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))						
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
	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						
	Great Plains Cable Television						
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
	P. O. Box 500 (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)						
	(only, terms, care, Ep 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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Great Plains Cable Television	
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporat	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	
	as the "first community." Please use it as the first community on all future filing	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mo	bile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Sutherland	Nebraska
Community	Hershey	Nebraska
	Tryon iTV	Nebraska
Rows as Necessary		

Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

704

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	174	24.95	Broadcaster Fee	174	27.50		
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		T I					

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#

4. LOCATION OF STATION

Great Plains Cable Television

1. CALL SIGN

704

G

Primary Transmitters: Television

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.

2. B'CAST CHANNEL NUMBER

KNOP North Platte, NE 2.1 KHGI 13.1 Ν Kearney, NE **KHGI** 13.3 I-M Ε **KUON** 12.1 Lincoln, NE **KUON-EW** 12.2 E-M **KUON-EC** 12.3 E-M **KSNB** 4.2 I-M Superior, NE **KNPL** 10.1 Ν North Platte, NE KIIT Ν 11.1 North Platte, NE 11.2 I-M

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Great Plains Cable Television

704

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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Accounting Borio	.d. 2022/2						FOR	M SA1 2E DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURI	M SA1-2E. PAGE 5. SYSTEM ID#
Name	Great Plains Cable Te	levision						704
Substitute Carriage: Special Statement and Program Log	LEGAL NAME OF OWNER OF Great Plains Cable Te SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting pe broadcast by a distant sta Note: If your answer is "Not log in block 2. 2. LOG OF SUBSTITUT In General: List each subsclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cal Column 5: Give the mo first. Example: for May 7 give	E: SPECIA tify every no accounting p ning that mu T CONCEI riod, did you ation? by, leave the stitute prograce, please of every no a distant sta egulations, ries like "mo Bulls." m was broa sign of the adcast stati nadian stati nth and day ive "5/7." nes when th	AL STATEME nnetwork televior, under sist be included RNING SUBS ur cable syste e rest of this paradd additional connetwork televior and that your authorization by or authorization broadd on's location (ons, if any, they when your sy e substitute properties of the station of the system on's location (ons, if any, they when your sy e substitute properties of the system on's location (ons, if any, they when your sy e substitute properties of the system on's location (ons, if any, they when your sy e substitute properties of the system on's location (ons, if any, they when your sy e substitute properties of the system on's location (ons, if any, they when your sy e substitute properties of the system of this paradom on a separadd on's location (ons, if any, they when your sy e substitute properties of the system of the	pecific present and former F in this log, see page (v) of the strict of	y a distant star FCC rules, reg the general ins asis, any nonr s "Yes," you r s wherever pe e program") the ted for the program titles, for e "No." rram. ne station is lid e program. Us ur cable systel	ulations, or structions in the structions in the structions in the structions in the structions of the structions for fur example, "I see numeral or structions for the structions for structions for the structions for the structions of the st	pur cable sys authorization the paper Sevision progery YES lete the progery their meaning of another ther information Love Lucy" the FCC or, is, with the ritimes accuration accounts the second the s	system ID# 704 stem carried on a ns. For a further sA1-2 form. ram x NO gram g is ting station tion. or
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	od; enter the I der FCC rules	etter "P" if	the listed pr ations in	ogram			
	1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S		5. MONTH	AGE OCC 6. T	URRED TIMES	7. REASON FOR DELETION

Accounting Period:	2023/2	FORM SA1	-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYS	704
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s)	mission service amount, se	325.86
	during the accounting period	(Amount of gross	
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 5. 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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$_	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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)	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 76-1316/1049		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2023/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: able Television		SYSTEM ID# 704
M Channels			s on which the cable system carried television broadcast stations er of activated channels during the accounting period.	
		number of channels on which the cable elevision broadcast stations	9	10
	on which the ca	number of activated channels ble system carried television broadcas ast services		109
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFO	RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Ryan Lentz	Telephone 4	402-456-6457
	Address	P. O. Box 500 (Number, street, rural route, apartment, or suit	te number)	
		Blair, NE 68808 (City, town, state, zip)		
	Email	rlentz@gpcom.com	Fax (optional)	
0	CERTIFICATION	This statement of account must be cer	tified and signed in accordance with Copyright Office regulations)	
Certification	• I, the undersign	d, hereby certify that (Check one,but on	ly one, of the boxes.)	
	(Owne	r other than corporation or partnershi	p) I am the owner of the cable system as identified in line 1 of space B	; or
		of owner other than corporation or pone 1 of space B and that the owner is no	artnership) I am the duly authorized agent of the owner of the cable sy of a corporation or partnership; or	stem as identified
		er or partner) I am an officer (if a corpor ne 1 of space B.	ration) or a partner (if a partnership) of the legal entity identified as own	er of the cable system
		e, and correct to the best of my knowledg	eclare under penalty of law that all statements of fact contained herein ge, information, and belief, and are made in good faith.	
		<u> </u>	/s/Nicholas Holle	
			electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name:	Nicholas Holle	
			orate Counsel on held in corporation or partnership)	
		Date:	February 28, 2024	

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counting Period: 2023/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
reat Plains Cable Television	704
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 act lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall rescribers and amounts collected from subscribers receiving secondary transmissions pursuant to see	or the basic not include sub-section 119." Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.	cions
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO	transmissions
YES. Enter the total here and list the satellite carrier(s) below	
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 a For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	
Line 1 Enter the amount of late payment or underpayment	_ Interest Assessment
x	1%
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	days 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	- erest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further associated the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	sistance please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the community served.	
Owner Address	
ID number First community served	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)