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 \$ 08/29/2018 ALLOCATION NUMBER		
\$	FOR COPYRIGHT	OFFICE USE ONLY
08/29/2018	DATE RECEIVED	AMOUNT
	08/29/2018	

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	DUNTING 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									
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, Inc.							
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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 sufficiency of the fling, a determination that would be made by a court of law.

	I	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Great Plains Cable Television, Inc.	49
	Instructions: List each separate community served by the cable system. A "commun	
D	"a separate and distinct community or municipal entity (including unincorporated co	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you l	ist will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Broken Bow	NE
Community	Arnold	NE
	Callaway	NE
Rows as Necessary	Stapleton	NE
	Oconto	NE

Accounting Period: 2018/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 4962

E

Secondary **Transmission** Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Great Plains Cable Television, Inc.

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.

OCK 1	BLOCK 2							
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
791	23.49	Broadcaster Fee	791	13.75				
		Add'l Converters	94	3.99				
		HD Equipment Lease	248	19.99				
	NO. OF SUBSCRIBERS	NO. OF SUBSCRIBERS RATE	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 791 23.49 Broadcaster Fee Add'l Converters	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS 791 23.49 Broadcaster Fee 791 Add'l Converters 94				

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.

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	17.00	Motel, hotel		
 Pay cable—add'l channel 	15.00	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: 2018/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 4962

4. LOCATION OF STATION

Great Plains Cable Television, Inc.

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

KNOP 2 Ν North Platte, NE KFXL 51 Ν Lincoln, NE KOLN.1 10 Ν Lincoln, NE **KSNB** 4 Ν Superior, NE 4.2 N-M KUON 12.1 Ε Lincoln, NE **KUON - EW** 12.2 E-M **KUON-EC** 12.3 E-M **KTIV** 4.2 N-M Sioux City, Iowa Ν **KHGI** 13 Kearney, Nebraska

3. TYPE OF STATION

Add Rows as Necessary

Accounting	Period:	2018/ [,]	1
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FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Great Plains Cable Television, Inc.

4962

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 Perio	d: 2018/1						FOR	M SA1-2E. PAGE 5.			
-	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:					SYSTEM ID#			
Name	Great Plains Cable Tel	evision, l	nc.					4962			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor	nnetwork televis eriod, under spe	sion program, broadcast becific present and former F	y a <i>distant</i> stateCC rules, regu	lations, or au	thorizations.	For a further			
Carriage:	1. SPECIAL STATEMENT				no gonerar mea	donono in tri	o papor extr	2 101111.			
Special					sis anv nonne	twork televis	sion program	n			
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Program Log	,						YES				
	Note: If your answer is "No"	', leave the	rest of this pag	je blank. If your answer is	s "Yes," you m	ust complete	the prograr	m			
	log in block 2.										
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can the case of Mexican or Can Golumn 5: Give the mon first. Example: for May 7 giv 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.	itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broad sign of the s idcast static adian statio th and day we "5/7." es when the Example: a er "R" if the und regulatio ming that y	am on a separa add additional ranetwork televition and that yo rauthorizations vies" or "basked deast live, enterestation broadea on's location (the one, if any, the owhen your system on program carried listed program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the get tball." List specific program "Yes." Otherwise enter "sting the substitute program community to which the community with which the tem carried the substitute gram was carried by youred by a system from 6:01 was substituted for program the accounting period.	e program") that led for the program titles, for ex "No." Tam e station is lice e station is idea to program. Use r cable system 1:15 p.m. to 6:2 ramming that yeld; enter the legistration is less than the station is lice to program. Use r cable system 1:15 p.m. to 6:2 ramming that yeld; enter the legistration is the station is lice to program.	ent, during the gramming of one for furthe ample, "I Lo ensed by the ntified). e numerals, who is the time with the time with the time when the time with the time when the time when the time with the time when the time with the time with the time with the time when the time with th	e accounting another state r information ve Lucy" or FCC or, in with the mores accurate hould be was require listed progr	tion n. nth ly			
	enection october 19, 1970.				11 147.15			1			
	9	I IBSTITI IT	E PROGRAM	1		EN SUBSTI IAGE OCCI		7. REASON FOR			
		2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION			
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		FROM -	— то				
							_				
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Accounting Period:	2018/1			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
1101110	Great Plains Cable Television, Inc.				4962
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana 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	system's tion of how	secondary tran w to compute th	smission servicis amount, see	2,667.96
	OODVDIQUIT DOVALTY FEE				
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	0 but less e informati	than \$527,600 on.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	,	, , ,		
	Line 1. Royalty fee for accounting period				0.00
	Line 2 TOTAL POVALTY EFF PAYABLE FOR ASSOCIATING PERIOD.	noo 41	2		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add Ii BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE				
		,		•	
	Base amount under statutory formula		263,800.00	_	
	2. Enter amount of gross receipts from space K			_	
	3. Subtract line 2 from line 1	\$	61,132.04	_	
	4. Enter the amount of gross receipts from space K			202,667.96	
	5. Enter the amount from line 3		\$	61,132.04	
	6. Subtract line 5 from line 4		\$	141,535.92	
	7. Multiply line 6 by .005 (enter figure here)			\$	707.68
	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	7 and 8		\$	707.68
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	t less than \$52	7,600)	
	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)				
	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	I, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	707.68	
540	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			\$	727.68
	Important: Your remittance must be in the form of an electronic pay. See page i of the general instructions in the paper SA1		_		hts!

Accounting Period:	2018/1																										FOR	M SA	-2E.	PAG	E 7
Name	LEGAL NAME OF OWNER Great Plains Cable T																											S	YST		ID# 962
M Channels	Enter the total number on which the cable sy	2) the cable system's to er of channels on which ion broadcast stations.	otal numb the cable s broadcast	ber o	er o	r of a	activ	vate	ed cl	hanr	nels d	lurin	g the	e acc		untii	ng į	oeric	d.		ions					16					
N Individual to Be Contacted	INDIVIDUAL TO BE Co we can contact about the			ORM	RMA	MA1	TION	N IS	S NE	EDI	E D (lo	denti	ify ar	n indi	livid	dua	al to	who	m												
for Further Information	Name Lea	Ann Quist																	1	elep	hone	40	2-4	26-6	6434	4					
	(Numb	p. Box 500 er, street, rural route, apartr	ment, or suit	uite ni	e nu	num	nber)																								
	(City, t	own, state, zip)	com												F	ax	(op	tion	al)												
	CERTIFICATION (This s	tatement of account mu	ust be cert	ertifie	ified	ied a	and	sig	ned	in a	ccord	danc	e wit	th Co	ору	yrig	jht (Offic	e re	gulati	ons)										
O Certification	• I, the undersigned, here (Owner other	eby certify that (Check or									e cab	ole s	ysten	n as	ide	entif	fied	in lir	ne 1	of spa	ace E	s; or									
	in line 1 o	ner other than corporated f space B and that the overartner) I am an officer (if f space B.	wner is not	ot a	ас	a coi	rpora	atio	n or	part	nersh	iip; o	or																		
		atement of account and h correct to the best of my																	ntain	ed he	erein										
			Enter an e	n elec	elect	ectro		sign	natu	re or	the l								eme	nt.		_									
		Typed or printed	name:	J	Já	Jaı	nell	le /	Alli	isoı	1 /s/	Jar	nell	e A	llis	so	n														,
		Title: (Title of o	CFO/C					orpo	oratio	n or	partne	rship)																		
		Date:													Α	Agu	ıgus	st 28	, 20	18											

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counting Period: 2018/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
reat Plains Cable Television, Inc.	4962
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
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?	
NO NO	
YES. Enter the total here and list the satellite carrier(s) below	1
Name Mailing Address Mailing Address	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. 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	-
xdays	
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	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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