance must b	oe in the form of a					ights!	

Accounting Period: 2	2023/1				FORM SA1-2E. PAGE 7.							
Name		WNER OF CABLE SYSTEM: NTRAL TELECOM INC			SYSTEM ID# 31226							
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations.											
	on which the	I number of activated channe cable system carried television deast services			59							
N Individual to		D BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an individual to whom int.)	1								
Be Contacted for Further	Name	JOHN NELSON		Telephone 4	02-694-5101							
Information	Address	1006 12TH STREET										
		(Number, street, rural route, apartr	ment, or suite number)									
		AURORA, NE 68818 (City, town, state, zip)										
	Email	SHAYE.WALKE	ER@HAMILTONTEL.COM Fax (optional									
	CERTIFICATION (This statement of account mu	ust be certified and signed in accordance with Copyright Office re	egulations)								
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne, but only one, of the boxes.)									
	(Owner	r other than corporation or p	artnership) I am the owner of the cable system as identified in line	1 of space B; o	or							
			ation or partnership) I am the duly authorized agent of the owner of e owner is not a corporation or partnership; or	f the cable sys	tem as identified							
		er or partner) I am an officer (i in line 1 of space B.	if a corporation) or a partner (if a partnership) of the legal entity ident	tified as owner	r of the cable system							
		e, and correct to the best of m	hereby declare under penalty of law that all statements of fact contain y knowledge, information, and belief, and are made in good faith.	ined herein								
			X /s/ John Nelson									
			Enter an electronic signature on the line above to certify this statemer Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	ent.								
		Typed or printed	name: John Nelson									
		Title:	Chief Executive Officer tle of official position held in corporation or partnership)									
		Date:	8/23/2023	3								

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Accounting Period: 2023/1 FORM SA1-2E. PAGE 8. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 31226 **NEBRASKA CENTRAL TELECOM INC** 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 sub-**Special Statement Concerning Gross** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 Name Name Mailing Address Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Interest Assessment days 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 (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. Owner Address

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.

ID number

First community served Accounting period