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 COPYRIGH	IT OFFICE USE ONLY	Return completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instructions are located in the first tab of this workbook	02/25/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		20182 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.	31226
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		NEBRASKA CENTRAL TELECOM INC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO BOX 700 (Number, street, rural route, apartment, or suite number)	
		GIBBON, NE 68840 (City, town, state, zip)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system	unless these
С		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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)	
		р	

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.

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	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG
Name	NEBRASKA CENTRAL TELECOM INC	312
	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single t will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	BURWELL 031226	NE
Community	ANSLEY 060960	NE
	ARCADIA 031228	NE
d Rows as Necessary	ASHTON 029480	NE
	BOELUS 035035	NE
	DANNEBROG 029313	NE
	ELBA 033351	NE
	MASON CITY 034983	NE
	NORTH LOUP 031209	NE
	SARGENT 031227	NE
	SCOTIA 031208	NE
	TAYLOR 031210	NE

									I-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							515	TEM ID
	NEBRASKA CENTRAL	TELECOM IN	C						3122
-	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRI	BERS AND R	ATES				
E	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						nose existir	ng on the	
Service: Sub-	Number of Subscribers: Both						le system,	broken	
scribers and	down by categories of secondary						, ,		
Rates	each category by counting the n							charged	
	separately for the particular serv							and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				iny standar		, within a p		
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion service	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system					service that are	different fro	om those	
	printed in block 1 (for example, t						<i>,</i> · ·		
	with the number of subscribers a	ind rates, in the	right-h	and block. A tv	vo- or three	e-word descripti	on of the se	ervice is	
	sufficient.	OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF	DO	RATE	CAT	EGORY OF SEF		NO. OF	RATE
	Residential:	SUBSCRIBE	кə	RAIL	CAT	EGORT OF SER	VICE	SUBSCRIBERS	RAIL
	Service to first set		507	58.45	BROAD	OCAST BASI	^	10	28.5
	Service to additional set(s)		307	50.45		L BASIC	6	38	18.0
	• FM radio (if separate rate)							50	10.0
	Motel, hotel								
	Commercial								
	Converter		74						
	Residential		74	-					
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMIS	SIONS: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services				•		0 ()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.		-		-			
Fransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip				Shea. List				
		BLOC						BLOCK 2	
	CATEGORY OF SERVICE			ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-res					
	• Pay cable	15.50	• Mot	tel, hotel					
	• Pay cable—add'l channel	18.50	• Cor	nmercial					
	Fire protection		• Pay	/ cable					1
	•Burglar protection			/ cable-add'l ch	nannel				
	Installation: Residential			protection					
	First set	45.00		glar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)			connect		25.00			
	Converter			connect		-			
				let relocation		36.25			
				ve to new addr	200	25.00			

Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEI
Name	NEBRASKA CENTRA	L TELECOM INC		3'
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	<i>t</i> (1) stations carried only on a part-the carriage of certain network progration (2) and (4))]; and (2) certain state arried by your cable system on a subtemposed by your cable system on a subtemposed by the special Statement and Program d both on a substitute basis and also, see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, representation, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial education or the community to which the station.	time basis under ams [sections tions carried on a bstitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	5	N	HASTINGS, NE
	KLNE	7	E-M	LEXINGTON, NE
N	KGIN	11	Ν	
	NGIN			GRAND ISLAND, NE
ows as Necessary	KHGI	13	N	GRAND ISLAND, NE KEARNEY, NE
ows as necessary				
ows as Necessary	KHGI	13	N	KEARNEY, NE
ows as Necessary	KHGI	13	N	KEARNEY, NE
ows as Necessary	KHGI	13	N	KEARNEY, NE
ows as Necessary	KHGI	13	N	KEARNEY, NE
ows as Necessary	KHGI	13	N	KEARNEY, NE
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iows as Necessary	KHGI	13	N	KEARNEY, NE
iows as Necessary	KHGI	13	N	KEARNEY, NE
iows as Necessary	KHGI	13	N	KEARNEY, NE

Accounting P	eriod: 2018	/2					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID
NEBRASKA	CENTRAL	TELEC	COM INC					3122
	t every radio s	station ca	arried on a separate and disc nerally receivable by your cal					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S	it is carried by monitoring, to prmation about rm. dentify the call state whether	y the sys be receint the Co sign of e the static	I-Band FM Carriage: Under the whenever it is received a ved at the headend, with the pyright Office regulations on each station carried. on is AM or FM. nal was electronically process	at the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st eneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
signal, indicate t Column 4: G	this by placing live the station	g a checl n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	he station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
UALL SIGN		310	LOCATION OF STATION	CALL SIGN		3/0	LOCATION OF STATION	

Accounting Perio	od: 2018/2					F	FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	NEBRASKA CENTRAL	TELECO	M INC				31226
	SUBSTITUTE CARRIAGI	: SPECIA		NT AND PROGRAM I O	G		
I I	In General: In space I, identi		-		-	ion that your cable s	vstem carried on a
•	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork television prog	gram
Program Log	broadcast by a distant sta	tion?				YES	s × NO
r rogram Log	Note: If your answer is "No'	' leave the	rest of this nac	e blank. If your answer is '	Yee " vou mi		
		, leave life	rest of this pag	e blank. Il your answer is	res, you mu		gram
	log in block 2. 2. LOG OF SUBSTITUTE	PROCRA	MS				
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their meanin	ng is
	clear. If you need more spa					,	5
				sion program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categori	es like "mo	vies" or "baske	tball." List specific program	titles. for exa	ample. "I Love Lucv"	° or
	"NBA Basketball: 76ers vs.				,		
				r "Yes." Otherwise enter "N			
				sting the substitute progra the community to which the		nsed by the ECC or	in
	the case of Mexican or Can						, ""
	Column 5: Give the mon	th and day		tem carried the substitute			month
	first. Example: for May 7 giv						
	to the nearest five minutes.			gram was carried by your o			
	stated as "6:00–6:30 p.m."		i program cam		15 p.m. to 0.2		
	Column 7: Enter the lette			was substituted for progra			
	to delete under FCC rules a						rogram
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	nd regulations in	
						N SUBSTITUTE	
	S		E PROGRAM			AGE OCCURRED	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	6. TIMES FROM — T	
						_	
						·	
						_	
						_	
						_	
						_	

Accounting Period:	2018/2		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		S	YSTEM ID#
	NEBRASKA CENTRAL TELECOM INC			31226
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of 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 receipt	n's secondary tran how to compute th	smission servio is amount, see	0,370.46
	COPYRIGHT ROYALTY FEE			
L 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 le Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le See page (vi) of the general instructions located in the paper SA1-2 form for more inform 	ss than \$527,600	9 \$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee th accounting period is \$52.00			
	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 a BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu			
	1. Base amount under statutory formula \$			
			-	
	2. Enter amount of gross receipts from space K		_	
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K		190,370.46	
	5. Enter the amount from line 3		73,429.54	
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			584.70
	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		\$	584.70
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	1. 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			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and		·	
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Foc and				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	584.70	
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		\$	604.70
	Important: Your remittance must be in the form of an electronic payment p See page i of the general instructions in the paper SA1-2 form	•		ghts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: NEBRASKA CENTRAL TELECOM INC	SYSTEM ID# 31226
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio 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 on which the cable system carried television broadcast stations	ns 5
	and nonbroadcast services	
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 ANDREW D. JADER Telepho	one 308-468-6114
	Address PO BOX 700 (Number, street, rural route, apartment, or suite number)	
	GIBBON, NE 68840-0700 (City, town, state, zip)	
	Email ajader@nctc.net Fax (optional) 308-468	9929
O Certification	 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) or a partnership) or a partner (if a partnership) of the legal entity identified as of 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 here 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)] Marcy McGregor-Jader Typed or printed name: Nancy McGregor-Jader Title: Treasurer 	e system as identified owner of the cable system
	(Title of official position held in corporation or partnership)	
	Date: 2/25/2019	

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unting Period: 2018/2	FORM SA1-2E. F
AL NAME OF OWNER OF CABLE SYSTEM:	SYST
BRASKA CENTRAL TELECOM INC	3
 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 addir lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not is scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section for more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? NO 	ne basic include sub- ion 119." Concerning G Receipts Exclu
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und	lerpayment.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA Line 1 Enter the amount of late payment or underpayment	
Line 1 Enter the amount of late payment or underpayment	1-2 form.
	1-2 form.
Line 1 Enter the amount of late payment or underpayment	1-2 form. La
Line 1 Enter the amount of late payment or underpayment	1-2 form. Interest Assess days -
Line 1 Enter the amount of late payment or underpayment	1-2 form. La
Line 1 Enter the amount of late payment or underpayment	1-2 form. Interest Assess days -
Line 1 Enter the amount of late payment or underpayment	1-2 form. Interest Assess days - 00274 -
Line 1 Enter the amount of late payment or underpayment	1-2 form. Interest Assess days days 00274 t charge)
Line 1 Enter the amount of late payment or underpayment	1-2 form. Interest Assess days days 00274 t charge)
Line 1 Enter the amount of late payment or underpayment	1-2 form. Interest Assess days days 00274 - t charge) ance please ffice, please
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