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							
02/28/2024	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Great Plains Cable Television
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	P. O. Box 50 (Number, street, rural route, apartment, or suite number)
	Blair, NE 68008 (City, town, state, zip)
С	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	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)

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

LECAL MARK OF OWNER OF CARLE SYSTEM: Oracl Palins Cablo Tolovision Instructions: List each separate community seved by the cable system. A "community" is the same as a "community unit" as defined areas and includence unincorporated areas. In a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includence unincorporated areas. In a separate and static community or municipal entity on all future filling serve as a form of system identification has a the "first community." Please use ta she first community on all future filling on all future filling on the properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be identified city. CITY OR TOWN Future burg CITY OR TOWN Future burg Nebraska CITY OR TOWN Future burg Nebraska Future burg Nebraska	FORM SA1-2E. PAGE	F						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification her 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 home parks should be reported in parentheses be identified city. CITY OR TOWN STATE Elgin Nebraska Oakdale Nebraska Oakdale Nebraska	SYSTEM I			Name				
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and includiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification her 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 home parks should be reported in parentheses be identified city. CITY OR TOWN	60							
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification her 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 home parks should be reported in parentheses be identified city. CITY OR TOWN								
Area Served CITY OR TOWN First Community Community Nebraska Community Neligh Oakdale Oakdale Nebraska Necessary Rea Served CIST OR TOWN STATE Figure Nebraska Oakdale Nebraska Nebraska Nebraska Nebraska				D				
Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be identified city. CITY OR TOWN STATE First Elgin Nebraska Community Neligh Nebraska Oakdale Nebraska dd Rows as Necessary Petersburg Nebraska	ion hereafter kno	t will serve as a form of system identification						
Area Served identified city. CITY OR TOWN STATE First Elgin Nebraska Community Neligh Nebraska Oakdale Nebraska dd Rows as Necessary Petersburg Nebraska								
CITY OR TOWN STATE	ses below the	ome parks should be reported in parenthes		Area				
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Ewing Nebraska				dd Rows as Necessary				
		Nebraska	Ewing					

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6064

Great Plains Cable Television

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.

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	258	24.95	Broadcaster Fee	258	27.50	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
		T				

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	16.95	Motel, hotel			
 Pay cable—add'l channel 	12.95	Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	65.00	Burglar protection			
 Additional set(s) 	65.00	Other services:			
 FM radio (if separate rate) 		Reconnect	65.00		
Converter		Disconnect			
		Outlet relocation	65.00		
		 Move to new address 	65.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 6064

Great Plains Cable Television PRIMARY TRANSMITTERS: TELEVISION

000

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
KTIV	4.1	N	Sioux City, Iowa
KTIV-LA	4.2	I-M	Sioux City, Iowa
KFXL	15.1	N	Lincoln, NE
KHGI	13.1	N	Kearney, NE
KHGI	13.3	I-M	
KSNB	4.1	N	Superior, NE
KOLN	10.1	N	Lincoln, NE
	10.3	N-M	
	10.5	I-M	
KUON	12.1	E	Lincoln, NE
KUON-EW	12.2	E-M	Lincoln, NE
KUON-EC	12.3	E-M	Lincoln, NE
KNEN	35.1	l	Norfolk, NE

SYSTEM ID#

FORM SA1-2E. PAGE 4.

Great Plains Cable Television

6064

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
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
		 					
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	iod: 2023/2 LEGAL NAME OF OWNER OI	F CABLE SYS	STEM:						SA1-2E. PAGE ! SYSTEM ID:
Name	Great Plains Cable Te	elevision							6064
	SUBSTITUTE CARRIAG	E. SDECI	AI STATEME	ENT AND PROGRAM LO	.c				
		_	_	rision program, broadcast by		ion that v	our cah	la eveta	m carried on a
•				pecific present and former F					
Substitute				in this log, see page (v) of t					
Carriage:	1. SPECIAL STATEMEN	IT CONCE	RNING SUBS	STITUTE CARRIAGE					
Special atement and	During the accounting per	eriod, did yo	ur cable syste	m carry, on a substitute ba	sis, any nonn	etwork te	elevision		
rogram Log	l	ation?					YI	ES _	X NO
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the progra								
	log in block 2.	,	'	J ,	, ,		'	1 3	
	2. LOG OF SUBSTITUT	E PROGR	AMS						
	In General: List each subs				s wherever po	ossible, if	their me	eaning i	is
	clear. If you need more sp			il rows to the tables. evision program ("substitute	nrogram") th	nat durin	n the ac	countin	ın
	period, was broadcast by	a distant sta	ition and that y	our cable system substitut	ted for the pro	grammin	g and do	other sta	ation
	under certain FCC rules, r								
	Do not use general categor "NBA Basketball: 76ers vs		ovies" or "basł	ketball." List specific progra	am titles, for e	xample,	"I Love l	∟ucy" oi	r
			dcast live, ent	ter "Yes." Otherwise enter '	"No."				
				casting the substitute progr					
	the case of Mexican or Ca			the community to which the			the FC	C or, in	1
				stem carried the substitute			als, with	the mo	onth
	first. Example: for May 7 g	ive "5/7."			. 0				
	Column 6: State the tin to the nearest five minutes			rogram was carried by you					ely
	stated as "6:00–6:30 p.m."		a program car	ned by a system from 6.0 i	1: 15 p.m. to 6	:20:30 p.i	n. snou	id be	
			e listed prograi	m was substituted for prog	ramming that	your sys	tem was	s require	ed
	to delete under FCC rules								gram
	was substituted for progra	mming that	vour system w					in	
	leffect on October 10, 1076	3	, ,	vas permitted to delete und	ler FCC rules	and regu	liations		
	effect on October 19, 1976	6.		vas permitted to delete und	ler FCC rules	and regu	liations		
	,				WHEI	N SUBST	TITUTE		
	,	SUBSTITUT	E PROGRAM		WHEI CARRI	N SUBST	TITUTE CURRE		7. REASON FO
	,	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM		WHEI CARRI	N SUBST	TITUTE CURRE TIMES		
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBSTAGE OCC	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	
	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	
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	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	
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	S	SUBSTITUT	E PROGRAM 3. STATION'S	л	WHEI CARRIA 5. MONTH	N SUBST AGE OCO	TITUTE CURRE TIMES	ED 7	7. REASON FOI DELETION

Accounting Period:	2023/2 Fo	ORM SA1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID#
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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amoun 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.	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 \$263,80 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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-m	onth
İ	accounting period is \$52.00	
	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	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	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 \$527,600)	
	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)	.00
	6. Interest charge. Enter the amount from line 4, space Q, page 8	.00_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
	TEMOTEE AND TO THE NEW TANKS BOD	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	.00
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.00_
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 76-1316/1049	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Copy See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	-

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: able Television		SYSTEM ID# 6064
M Channels			nnels on which the cable system carried television broadcast stations number of activated channels during the accounting period.	
		number of channels on which the television broadcast stations	cable	13
	on which the ca	number of activated channels ble system carried television broad ast services	dcast stations	109
N Individual to Be Contacted		BE CONTACTED IF FURTHER II bout this statement of account.)	NFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Ryan Lentz	Telephone 4	402-456-6457
	Address	(Number, street, rural route, apartment,	or suite number)	
		(City, town, state, zip)		
	Email	rlentz@gpcom.com	Fax (optional)	
0	CERTIFICATION	This statement of account must be	e certified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersign	ed, hereby certify that (Check one,b	ut only one, of the boxes.)	
	(Owne	r other than corporation or partne	ership) I am the owner of the cable system as identified in line 1 of space B	9; or
			or partnership) I am the duly authorized agent of the owner of the cable so is not a corporation or partnership; or	ystem as identified
		er or partner) I am an officer (if a co	orporation) or a partner (if a partnership) of the legal entity identified as own	ner of the cable system
		e, and correct to the best of my know	by declare under penalty of law that all statements of fact contained herein wledge, information, and belief, and are made in good faith.	
			X /s/Nicholas Holle	
			er an electronic signature on the line above to certify this statement. er signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed nar	ne: Nicholas Holle	
			prporate Counsel position held in corporation or partnership)	
		Date:	February 28, 2024	

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.

Accounting Period: 2023/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 6064 **Great Plains Cable Television** SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-P "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** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name Mailing Address Mailing Address 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 1% davs 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 * 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@copyright.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 ID number First community served Accounting period

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