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	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	<i>ms (Short Form)</i> ctions are located of this workbook	03/01/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y)	/YY/(Period))	
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under which	n the owner conducts the business of t	he cable system.	
	If there were different owners during the single statement of account and royalty fe		the last day of the accounting period should sting period.	submit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number	assigned by the Licensing Division.	704
	LEGAL NAME OF OWNER/MAILING	G 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 50 (Number, street, rural route, apartment, or suite n	umber)		
	Blair, NE 68008 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busin names already appear in space B. In line			

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.

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

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

IDENTIFICATION OF CABLE SYSTEM:

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

System

1

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Great Plains Cable Television	70
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
Serveu		
	CITY OR TOWN	STATE
First	Sutherland	Nebraska
Community	Hershey	Nebraska
dd Rows as Necessary		uuuuuuuu

							FORM SA1-	TEM IC
Name	LEGAL NAME OF OWNER OF C						313	70 TEINI
Е	SECONDARY TRANSMISSION							
–	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	<i>,</i> , .		-	•			
Service: Sub-	Number of Subscribers: Bot	•						
scribers and	down by categories of secondar				•			
Rates	each category by counting the n separately for the particular serv		,	0 , (charged	
	Rate: Give the standard rate of						e and the	
	unit in which it is generally billed	•				-		
	category, but do not include disc		,	•				
	Block 1: In the left-hand block			-	•			
	systems most commonly provide that applies to your system. Not							
	categories, that person or entity			•	Ũ			
	subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system	has rate catego	ories for sec	ondary transmissi	ion service that are	different fr	om those	
	printed in block 1 (for example, t				•	,		
	with the number of subscribers a sufficient.	and rates, in the	e right-hand	block. A two- or th	hree-word descript	ion of the s	ervice is	
		OCK 1				BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE CA	ATEGORY OF SEF		NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCRIBI			ATEGORT OF SEP	VICE	SUBSCRIBERS	NAT
	Service to first set		408	23.49 Broa	dcaster Fee		408	13.7
	Service to additional set(s)			23.43 0100			-00	
	• FM radio (if separate rate)			HD F	quipment Leas	2	140	14.9
	Motel, hotel						140	17.5
	Commercial			Addit	tional Conv Re	ntal	47	3.9
	Converter			Addit		iitai		J.3
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC		NSMISSIO					
_	In General: Space F calls for ra				o all your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t	those services	that are not	offered in combina	ation with any seco	ondary tran	smission	
	service for a single fee. There an	•		•		• • • •		
Services	furnished at cost or (2) services							
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually bille	d. If any rates are	e charged on a van	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rate		he cable sys	tem for each of th	he applicable servi	ces listed.		
Rates	Block 2: List any services that				-			
	listed in block 1 and for which a		•		ist these other ser	vices in the	form of a	
	brief (two- or three-word) descrip	ption and inclue	de the rate fo	or each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGOR	OF SERVICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		Installation	: Non-residentia	I			
	• Pay cable	17.00	• Motel, h	otel				
	 Pay cable—add'l channel 	15.00	 Comme 	rcial				
	Fire protection		 Pay cab 	le				
	•Burglar protection		• Pay cab	le-add'l channel				
	Installation: Residential		 Fire pro 	ection				
	• First set	65.00	• Burglar	protection				
	 Additional set(s) 	65.00	Other servi	ces:				
			 Reconn 		65.00			
	 FM radio (if separate rate) 		• Reconn	ect	05.00			
	 FM radio (if separate rate) Converter 		Disconn		03.00			
	,			ect				
	,		• Disconn • Outlet re	ect	65.00 65.00			

Accounting Period:	2018/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID#
	Great Plains Cable T	elevision		704
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including om during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting the	t (1) stations carried only on a part ne carriage of certain network prog	-time basis under rams [sections
Primary Transmitters: Television	substitute program basis, a Substitute Basis Stations	e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations c ules, regulations, or authorizations:		
	• Do <i>not</i> list the station her station was carried <i>only</i> or	e in space G—but do list it in space I (t		
	basis. For further information Column 1: List each station	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	see page (v) of the general instruc program services such as HBO, ES	ctions. SPN, etc. Identify each
		el number the FCC assigned to the tele	evision station for broadcasting ove	r the air in its community
	Column 3: Indicate in each educational station, by enter (for independent multicast)	VRC is channel 4 in Washington, D.C. In case whether the station is a network ering the letter "N" (for network), "N-M" I, "E" (for noncommercial educational), of the statement of the statement of the statement of the statement of the statement of the stat	(for network multicast), "I" (for indep or "E-M" (for noncommercial educa	pendent), "I-M"
	Column 4: Give the location	erms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of t	the community to which the station	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOP	2.1	N	North Platte, NE
	KHGI	13.1	Ν	Kearney, NE
Add Rows as Necessary	KUON	12.1	E	Lincoln, NE
	KUON-EW	12.2	E-M	
	KUON -EC	12.3	E-M	
	KSNB	4.2	I-M	Superior, NE
	KNPL	10.1	Ν	North Platte, NE
	КІІТ	11.1	Ν	North Platte, NE
		11.2	I-M	

EGAL NAME OI								SYSTEM I 7
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stati this by placing vive the station	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. In is AM or FM. hal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL OIGH		0,0	LOGATION OF STATION	UALL SIGN		3,0	LOOATION OF STATION	
						·	·	
						·	·	

	od: 2018/2						F	ORM SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						704
					0			
	SUBSTITUTE CARRIAG	-	-					
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				io general in			
Special						activark ta	ovicion n	rogram
Statement and	During the accounting per		ui cable syster	in carry, on a substitute ba	sis, any nom			
Program Log	broadcast by a distant sta	ition?				l	YES	S X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	nust comp	lete the p	orogram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if	heir mea	ning is
	clear. If you need more spa							
	Column 1: Give the title period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter "				
				casting the substitute progr the community to which the		censed by	the ECC	or in
	the case of Mexican or Car							01, 111
				stem carried the substitute			ls, with th	ne month
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				
	stated as "6:00–6:30 p.m."	. Example.	a program car	fied by a system from 0.01	. 15 p.m. to t	.20.30 p.n	i. snouiu	be
		ter "R" if the	listed prograr	n was substituted for prog	ramming tha	t your syst	em was r	equired
	to delete under FCC rules	and regulat	ions in effect d	luring the accounting perio	d; enter the	etter "P" if	the listed	
	was substituted for program		your system w	as permitted to delete und	er FCC rules	and regu	ations in	
	effect on October 19, 1976	•						
					WHE	N SUBST		
	s	UBSTITUT	E PROGRAM	1				
	1. TITLE OF PROGRAM	2. LIVE?				AGE UUU	JUKKED	REASON FOR
	1. TITLE OF FROGRAM	Z. LIVL:	3. STATION'S		5. MONTH	AGE OCO 6.		7. REASON FOR DELETION
		Yes or No	3. STATION'S CALL SIGN					DELETION
					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION
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					5. MONTH	6.	TIMES	DELETION
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					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION
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					5. MONTH	6.	TIMES	DELETION
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					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION
					5. MONTH	6.	TIMES	DELETION

Accounting Period:	2018/2 FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
	Great Plains Cable Television 70
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts form subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.
	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 less than or equal to \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00
	Line 1. Royalty fee for accounting period \$ 52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)
	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
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	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 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00
	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 704
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 .	15 108
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 LeaAnn Quist Telephone	402-456-6434
	Address P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip)	
	Email Iquist@gpcom.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 (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; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 hereir 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)] 	system as identified mer of the cable system
	X /s/Janelle Allison Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Janelle Allison Title: CFO & COO (Title of official position held in corporation or partnership)	
	Date: March 1, 2019	

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.

ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
at Plains Cable Television	70
 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." 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. 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 Y ES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	
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 Assessmer
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Landerest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	L Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment	Land Land Land Land Land Land Land Land
Line 1 Enter the amount of late payment or underpayment	La Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	La linterest Assessme

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