This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEM	=NT	OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste General instru in the first tab	ctions	Short Form) are located	02/11/2019	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
		2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		20181	Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co		iary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	the owner conducts the business of the	e cable system.	
		If there were different owners during the a single statement of account and royalty fee		e last day of the accounting period should s ng period.	ubmit a
		Check here if this is the system's first filing.	. If not, enter the system's ID number as	ssigned by the Licensing Division.	27799
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Golden Belt Telephone Association,	Inc.		
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF O	CABLE SYSTEM		
		(Number, street, rural route, apartment, or suite nu			
		Rush Center, KS 67575-022 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any busine s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			

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 fing, a determination that would be made by a court of law.

(Number, street, rural route, apartment, or suite number)

2

(City, town, state, zip code)

		FORM SA1-2E. PAGE SYSTEM I
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	
	Golden Belt Telephone Association, Inc.	277
	Instructions: List each separate community served by the cable system. A "community" is	
D	"a separate and distinct community or municipal entity (including unincorporated commu	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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.	
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	RUSH CENTER	KS
Community	ST JOHN	KS
	ALEXANDER	KS
dd Rows as Necessary	BEELER	KS
uu nows as necessary		KS
	BISON	
	BROWNELL	KS
	BAZINE	KS
	BURDETT	KS
	GARFIELD	KS
	OTIS	KS
	TIMKEN	KS
	ROZEL	KS
	UTICA	KS
	LEWIS	KS
		KS
	LIEBENTHAL	
	NESS CITY	KS
	RANSOM	KS
	MCCRACKEN	KS
	ALBERT	KS
		KS
	LACROSSE	KS
	STAFFORD	KS
	MACKSVILLE	KS
	ELLIS	KS
		67

	LEGAL NAME OF OWNER OF C	ABIE OVOTEM					FORM SA1	
Name							313	2779
	Golden Belt Telephone	Association	1, INC.					2110
-	SECONDARY TRANSMISSION	I SERVICE: SU	BSCRIBERS AND	RATES				
E	In General: The information in s	-	-		•			
Secondary	system, that is, the retransmission about other services (including particular services)							
Transmission	last day of the accounting period						ing on the	
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call for the num	ber of subso	ribers to the ca	ble system	, broken	
scribers and	down by categories of secondar		0 /	,	•			
Rates	each category by counting the n separately for the particular service		, , , , , , , , , , , , , , , , , , , ,				charged	
	Rate: Give the standard rate of						ge and the	
	unit in which it is generally billed	l. (Example: "\$2	20/mth"). Summarize	any standa	rd rate variation	s within a	particular rate	
	category, but do not include disc						a that askis	
	Block 1: In the left-hand block systems most commonly provide	•			•			
	that applies to your system. Not							
	categories, that person or entity	should be cour	nted as a subscriber	in each app	licable category	. Example:	a residential	
	subscriber who pays extra for ca				I in the count ur	ider "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system				service that are	different f	rom those	
	printed in block 1 (for example, t	0						
	with the number of subscribers a	and rates, in the	right-hand block. A	two- or thre	e-word descript	ion of the s	service is	
	sufficient.	001/ 4		<u></u>		DI OOI		
	BLC	OCK 1 NO. OF				BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set	1	1,974 22.45/MO					
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RAT	ES				
F	In General: Space F calls for ra							
Г	not covered in space E, that is, t				on with any seco	ondary tran		
Services	service for a single fee. There are furnished at cost or (2) services	•		•	information con			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur	or facilities furn	nished to nonsubscri	bers. Rate ir	information con formation shou	ld include l	ooth the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furn nit in which it is rate column.	ished to nonsubscri usually billed. If any	bers. Rate ir rates are ch	information con nformation shou narged on a vari	ld include l able per-pi	ooth the	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rai	or facilities furn hit in which it is rate column. te charged by t	hished to nonsubscri usually billed. If any he cable system for	bers. Rate ir rates are ch each of the	information con iformation shou arged on a vari applicable servi	ld include l able per-pi ces listed.	ooth the rogram basis,	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	or facilities furn nit in which it is rate column. te charged by th t your cable sys	hished to nonsubscri usually billed. If any he cable system for stem furnished or off	bers. Rate ir rates are ch each of the ered during	information con iformation shou larged on a vari applicable servi- the accounting	ld include l able per-pi ces listed. period that	ooth the rogram basis, were not	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra <b>Block 2:</b> List any services that	or facilities furn nit in which it is rate column. te charged by th t your cable sys separate charg	hished to nonsubscri usually billed. If any he cable system for stem furnished or off le was made or esta	bers. Rate ir rates are ch each of the ered during	information con iformation shou larged on a vari applicable servi- the accounting	ld include l able per-pi ces listed. period that	ooth the rogram basis, were not	
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Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra <b>Block 2:</b> List any services that listed in block 1 and for which a	or facilities furm nit in which it is rate column. te charged by th t your cable sys separate charg otion and includ	hished to nonsubscri usually billed. If any he cable system for stem furnished or off le was made or esta le the rate for each.	bers. Rate ir rates are ch each of the ered during blished. List	information con iformation shou larged on a vari applicable servi- the accounting	Id include I able per-pr ces listed. period that vices in the	ooth the rogram basis, were not	RAT
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra <b>Block 2:</b> List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	or facilities furm nit in which it is rate column. te charged by ti t your cable sys separate charg otion and incluc BLOC RATE	hished to nonsubscri usually billed. If any he cable system for stem furnished or off he was made or esta le the rate for each. CK 1	bers. Rate ir rates are ch each of the ered during blished. List RVICE	information con nformation shou harged on a vari applicable servi the accounting these other ser	Id include I able per-pr ces listed. period that vices in the	both the rogram basis, were not e form of a BLOCK 2	RAT
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Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard ra <b>Block 2:</b> List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b>	or facilities furm nit in which it is rate column. te charged by th t your cable sys separate charg otion and includ BLOC RATE	hished to nonsubscri usually billed. If any he cable system for stem furnished or off e was made or esta le the rate for each. CK 1 CATEGORY OF SE Installation: Non-re	bers. Rate ir rates are ch each of the ered during blished. List RVICE	information con nformation shou harged on a vari applicable servi the accounting these other ser	Id include I able per-pl ces listed. beriod that vices in the CATEGO	both the rogram basis, were not e form of a BLOCK 2 DRY OF SERVICE	
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Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'l channel	or facilities furm nit in which it is rate column. te charged by th t your cable sys separate charg otion and includ BLOC RATE	hished to nonsubscri usually billed. If any he cable system for stem furnished or off e was made or esta de the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial	bers. Rate ir rates are ch each of the ered during blished. List RVICE esidential	information con nformation shou harged on a vari applicable servi the accounting these other ser	Id include I able per-pl ces listed. beriod that vices in the CATEGO	both the rogram basis, were not a form of a <u>BLOCK 2</u> DRY OF SERVICE L BASIC	14.6
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'l channel • Fire protection	or facilities furm nit in which it is rate column. te charged by th t your cable sys separate charg otion and includ BLOC RATE	hished to nonsubscri usually billed. If any he cable system for stem furnished or off te was made or esta te the rate for each. CK 1 CATEGORY OF SE Installation: Non-ro • Motel, hotel • Commercial • Pay cable	bers. Rate ir rates are ch each of the ered during blished. List RVICE esidential	information con nformation shou harged on a vari applicable servi the accounting these other ser	Id include I able per-pl ces listed. beriod that vices in the CATEGO	both the rogram basis, were not a form of a <u>BLOCK 2</u> DRY OF SERVICE L BASIC	14.6
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Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Fire protection • Burglar protection <b>Installation: Residential</b>	or facilities furm nit in which it is rate column. te charged by th t your cable sys separate charg otion and includ BLOC RATE UP TO 17.95	hished to nonsubscri usually billed. If any he cable system for stem furnished or off e was made or esta te the rate for each. CK 1 CATEGORY OF SE Installation: Non-ro • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection	bers. Rate ir rates are ch each of the ered during blished. List <u>RVICE</u> esidential	information con nformation shou harged on a vari applicable servi the accounting these other ser	Id include I able per-pl ces listed. beriod that vices in the CATEGO	both the rogram basis, were not a form of a <u>BLOCK 2</u> DRY OF SERVICE L BASIC	14.(
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection <b>Installation: Residential</b> • First set	or facilities furm nit in which it is rate column. te charged by th t your cable sys separate charg otion and includ BLOC RATE UP TO 17.95	hished to nonsubscri usually billed. If any he cable system for stem furnished or off e was made or esta le the rate for each. CK 1 CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection • Burglar protector	bers. Rate ir rates are ch each of the ered during blished. List <u>RVICE</u> esidential	information con nformation shou harged on a vari applicable servi the accounting these other ser	Id include I able per-pl ces listed. beriod that vices in the CATEGO	both the rogram basis, were not a form of a <u>BLOCK 2</u> DRY OF SERVICE L BASIC	14.(
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection <b>Installation: Residential</b> • First set • Additional set(s)	or facilities furm nit in which it is rate column. te charged by th t your cable sys separate charg otion and includ BLOC RATE UP TO 17.95	hished to nonsubscri usually billed. If any he cable system for stem furnished or off e was made or esta le the rate for each. CK 1 CATEGORY OF SE Installation: Non-ro • Motel, hotel • Commercial • Pay cable • Pay cable-add'I • Fire protection • Burglar protectio Other services:	bers. Rate ir rates are ch each of the ered during blished. List <u>RVICE</u> esidential	information con nformation shou harged on a vari applicable servi the accounting these other ser	Id include I able per-pl ces listed. beriod that vices in the CATEGO	both the rogram basis, were not a form of a <u>BLOCK 2</u> DRY OF SERVICE L BASIC	14.6
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard ra <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection <b>Installation: Residential</b> • First set • Additional set(s) • FM radio (if separate rate)	or facilities furm nit in which it is rate column. te charged by th t your cable sys separate charg otion and includ BLOC RATE UP TO 17.95	hished to nonsubscri usually billed. If any he cable system for stem furnished or off e was made or esta le the rate for each. CK 1 CATEGORY OF SE Installation: Non-ro • Motel, hotel • Commercial • Pay cable • Pay cable-add'I • Fire protection • Burglar protectio Other services: • Reconnect	bers. Rate ir rates are ch each of the ered during blished. List RVICE esidential channel	information con nformation shou harged on a vari applicable servi the accounting these other ser	Id include I able per-pl ces listed. beriod that vices in the CATEGO	both the rogram basis, were not a form of a <u>BLOCK 2</u> DRY OF SERVICE L BASIC	14.(

ounting Period:	2018/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF			SYSTEM ID
-	Golden Belt Telephor	· · · · · · · · · · · · · · · · · · ·		2779
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast),	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ci- ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the the form. el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. o case whether the station is a network ering the letter "N" (for network), "N-M" ("E" (for noncommercial educational), of	t (1) stations carried only on a part- ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education)	elevision stations) time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each sort multistream r the air in its community a noncommercial bendent), "I-M"
	Column 4: Give the locatio	erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of t <b>2. B'CAST CHANNEL NUMBER</b>	the community to which the station	,
	KSNC	22	N	GREAT BEND, KS
	KSAS	26	N	WICHITA, KS
d Rows as Necessary	KSAS-2 KSAS-3	26 26	N	WICHITA, KS WICHITA, KS
	KBSH	7	N	HAYS, KS
	KBSH-2	7	N	HAYS, KS
	KOOD	, 16	N	BUNKER HILL, KS
	KOOD-3	16	N	BUNKER HILL, KS
	KAKE	10	N	WICHITA, KS
	KAKE-2	10	N	WICHITA, KS
	KSCW	12	N	WICHITA, KS
	KSCW-2	12	N	WICHITA, KS
	1···· = ··· =	•-	••	
	KSCW-3	12	Ν	
	KSCW-3 KMTW	<u>12</u> 35	N	WICHITA, KS
	KSCW-3 KMTW KMTW-2	12 35 35	N N N	WICHITA, KS WICHITA, KS
	KMTW	35	N	WICHITA, KS
	KMTW	35	N	WICHITA, KS WICHITA, KS
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	KMTW	35	N	WICHITA, KS WICHITA, KS
	KMTW	35	N	WICHITA, KS WICHITA, KS
	KMTW	35	N	WICHITA, KS WICHITA, KS
	KMTW	35	N	WICHITA, KS WICHITA, KS

all-band basis whose signals were generally receivable by your cable system during the accounting period.       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,       Pr	SYSTEM   277
<ul> <li>eccivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, and the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.</li> <li>For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>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.</li> <li>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).</li> </ul>	н
CALL SIGN       AM or FM       S/D       LOCATION OF STATION       CALL SIGN       AM or FM       S/D       LOCATION OF STATION         IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Primary nsmitters Radio
Image: section of the section of th	
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Accounting Perio							FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Golden Belt Telephon	e Associa	ation, Inc.					27799
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	)G			
	In General: In space I, ident	ifv everv no	nnetwork telev	ision program, broadcast b	v a distant sta	ition, that vo	our cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in:	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer i	s "Ves " vouu	must comp		
	-	, leave life	rest of this pa	age blank. If your answer	s res, your	musi comp	iele lile pioí	yrann
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meanin	a is
	clear. If you need more spa					,		5
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.				,	, -	,	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Car							
				stem carried the substitut			ls, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."	Example.	a program can	fied by a system norm 0.0	1. 15 p.m. to t	0.20.30 p.m		
		er "R" if the	listed program	n was substituted for prog	ramming that	t your syste	em was <i>requ</i>	iired
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976	•	your system w	as permitted to delete un	der FCC rules	s and regul	ations in	
		•						1
					WHE	N SUBST	TUTE	
	S		E PROGRAM	1	CARRI	AGE OCC		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		TIMES — TO	DELETION
		100 01 110	0,122 01011		7			
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Accounting Period:	2018/2			FORM S	GA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM ID#
Name	Golden Belt Telephone Association, Inc.				27799
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file a 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 stion of how	secondary transi to compute this	mission services amount, se	
	COPYRIGHT ROYALTY FEE				
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,101</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,801</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more in</li> </ul>	0 but less t	han \$527,60(	\$263,80(	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that y	ou must pay for t	his 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 I	ines 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	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 \$26	3,800 (but	less than \$527,	600)	
	1. Enter the amount of gross receipts from space K	\$	268,390.00		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	4,590.00		
	4. Multiply line 3 by .01		\$	45.90	
	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 .		\$	1,364.90
	FILING FEE AND TOTAL REMITTANCE DU	JE			
Elling E					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		. \$	1,364.90	
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			\$	1,384.90
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payr See page i of the general instructions in the paper SA1-2 form and the				

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Golden Belt Telephone Association, Inc.	SYSTEM ID# 27799
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	15 71
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Krista Steinert Telephone 7	785-372-4236
	Address       PO Box 229 (Number, street, rural route, apartment, or suite number)         Rush Center, KS 67575-0229 (City, town, state, zip)         Email       ksteinert@gbtlive.com       Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sin line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as own in line 1 of space B.  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  I I are true, complete, and correct or the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  I I I are true examined the statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: James A Jecha  Title: President (Title of official position held in corporation or partnership)	ystem as identified
	Date: 2/8/19	

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 filing, a determination that would be made by a court of law.

unting Period: 2018/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
den Belt Telephone Association, Inc.	277
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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