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

Return completed workbook

STATEMENT OF ACCOUNT			FOR COPYRIGHT OFFICE USE ONLY by email to:				
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT			
Cable Syste	ems (S	Short Form)		\$	For additional information, contact the U.S. Copyright		
General instru	uctions	are located	07/09/20		Office Licensing Division at:		
in the first tab	of this	workbook		ALLOCATION NUMBER	Tel: (202) 707-8150		
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (Y	YYY/(Period))			
		2020/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
			Barcode Data Filing Period (optiona	I - see instructions)			
Accounting Period							
		Instructions:					
В		Give the full legal name of the owner of th of the subsidiary, not that of the parent co		idiary of another corporation, give the full con	/porate 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 a single statement of account and royalty fe		the last day of the accounting period should s ting period.	ubmit a		
		Check here if this is the system's first filing	. If not, enter the system's ID number	assigned by the Licensing Division.	237		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM				
		DIODE CABLE CO					
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT	)			
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
		POBOX 236 (Number, street, rural route, apartment, or suite no	umber)				
		DILLER NE 68342-0236 (City, town, state, zip)					
	INSTR		ess or trade names used to ide	ntify the business and operation of the	system unless these		
С				e system, if different from the address			
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM					
	2	(Number, street, rural route, apartment, or suite ni	umber)				
		(City, town, state, zip code)					
-				ne personally identifying information (PII) reque r trace an individual, such as name, address ar			

numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2E Short Form (Rev. 05-17)

U.S. Copyright Office

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	DIODE CABLE CO	237
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
Area	Note: Entities and properties such as hotels, apartments, condominiums, or identified city.	or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	DILLER	NE
Community		
Add Rows as Necessary		

							FORM SA1	-2E. PAGE		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:	:				515	23		
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	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									
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Bot	•				,				
scribers and	down by categories of secondar	•	•	•	•					
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	• •	,		rd rate variatior	ns within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block				ondon transmi	ccion convi	a that cable			
	systems most commonly provide									
	that applies to your system. Not									
	categories, that person or entity					•				
	subscriber who pays extra for ca				d in the count ur	nder "Servi	ce to the			
	first set" and would be counted of Block 2: If your cable system				service that are	e different f	rom those			
	printed in block 1 (for example, t									
	with the number of subscribers a	and rates, in the	e right-hand block. A	two- or thre	e-word descript	tion of the s	service is			
	sufficient.			П		BLOCK	( )			
		NO. OF				BLOOK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB			EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:	134	59.95							
	Service to first set									
	Service to additional set(s)									
	• 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		,	•	• •					
•	not covered in space E, that is, t service for a single fee. There a									
Services	furnished at cost or (2) services	•		•						
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the		h			K-4I				
ransmissions: Rates		<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not								
Rates	-	• •		-	-	-				
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
				BLOCK 2						
		BLO(	CK 1				2200112			
	CATEGORY OF SERVICE	BLOO RATE	CK 1 CATEGORY OF SE	RVICE	RATE	CATEGO	ORY OF SERVICE	RAT		
	CATEGORY OF SERVICE Continuing Services:	-			RATE	CATEGO	DRY OF SERVICE	RAT		
		-	CATEGORY OF SE		RATE	CATEGO	DRY OF SERVICE	RAT		
	Continuing Services:	-	CATEGORY OF SE Installation: Non-ro • Motel, hotel • Commercial		RATE	CATEGO	DRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	-	CATEGORY OF SE Installation: Non-re • Motel, hotel		RATE	CATEGO	DRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	-	CATEGORY OF SE Installation: Non-ro • Motel, hotel • Commercial	esidential	RATE	CATEGO	DRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection	esidential channel	RATE		DRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	-	CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection • Burglar protection	esidential channel	RATE	CATEGO	DRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'I • Fire protection • Burglar protection Other services:	esidential channel		CATEGO	DRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'I • Fire protection • Burglar protectio Other services: • Reconnect	esidential channel	RATE	CATEGO	DRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection • Burglar protection Other services: • Reconnect • Disconnect	esidential channel			DRY OF SERVICE	RAT		
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	CATEGORY OF SE Installation: Non-re • Motel, hotel • Commercial • Pay cable • Pay cable-add'I • Fire protection • Burglar protectio Other services: • Reconnect	esidential channel on			DRY OF SERVICE	RA1		

ounting Period:	2020/1			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
Humo	DIODE CABLE CO			237						
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable system	n during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tir the carriage of certain network program	ne basis under						
Primary	76.59(d)(2) and (4), 76.61(e	)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain stati							
		explained in the next paragraph. With respect to any distant stations of	arried by your cable system on a sub	stitute program						
	basis under specific FCC ru • Do <i>not</i> list the station here	les, regulations, or authorizations: in space G—but do list it in space I (1	the Special Statement and Program L							
	station was carried <i>only</i> 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									
			, see page (v) of the general instruction program services such as HBO, ESPI							
			e-air designation. For example, repor	•						
	"WETA-2" as the same on the channel of the channel		evision station for broadcasting over tl	ne air in its community						
	of license. For example, WI	RC is channel 4 in Washington, D.C.								
			station, an independent station, or a (for network multicast). "I" (for independent							
			(for network multicast), "I" (for independent or "E-M" (for noncommercial education)							
	For the meaning of these te	rms, see page (iv) of the general instr	uctions in the paper SA1-2 form.	,						
			t the community to which the station is the community with which the station i							
			,							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						
	KSNB	10.2	N	LINCOLN, NE						
	KLKN	8.2	N-M	LINCOLN, NE						
S Necessary	KOLN	10.1	N	LINCOLN, NE						
G Primary ransmitters: Television Primary ransmitters: Television Primary ransmitters: Television PRIMAF PRIMAF PRIMAF FCC ru 76.59(c substitu Substit	NET	29.1	Е	LINCOLN, NE						
	KFXL	51.5	Ν	LINCOLN, NE						
	KLKN	8.1	N	LINCOLN, NE						
	ME/MY	10.3	N-M	LINCOLN, NE						
	NCN	21.1	l	NORFOLK, NE						
	NCN	21.2	I-M	NORFOLK, NE						

DIODE CABI	OWNER OF (	<i>.,</i>						SYSTEM I 2
	every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If isignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recein at the Co sign of e the static ion's sign g a chech n's location	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. on is AM or FM. nal was electronically process k 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 this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral ii 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	
		5,0		UNEL SIGN		3,0		
NONE								

Accounting Perio	od: 2020/1						FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	DIODE CABLE CO						237
	SUBSTITUTE CARRIAG				G		
I		-	-			tion that wave och	
•	In General: In space I, ident substitute basis during the a						
Substitute	explanation of the programm	01	· ·	•	, 0	,	
Carriage:					ne general in		
Special	1. SPECIAL STATEMEN	-					
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network television	program
Program Log	broadcast by a distant sta	tion?				YE	
	Note: If your answer is "No	" loovo tha	reat of this no	an blank. If your answar is	- "Voo " vou v		
		, leave life	rest of this pa	ige blank. If your answer is	s res, your	nust complete the	e program
	log in block 2.						
	2. LOG OF SUBSTITUTI						
	In General: List each subs				s wherever p	ossible, if their me	eaning is
	clear. If you need more spa						<b></b>
	period, was broadcast by a			vision program ("substitute			
	under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.						<b>,</b>
	Column 2: If the program	m was broa	dcast live, ente	er "Yes." Otherwise enter '	"No."		
				asting the substitute prog			
				the community to which th			C or, in
	the case of Mexican or Car						41
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerais, with	the month
			e substitute pr	ogram was carried by you	r cable syste	m List the times a	accurately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."		a program oan				
		er "R" if the	listed prograr	n was substituted for prog	ramming that	t your system was	required
	to delete under FCC rules	and regulat	ions in effect d	uring the accounting period	d; enter the	etter "P" if the list	ed program
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regulations i	n
	effect on October 19, 1976	•					
	e		E PROGRAM			N SUBSTITUTE AGE OCCURRE	D 7. REASON FOR
						6. TIMES	DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		то
		100 01 110	0,122 01011				
						_	
						_	
						_	
						_	
						—	
						_	
						—	

Accounting Period:	2020/1 FORM SA1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID: DIODE CABLE CO 23
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 from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less 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         0.00
	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 \$ 263,800.00
	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) \$ 1,319.00
	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) \$ 15.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00
	EFT Trace # or TRANSACTION ID # 26PDGHM0
	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:	2020/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF DIODE CABL	FOWNER OF CABLE SYSTEM: LE CO	SYSTEM ID# 237
M Channels	<ol> <li>to its subscribe</li> <li>Enter the tot system carrie</li> <li>Enter the tot on which the</li> </ol>	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	9 41
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	LOREN DUERKSEN Telephone	402-793-5330
	Address	300 COMMERCIAL ST (Number, street, rural route, apartment, or suite number) DILLER, NE 68342 (City, town, state, zip)	
	Email	lorend@diodecom.net Fax (optional)	
O Certification	I, the undersig     (Owr     (Age     in     X     (Off     in     in     I have examinare true, completion	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space ant of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or ficer 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. and the statement of account and hereby declare under penalty of law that all statements of fact contained hereir lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. tion 1001(1986)]	system as identified vner of the cable system
		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: Loren Duerksen Title: General Manager	
		(Title of official position held in corporation or partnership) Date: 7/9/20	

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.

	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ODE CABLE CO	237
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: <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." 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? NO YES. Enter the total here and list the satellite carrier(s) below.</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
X	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       -         x       0.00274         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       \$	
Line 3       Multiply line 2 by the number of days late and enter the sum here       -         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         k       0.00274         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       \$         -       (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.       For further assistance please	
x	
x       days         Line 3       Multiply line 2 by the number of days late and enter the sum here       -         x       0.00274         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@copyright.gov.       ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.         NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
x	
x	
Line 3       Multiply line 2 by the number of days late and enter the sum here	
x	

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