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 | | | | | | |
| 2-28-25 | \$ | | | | | |
| | 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 | ACCO | DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) | | | | | | | |
|------------|---|--|--|--|--|--|--|--|--|
| | | Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 | | | | | | | |
| Accounting | | Barcode Data Filing Period (optional - see instructions) | | | | | | | |
| 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 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. IDENTIFICATION OF CABLE SYSTEM: | | | | | | | | |
| System | | | | | | | | | |
| | - | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | |
| | 2 | (Number, street, rural route, apartment, or suite number) | | | | | | | |
| | | (City, town, state, zip code) | | | | | | | |
| | | I . | | | | | | | |

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.

| Accounting Period: | 2024/2 | | | | | | | | | |
|-----------------------|---|--|--|--|--|--|--|--|--|--|
| Accounting r criou. | 2027) 2 | FORM SA1-2E. PAGE 1b. | | | | | | | | |
| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | | | |
| Name | | | | | | | | | | |
| | Great Plains Cable Television | 4980 | | | | | | | | |
| | Instructions: List each separate community served by the cable system. A "community" | | | | | | | | | |
| D | separate and distinct community or municipal entity (including unincorporated commun | | | | | | | | | |
| U | unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known 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 hom | e parks should be reported in parentheses below the identified | | | | | | | | |
| Area | city. | | | | | | | | | |
| Served | | | | | | | | | | |
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| | CITY OR TOWN STATE | | | | | | | | | |
| | | - | | | | | | | | |
| First | McCook | Nebraska | | | | | | | | |
| Community | Trenton | Nebraska | | | | | | | | |
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| Add Rows as Necessary | | | | | | | | | | |
| Add Nows as Necessary | | | | | | | | | | |
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Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

4980

Great Plains Cable Television

Ε

Name

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.

| BLG | OCK 1 | BLOCK 2 | | | |
|---|-----------------------|---------|---------------------|-----------------------|-------|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| Residential: | | | | | |
| Service to first set | 595 | 24.95 | Broadcaster Fee | 595 | 31.50 |
| Service to additional set(s) | | | | | |
| FM radio (if separate rate) | | | | | |
| Motel, hotel | | | | | |
| Commercial | | | | | |
| Converter | | | | | |
| Residential | | | | | |
| Non-residential | | | | | |

F

Services Other Than Secondary Transmissions:

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 1 | | | | | |
|---|---------|-------------------------------|-------|---------------------|------|--|
| 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) | | Other services: | | | | |
| FM radio (if separate rate) | | Reconnect | 65.00 | | | |
| Converter | | Disconnect | | | | |
| | | Outlet relocation | 65.00 | | | |
| | | Move to new address | 65.00 | | | |
| | | | | | | |

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4980

4. LOCATION OF STATION

Great Plains Cable Television

1. CALL SIGN

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

KFXL Lincoln, NE 15.1 Ν **KUON** 12.1 Ε Lincoln, NE **KUON-EW** 12.2 E-M Lincoln, NE **KUON-EC** 12.3 E-M Lincoln, NE KOLN 10.1 Ν Lincoln, NE 10.5 I-M **KSNB** 4 Ν Superior, NE 4.2 N-M KHGI 13.1 Ν Kearney, NE KHGI 13.3 I-M KTIV 4.2 N-M Sioux City, Iowa KLKN 8.1 Ν Lincoln, NE

3. TYPE OF STATION

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Great Plains Cable Television

4980

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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| d: 2024/2 LEGAL NAME OF OWNER OF (Great Plains Cable Tel | CABLE SYST | EM: | | | | FOR | M SA1-2E. PAGE 5. |
|--|---|---|--|--|--|--|---|
| Creet Dising Cable Tal | | | | | | | SYSTEM ID# |
| Great Plains Cable Tel | evision | | | | | | 4980 |
| 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 of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furt explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast 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 log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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 lentified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example | | | | | | | |
| s | UBSTITUT | | 1 | CARRI | AGE OCCL | JRRED | 7. REASON FOR DELETION |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | | | DELETION |
| | In General: In space I, identi substitute basis during the ac explanation of the programm? 1. SPECIAL STATEMENT During the accounting per broadcast by a distant state with subset of the programm? Left Syour answer is "No" log in block 2. LOG OF SUBSTITUTE in General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broatte case of Mexican or Can Column 5: Give the mon first. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00—6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976. | In General: In space I, identify every non substitute basis during the accounting per explanation of the programming that must 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograclear. If you need more space, please a Column 1: Give the title of every not period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the second of the column 4: Give the broadcast static the case of Mexican or Canadian station Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976. SUBSTITUT 1. TITLE OF PROGRAM 2. LIVE? | In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paging in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separaclear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televing period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systiffst. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carristated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect duwas substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S | In General: In space I, identify every nonnetwork television program, broadcast by a substitute basis during the accounting period, under specific present and former FCC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations we clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substituted under certain FCC rules, regulations, or authorizations. See page (v) of the general Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "N Column 3: Give the call sign of the station broadcasting the substitute program Column 4: Give the broadcast station's location (the community to which the the case of Mexican or Canadian stations, if any, the community with which the second of Mexican or Canadian stations, if any, the community with which the second of State the times when the substitute program was carried by your of the nearest five minutes. Example: a program carried by a system from 6:01:15 stated as "6:00—6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting period; was substituted for programming that your system was permitted to delete under effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S | In General: In space I, identify every nonnetwork television program, broadcast by a distant statio substitute basis during the accounting period, under specific present and former FCC rules, regula explanation of the programming that must be included in this log, see page (v) of the general instru 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE * During the accounting period, did your cable system carry, on a substitute basis, any nonnet broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you mulog in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever postear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that period, was broadcast by a distant station and that your cable system substituted for the program der certain FCC rules, regulations, or authorizations. See page (v) of the general instruction Do not use general categories like "movies" or "basketball." List specific program titles, for exa "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licenthe case of Mexican or Canadian stations, if any, the community to which the station is licenthe case of Mexican or Canadian stations, if any, the community to which the station is licenthe case of Mexican or Canadian stations, if any, the community to which the station is licenthe case of Mexican or Canadian stations, if any, the community to which the station is licenthe case of Mexican or Canadian stations, if any, the community to which the station is licenthe case of Mexican or Canadian stations, if any, the community with which the station is licenthe case of Mexican or | In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your substitute basis during the accounting period, under specific present and former FCC rules, regulations, or aut explanation of the programming that must be included in this log, see page (v) of the general instructions in the I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televis broadcast 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 log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furthe Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Lo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, vifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the time to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programm | In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. I explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 1. During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast 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 log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another sta under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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 to which the station is lidentified). Column 5: Give the month and day when your system carried by your cable system. List the times accurate to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should |

| Accounting Period: | 2024/2 | | FORM SA | 1-2E. PAGE 6. |
|------------------------------------|--|----------------------------------|--------------------------------|--------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television | | S | /STEM ID# 4980 |
| K Gross Receipts | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amou all amounts (gross receipts) paid to your cable system by subscribers for the system's se (as identified in space E) during the accounting period. For a further explanation of how to 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. | condary transn compute this a | nission service amount, see | 3,681.75 ss 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 that Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less that See page (vi) of the general instructions located in the paper SA1-2 form for more information. | | :263,800 | |
| | BLOCK 1: GROSS RECEIPTS OF \$137,100 OR L | ESS | | |
| | Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00 | ou must pay for | this six-month | |
| | Line 1. Royalty fee for accounting period | | | |
| | 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 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but mo | | | |
| | Base amount under statutory formula | 263,800.00 | 100) | |
| | · | • | - | |
| | 2. Enter amount of gross receipts from space K | 148,681.75 | _ | |
| | 3. Subtract line 2 from line 1 | 115,118.25 | - | |
| | 4. Enter the amount of gross receipts from space K | \$ ' | 148,681.75 | |
| | 5. Enter the amount from line 3 | \$ | 115,118.25 | |
| | 6. Subtract line 5 from line 4 | \$ | 33,563.50 | |
| | 7. Multiply line 6 by .005 (enter figure here) | | \$ | 167.82 |
| | 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 | | \$ | 167.82 |
| | BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but I | ess than \$527 | ,600) | |
| | Enter the amount of gross receipts from space K | | _ | |
| | 2. Base amount under statutory formula | 263,800.00 | | |
| | 3. Subtract line 2 from line 1 | | _ | |
| | 4. Multiply line 3 by .01 | | _ | |
| | 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 FE AND TOTAL REWITTANGE DUE | | | |
| Filing Fee and Total Remittance | Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) | \$ | 167.82 | |
| 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 | | \$ | 187.82 |
| | EFT Trace # or TRANSACTION ID # 76-13 | 316/1049 |] | |
| | <u>Important:</u> Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form and the Excel instru | | | |

| Accounting Period: | ccounting Period: 2024/2 FORM SA1-2E. PAGE 7. | | | | | | | | | |
|--------------------------|---|--|-------------------|--|------------------------------|------------------------|--|--|--|--|
| Name | LEGAL NAME OF O | WNER OF CABLE SYSTEM: able Television | | | | SYSTEM ID# 4980 | | | | |
| 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. | | | | | | | | | |
| | | I number of channels on whic | | 12 | | | | | | |
| | system came | d television broadcast station | | | | | | | | |
| | on which the | l number of activated channe cable system carried televisio | | 109 | | | | | | |
| | and nonbroad | dcast services | | | | | | | | |
| N Individual to | | BE CONTACTED IF FURTH about this statement of accou | | ORMATION IS NEEDED (Identify an individu | ual to whom | | | | | |
| Be Contacted for Further | Name | Ryan Lentz | | | Telenhone | 402-456-6457 | | | | |
| Information | Name | Nyun Leniz | | | Текрионе | 402-400-0401 | | | | |
| | Address | P. O. Box 500 (Number, street, rural route, apartr | ment or su | te number) | | | | | | |
| | | Blair, NE 68808 | | a nambo, | | | | | | |
| | | (City, town, state, zip) | | | | | | | | |
| | Email | rlentz@gpcom. | com | Fa | ax (optional | | | | | |
| | CERTIFICATION (| This statement of account mu | ust be ce | tified and signed in accordance with Copyrig | ght Office regulations) | | | | | |
| O Certification | • I, the undersigne | d, hereby certify that (Check or | ne, <i>but on</i> | y one, of the boxes.) | | | | | | |
| | (Owne | r other than corporation or p | artnersh | p) I am the owner of the cable system as ident | ntified in line 1 of space B | ; or | | | | |
| | | | | artnership) I am the duly authorized agent of t not a corporation or partnership; or | the owner of the cable sy | rstem as identified | | | | |
| | X (Office | er or partner) I am an officer (i in line 1 of space B. | if a corpo | ation) or a partner (if a partnership) of the lega | al entity identified as own | er of the cable system | | | | |
| | | te, and correct to the best of m | | clare under penalty of law that all statements o ge, information, and belief, and are made in go | | | | | | |
| | | | X | /s/Nicholas Holle | | | | | | |
| | | | | electronic signature on the line above to certify nature using an "/s/ signature" (e.g., /s/ John Sr | | | | | | |
| | | Typed or printed | d name: | Nicholas Holle | | | | | | |
| | | Title: | | prate Counsel | | | | | | |
| | | Date: | | | ebruary 21, 2025 | | | | | |

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.

| unting Period: 2024/2 | FORM SA1-2E. PAGE 8 |
|--|---|
| AL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID: |
| at Plains Cable Television | 4980 |
| 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P Special Statement 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. | Receipts Exclusion |
| 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 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. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | <u>-</u> |
| x 0 day | s |
| 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 | <u>-</u> |
| * 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 | |

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.

CONTROL #: REMITTANCE #

Reviewed by

| Cable |
|-----------|
| Worksheet |

Cable ID#

Space A

Examined by

| REMITTANCE #: | | | | |
|----------------------------|---------------|-----------------|-------|------------|
| Total amount of remittance | Nu | ımber of SAs re | :c'd | Initials |
| Date of remittance | □ Check | ☐ EFT | □ F | ILING FEES |
| | | | Amoun | t Initial |
| Date examination completed | Allocat | ion number | | |
| | | | | |
| | July 1 - Dece | mber 31, 2017 | | |
| | Information i | received | | |
| | Phone call/D | ate/Contact | | |
| | | | | |
| | Information i | received | | |

Accounting Period ☐ January 1 - June 30, 2017 $\hfill\square$ Letter sent ☐ Accepted Space B Owner ☐ Letter sent ☐ Phone call/Date/Contact ☐ Accepted Space D **Area Served** ☐ Letter sent $\hfill\square$ Information received ☐ Accepted ☐ Phone call/Date/Contact Space E Secondary Transission Service $\hfill\square$ Letter sent $\hfill\square$ Information received Subscribers: and Rates $\ \square$ Phone call/Date/Contact ☐ Accepted Space G **Primary** Transmitters: Television $\hfill\Box$ Information received $\hfill\Box$ Letter sent ☐ Accepted ☐ Phone call/Date/Contact Space H **Primary** Transmitters: Radio ☐ Accepted ☐ Phone call/Date/Contact

| | | Space I Substitute Carriage |
|-------------------------|----------------------------|---|
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | Space J Part-time Carriage Log |
| ☑ Letter sent | ☐ Information received | (SA3 only) |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | Space K Gross Receipts |
| ☐ Letter sent | ☐ Information received | |
| ☐ Letter sent | ☐ Phone call/Date/Contact | |
| | | Space L Copyright Filing and Royalty Fees |
| ☐ Royalty Fee should be | ☐ Refund request to fiscal | |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phoe call/Date/Contact | |
| | | Space M Channels |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | Space O Certification |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | Space P Statement of Gross Receipts |
| ☐ Letter sent | ☐ Information received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |
| | | Space Q Interest Assessment |
| ☐ Letter sent | ☐ Info/add'l fee received | |
| ☐ Accepted | ☐ Phone call/Date/Contact | |