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

STATEM		OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste	-	-	-		<u>coplicsoa@copyright.gov</u>
_			0/00/00	\$	For additional information, contact the U.S. Copyright
General instru			8/30/23		Office Licensing Division at: Tel: (202) 707-8150
in the first tab	or this	WORKDOOK		ALLOCATION NUMBER	-
					1
Α	ACCO	DUNTING PERIOD COVERED I	BY THIS STATEMENT: (Y)	YYY/(Period))	
			Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		2023/1			
			Barcode Data Filing Period (optional	- see instructions)	
Accounting					
Period					
_		Instructions: Give the full legal name of the owner of th	e cable system. If the owner is a subs	idiary of another corporation, give the full c	corporate
В		title of the subsidiary, not that of the pare	nt corporation.		
Owner		List any other name or names under which	n the owner conducts the business of t	the cable system.	
		-		the last day of the accounting period should	d submit a
		single statement of account and royalty fe	e payment covering the entire accoun	ting period.	4962
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	4302
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
		Great Plains Cable Television			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	<b>[</b> )	
		MAILING ADDRESS OF OWNER OF P. O. Box 500	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu	mber)		
		Blair, NE 68008 (City, town, state, zip)			
•	INSTR		ess or trade names used to ider	ntify the business and operation of th	ne system unless these
С	names	s already appear in space B. In line	2, give the mailing address of th	e system, if different from the addres	ss given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	mber)		
		(City, town, state, zip code)			
Balan an Arian in		444 - 500 - 47 - 50 - 11 % - 10 ( 0			ada at an distr
Privacy Act Notic	e: Section	111 of title 17 of the United States Code auth	norizes the Copyright Office to collect the	e personally identifying information (PII) reque	stea on this

Privacy Act Notice: Section 111 of title 117 of the United States Code aution/zes the Copyinght 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Great Plains Cable Television	4962
D	Instructions: List each separate community served by the cable system. A "c "a separate and distinct community or municipal entity (including unincorpo discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future fi	rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	
Fired	CITY OR TOWN Broken Bow	STATE Nebraska
First Community	Arnold	Nebraska
Community	Callaway	Nebraska
	Stapleton	Nebraska
d Rows as Necessary	Oconto	Nebraska
	Οτοπιο	Nebidska

								FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF C. Great Plains Cable Tele		:					313	496
		131011							
Е	SECONDARY TRANSMISSION								
<b>_</b>	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•					-		
scribers and Rates	down by categories of secondary each category by counting the n			•		•			
Rates	separately for the particular serv			0,0				chargeo	
	<b>Rate:</b> Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed				ny standa	rd rate variation	s within a	particular rate	
	category, but do not include disc				<b>.</b>			4141-1-	
	Block 1: In the left-hand block systems most commonly provide	•		•		•			
	that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce to the	
	first set" and would be counted o								
	Block 2: If your cable system I printed in block 1 (for example, t	-		•					
	with the number of subscribers a					,		, 0	
	sufficient.	,							
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	Service to first set		614	24.95	Broado	aster Fee		614	27.5
	Service to additional set(s)								
	• FM radio (if separate rate)				HD Rer	ntal		46	14.9
	Motel, hotel								
	Commercial				Conver	ter Rental		64	4.9
	Converter								
	Residential								
	Non-residential								
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					II vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t		,		•	• •			
	service for a single fee. There ar								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are cl	narged on a vari	able per-p	rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable	e svstem for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	separate charg	ge was n	nade or establis	shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	idential				
	• Pay cable	16.95		el, hotel					
	Pay cable—add'l channel	12.95		nmercial					
	<ul> <li>Fire protection</li> </ul>			cable					
				cable-add'l ch	annel				
	•Burglar protection			protection					
	•Burglar protection Installation: Residential			-					
	Installation: Residential <ul> <li>First set</li> </ul>	65.00	• Bur	glar protection					
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>	65.00 65.00	• Bur Other s	glar protection					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec	glar protection ervices: onnect		65.00			
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>		• Bur Other s • Rec	glar protection		65.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		• Bur Other s • Rec • Disc	glar protection ervices: onnect		65.00 65.00			

				OVOTEM
Name	LEGAL NAME OF OWNER OF			SYSTEM   49
	Great Plains Cable Te			v۲
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(4 substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on flicense. 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 location	TELEVISION entify every television station (including t 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 76.61 s explained in the next paragraph. :: With respect to any distant stations ca les, 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, a n's call sign. <i>Do not</i> report origination per d with a station according to its over-the- the form. el number the FCC assigned to the telev (RC is channel 4 in Washington, D.C. n case whether the station is a network s ering the letter "N" (for network), "N-M" (f , "E" (for noncommercial educational), or erms, see page (iv) of the general instruc- n of each station. For U.S. stations, list	(1) stations carried only on a part- e carriage of certain network progra 1(e)(2) and (4))]; and (2) certain sta rried by your cable system on a su e Special Statement and Program I both on a substitute basis and also see page (v) of the general instruct rogram services such as HBO, ESF -air designation. For example, repo- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station	elevision stations) time basis under ams [sections itions carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" ional multicast). is licensed by the
	FCC. For Mexican or Cana	dian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	e community with which the station 3. TYPE OF STATION	A. LOCATION OF STATION
	KNOP	2.1	N	North Platte, NE
	KUON	12.1	E	
			E	Lincoln. NE
d Rows as Necessary				Lincoln, NE
d Rows as Necessary	KUON-EW	12.2	E-M E-M	Lincoln, NE
d Rows as Necessary		12.2 12.3	E-M E-M	Lincoln, NE Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC	12.2 12.3 10.1	E-M E-M N	Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN	12.2 12.3 10.1 10.5	E-M E-M N I-M	Lincoln, NE Lincoln, NE Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC	12.2 12.3 10.1 10.5 4	E-M E-M N I-M	Lincoln, NE Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB	12.2 12.3 10.1 10.5 4 4.2	E-M E-M N I-M N N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB	12.2 12.3 10.1 10.5 4 4.2 13.1	E-M E-M N I-M N N-M N	Lincoln, NE Lincoln, NE Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB	12.2 12.3 10.1 10.5 4 4.2	E-M E-M N I-M N N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N I-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE

Accounting Period:	2023/1			FORM SA1-2E. PAGE 3
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Great Plains Cable Te	levision		4962
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable systen	n during the accounting period, excep	translator stations and low power tele t (1) stations carried only on a part-tim he carriage of certain network program	ne basis under
Primary	76.59(d)(2) and (4), 76.61(e	)(2) and (4), or 76.63 (referring to 76.6	$\delta 1(e)(2)$ and $(4))];$ and $(2)$ certain statio	•
Transmitters: Television	Substitute Basis Stations:	explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:	arried by your cable system on a subs	titute program
	• Do <i>not</i> list the station here station was carried <i>only</i> on	in space G—but do list it in space I (t a substitute basis.	the Special Statement and Program Lo	
		•	d both on a substitute basis and also d	
			, see page (v) of the general instruction program services such as HBO, ESPN	
			e-air designation. For example, report	
	"WETA-2" as the same on the	8		multisticam
	Column 2: Give the channe	I number the FCC assigned to the tele	evision station for broadcasting over th	e air in its community
		RC is channel 4 in Washington, D.C.		
			station, an independent station, or a n	
			(for network multicast), "I" (for indepen or "E-M" (for noncommercial education	
		rms, see page (iv) of the general instru		a muticast).
			t the community to which the station is	licensed by the
	FCC. For Mexican or Canad	lian stations, if any, give the name of t	the community with which the station is	identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF Great Plains								SYSTEM I 49
	every radio s	tation ca	rried on a separate and discre					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: Si Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to mation about m. entify the call tate whether to the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio ion's sign g 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 t each station carried. In 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 antr his point, see pa ed by the cable s e station is licen	eadend, and (2 enna, during co ge (v) of the g system as a se sed by the FC	) it can l ertain sta eneral ir eparate a	be expected, ated intervals. astructions in the. and discrete	Primary Transmitters Radio
	AM 514	0/5			ANA	0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					+			
					<u> </u>			
					+			
					+			
					+			
					+			
					+			
					1			
					+			
					-+			

counting Perio	LEGAL NAME OF OWNER OF	CABLE SYSTE	M:						SYSTEM ID
Name	Great Plains Cable Te	levision							496
	SUBSTITUTE CARRIAG	E: SPECIAL	STATEME		/ LOG				
	In General: In space I, ident	tify every nonne	etwork telev	<i>ision program,</i> broadca	ast by a <i>distan</i>	t station, tha	t your	cable sys	stem carried on a
	substitute basis during the a								
Substitute Carriage:	explanation of the programm					al instruction	s in th	ie paper s	5A1-2 form.
Special	1. SPECIAL STATEMEN					nonnotwork	tolovi	aian nraa	rom
tatement and	During the accounting per	-	Sable Syster	in carry, on a substitut	le Dasis, any	nonnetwork	leievi		
Program Log	broadcast by a distant sta <b>Note:</b> If your answer is "No		at of this pa	an block if your oney	vorio "Voo"			YES	NO
	log in block 2.	b, leave the res	ist of this pa	age blank. If your answ	werts res,	/ou must co	mpiete	e the pro	gram
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	a distant station egulations, or a vries like "movie . Bulls." m was broadca l sign of the sta badcast stations nadian stations inth and day wh ive "5/7."	n and that y authorizatio es" or "bask ast live, ent ation broado 's location ( s, if any, the hen your sy ubstitute pr	our cable system sub ns. See page (v) of the tetball." List specific pr er "Yes." Otherwise er casting the substitute p the community to whice e community with whice estem carried the subs ogram was carried by	estituted for the e general ins rogram titles, nter "No." program. ch the station ch the station stitute program	e programm tructions for for example is licensed is identified n. Use num ystem. List i	ing of furthe , "I Lo by the ). erals, "	f another er informa ove Lucy" e FCC or, with the r nes accur	station ation. ' or in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the lis	sted program s in effect c	n was substituted for luring the accounting	programming period; enter	the letter "P	" if the	e listed pr	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	ter "R" if the lis and regulations mming that you	sted program s in effect c	n was substituted for luring the accounting	programming period; enter	the letter "P	" if the	e listed pr	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the lis and regulations mming that you b.	sted program s in effect of ur system w PROGRAM	n was substituted for luring the accounting as permitted to delete	programming period; enter e under FCC	the letter "P rules and re /HEN SUB RRIAGE O	if the gulatio STITU	UTE RRED	ogram 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the lis and regulations mming that you b UBSTITUTE F 2. LIVE? 3.	sted program s in effect o ur system w	n was substituted for luring the accounting as permitted to delete	programming period; enter e under FCC V CA 5. MOI	the letter "P rules and re /HEN SUB RRIAGE O	if the gulatic STITU CCUF	UTE RRED	rogram
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulations mming that you b. BUBSTITUTE F 2. LIVE? 3.	sted program s in effect of ur system w PROGRAM STATION'S	n was substituted for pluring the accounting vas permitted to delete	programming period; enter e under FCC V CA 5. MOI	the letter "P rules and re /HEN SUB RRIAGE O	if the gulatic STITU CCUF	IISTED TTE RRED ES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulations mming that you b. BUBSTITUTE F 2. LIVE? 3.	sted program s in effect of ur system w PROGRAM STATION'S	n was substituted for pluring the accounting vas permitted to delete	programming period; enter e under FCC V CA 5. MOI	the letter "P rules and re /HEN SUB RRIAGE O	if the gulatic STITU CCUF	IISTED TTE RRED ES	ogram 7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulations mming that you b. BUBSTITUTE F 2. LIVE? 3.	sted program s in effect of ur system w PROGRAM STATION'S	n was substituted for pluring the accounting vas permitted to delete	programming period; enter e under FCC V CA 5. MOI	the letter "P rules and re /HEN SUB RRIAGE O	if the gulatic STITU CCUF	IISTED TTE RRED ES	ogram 7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulations mming that you b. BUBSTITUTE F 2. LIVE? 3.	sted program s in effect of ur system w PROGRAM STATION'S	n was substituted for pluring the accounting vas permitted to delete	programming period; enter e under FCC V CA 5. MOI	the letter "P rules and re /HEN SUB RRIAGE O	if the gulatic STITU CCUF	IISTED TTE RRED ES	ogram 7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulations mming that you b. BUBSTITUTE F 2. LIVE? 3.	sted program s in effect of ur system w PROGRAM STATION'S	n was substituted for pluring the accounting vas permitted to delete	programming period; enter e under FCC V CA 5. MOI	the letter "P rules and re /HEN SUB RRIAGE O	if the gulatic STITU CCUF	IISTED TTE RRED ES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulations mming that you b. BUBSTITUTE F 2. LIVE? 3.	sted program s in effect of ur system w PROGRAM STATION'S	n was substituted for pluring the accounting vas permitted to delete	programming period; enter e under FCC V CA 5. MOI	the letter "P rules and re /HEN SUB RRIAGE O	if the gulatic STITU CCUF	IISTED TTE RRED ES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the lis and regulations mming that you b. BUBSTITUTE F 2. LIVE? 3.	sted program s in effect of ur system w PROGRAM STATION'S	n was substituted for pluring the accounting vas permitted to delete	programming period; enter e under FCC V CA 5. MOI	the letter "P rules and re /HEN SUB RRIAGE O	if the gulatic STITU CCUF	IISTED TTE RRED ES	7. REASON F
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Accounting Period:	<b>2023/1</b> FORM SA1-2E. F	PAGE 6.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	M ID#
Name	Great Plains Cable Television	4962
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.       \$ 223,355.         IMPORTANT: You must complete a statement in space P concerning gross receipts.       (Amount of gross receipts)	
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 \$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	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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K \$ 223,355.94	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K \$ 223,355.94	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
		E 6
	8. Interest charge. Enter the amount from line 4, space Q, page 8	00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 914.	56
	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	
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
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 \$ 934.	56
	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:	2023/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYS Great Plains Cable Television	EM:	SYSTEM ID# 4962
M Channels	<ul> <li>to its subscribers, and (2) the cable system carried television broadcast state.</li> <li>2. Enter the total number of activated chron which the cable system carried television broadcast state.</li> </ul>	annels	13 109
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF F we can contact about this statement of	URTHER INFORMATION IS NEEDED (Identify an individual to whom account.)	
for Further Information	Name LeaAnn Quist	Telephone	402-456-6434
	Address P. O. Box 500 (Number, street, rural rout Blair, NE 68808 (City, town, state, zip)	e, apartment, or suite number)	
	Email lquist@g	pcom.com Fax (optional)	
O Certification	<ul> <li>(Agent of owner other than of in line 1 of space B and the X</li> <li>(Officer or partner) I am an of in line 1 of space B.</li> <li>I have examined the statement of account</li> </ul>	heck one, <i>but only one</i> , of the boxes.) on or partnership) I am the owner of the cable system as identified in line 1 of space I orporation or partnership) I am the duly authorized agent of the owner of the cable s at the owner is not a corporation or partnership; or fficer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow nt and hereby declare under penalty of law that all statements of fact contained herein t of my knowledge, information, and belief, and are made in good faith.	system as identified ner of the cable system
		X /s/Nicholas Holle Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Title:	printed name: Nicholas Holle Corporate Counsel Itle of official position held in corporation or partnership)	
	Date:	August 29, 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 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 fing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
eat Plains Cable Television		496
SPECIAL STATEMENT CONCERNIE The Satellite Home Viewer Act of 1988 amen lowing sentence: "In determining the total number of sul service of providing secondary transm scribers and amounts collected from s For more information on when to exclude the located in the paper SA1-2 form. During the accounting period, did the cable sy made by satellite carriers to satellite dish owr X NO	NG GROSS RECEIPTS EXCLUSIONS         ided Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-         bscribers and the gross amounts paid to the cable system for the basic         bissions of primary broadcast transmitters, the system shall not include sub-         bubscribers receiving secondary transmissions pursuant to section 119."         se amounts, see the note on page (vii) of the general instructions         ystem exclude any amounts of gross receipts for secondary transmissions         hers?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those r	royalty payments submitted as a result of a late payment or underpayment.	
-	ee page (viii) of the general instructions located in the paper SA1-2 form.	Q
-	ee page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, se	ee page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, set Line 1 Enter the amount of late payment or	ee page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
For an explanation of interest assessment, set Line 1 Enter the amount of late payment or	ee page (viii) of the general instructions located in the paper SA1-2 form.          underpayment	Q Interest Assessment
For an explanation of interest assessment, set Line 1 Enter the amount of late payment or Line 2 Multiply line 1 by the interest rate* an	ee page (viii) of the general instructions located in the paper SA1-2 form. underpayment	Q Interest Assessmen
For an explanation of interest assessment, set Line 1 Enter the amount of late payment or Line 2 Multiply line 1 by the interest rate* an Line 3 Multiply line 2 by the number of days	ace page (viii) of the general instructions located in the paper SA1-2 form.         underpayment	Q Interest Assessmen
For an explanation of interest assessment, set Line 1 Enter the amount of late payment or Line 2 Multiply line 1 by the interest rate* an Line 3 Multiply line 2 by the number of days Line 4 Multiply line 3 by 0.00274** and enter	ace page (viii) of the general instructions located in the paper SA1-2 form.         underpayment	Q Interest Assessmen
For an explanation of interest assessment, set Line 1 Enter the amount of late payment or Line 2 Multiply line 1 by the interest rate* an Line 3 Multiply line 2 by the number of days Line 4 Multiply line 3 by 0.00274** and enter	ace page (viii) of the general instructions located in the paper SA1-2 form.         underpayment	Q Interest Assessmen
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<ul> <li>For an explanation of interest assessment, set</li> <li>Line 1 Enter the amount of late payment or 1</li> <li>Line 2 Multiply line 1 by the interest rate* and</li> <li>Line 3 Multiply line 2 by the number of days</li> <li>Line 4 Multiply line 3 by 0.00274** and enter in space L, (page 6) block 1, line 2, or</li> <li>* To view the interest rate chart click on w contact the Licensing Division at (202) 7</li> </ul>	ad enter the sum here   x	Q Interest Assessmen
<ul> <li>For an explanation of interest assessment, set</li> <li>Line 1 Enter the amount of late payment or a</li> <li>Line 2 Multiply line 1 by the interest rate* and</li> <li>Line 3 Multiply line 2 by the number of days</li> <li>Line 4 Multiply line 3 by 0.00274** and enter in space L, (page 6) block 1, line 2, or</li> <li>* To view the interest rate chart click on w contact the Licensing Division at (202) 7</li> <li>** This is the decimal equivalent of 1/365, NOTE: If you are filing this worksheet coverint</li> </ul>	ad enter the sum here   x	Q Interest Assessmen
<ul> <li>For an explanation of interest assessment, set</li> <li>Line 1 Enter the amount of late payment or a</li> <li>Line 2 Multiply line 1 by the interest rate* and</li> <li>Line 3 Multiply line 2 by the number of days</li> <li>Line 4 Multiply line 3 by 0.00274** and enter in space L, (page 6) block 1, line 2, or</li> <li>* To view the interest rate chart click on v contact the Licensing Division at (202) 7</li> <li>** This is the decimal equivalent of 1/365, NOTE: If you are filing this worksheet coverim</li> </ul>	ace page (viii) of the general instructions located in the paper SA1-2 form.         underpayment	Q Interest Assessmen
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