This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
3/1/21	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	A C C (DINTING REDIOR COVERED BY THIS STATEMENT. (VVVV//Revied/)
	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20202 Barcode Data Filing Period (optional - see instructions)
		20202 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		CABLE TV OF STANTON
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		TOWN & COUNTRY TECHNOLOGIES
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO BOX 716
		(Number, street, rural route, apartment, or suite number) STANTON, NE 68779
		(City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
	1	
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
	-	gramos, aces, retained, apartition, or onto number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Accounting Period:	2020/2	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID# 11816
	CABLE TV OF STANTON	
D	Instructions: List each separate community served by the cable system. A "communit" a separate and distinct community or municipal entity (including unincorporated comdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 ho	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First Community	STANTON	NE
Add Rows as Necessary		

Accounting Period: 2020/2 FORM SA1-2E. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 11816

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

CABLE TV OF STANTON

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLO	OCK 1		BLOCK 2
	NO. OF		NO. OF
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:			
 Service to first set 	414	45.95	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial			
Converter			
Residential			
Non-residential			
	I''''	T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel		ENHANCED	87.95
 Pay cable—add'l channel 		Commercial		ULTRA	99.95
Fire protection		• Pay cable		HISPANIC	7.95
•Burglar protection		 Pay cable-add'l channel 		SHOWTIME/TMC	10.99
Installation: Residential		Fire protection		CINEMAX	16.00
• First set		Burglar protection		STARZ	12.00
 Additional set(s) 	4.95	Other services:		HBO	21.00
 FM radio (if separate rate) 		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		 Move to new address 			

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 11816

CABLE TV OF STANTON

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations)

carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCAU	9.1	N	SIOUX CITY, IA
KCAU-2	9.2	N-M	SIOUX CITY, IA
KCAU-3	9.3	N-M	SIOUX CITY, IA
KCAU-4	9.4	N-M	SIOUX CITY, IA
KETV	7.1	N	OMAHA, NE
KETV-2	7.2	N-M	OMAHA, NE
KLKN	8.1	N	LINCOLN, NE
KLKN-2	8.2	N-M	LINCOLN, NE
KLKN-3	8.3	N-M	LINCOLN, NE
KLKN-4	8.4	N-M	LINCOLN, NE
KMEG	14.1	N	SIOUX CITY, IA
KMEG-2	14.2	N-M	SIOUX CITY, IA
KMEG-3	14.3	N-M	SIOUX CITY, IA
KMTV	3.1	N	OMAHA, NE
KMTV-2	3.2	N-M	OMAHA, NE
KMTV-3	3.3	N-M	OMAHA, NE
KPTH	44.1	N	SIOUX CITY, IA
KPTH-2	44.2	N-M	SIOUX CITY, IA
KPTH-3	44.3	N-M	SIOUX CITY, IA
KTIV	4.1	N	SIOUX CITY, IA
KTIV-2	4.2	N-M	SIOUX CITY, IA
KTIV-3	4.3	N-M	SIOUX CITY, IA
WOWT	6.1	N	OMAHA, NE
KXNE	19.1	E	NORFOLK, NE

Accounting Period: 2020/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 11816 **CABLE TV OF STANTON** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KXNE-2 19.2 E-M NORFOLK, NE

E-M

NORFOLK, NE

19.3

KXNE-3

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

CABLE TV OF STANTON

11816

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						ļ 	
						ļ 	
						ļ 	
		1		1	l	1	<u> </u>

Accounting Darie	nd. 2020/2						FORM	A SA 1 DE DACE E
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				FURIV	SYSTEM ID#
Name	CABLE TV OF STANT	ON						11816
	SUBSTITUTE CARRIAG				_	4b -4 · · · · · ·	4	
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did you	ur cable syster	m carry, on a substitute ba	sis, any nonr	network te <u>levis</u>	ion progr	am
Program Log	broadcast by a distant station?							
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
	log in block 2.		·			·		
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				wherever po	ossible, if their	meaning	j is
	clear. If you need more spa			rrows to the tables. vision program ("substitute	program") th	nat. during the	accounti	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitut	ed for the pro	ogramming of	another s	station
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		ovies of bask	etball. List specific progra	iii uues, ioi e	example, i Lov	e Lucy (OI
				er "Yes." Otherwise enter "				
		•		casting the substitute progr the community to which the		rensed by the	ECC or i	in
	the case of Mexican or Car						1 00 01, 1	""
			when your sy	stem carried the substitute	program. Us	se numerals, w	vith the m	nonth
	first. Example: for May 7 gi		a substituta nr	ogram was carried by your	cable system	m List the time	e accura	ately
	to the nearest five minutes							atory
	stated as "6:00-6:30 p.m."	"D":						
	to delete under FCC rules			n was substituted for progr				
	was substituted for prograr							- Jan
	effect on October 19, 1976							
					WHF	N SUBSTITU	TF	
	S	UBSTITUT	E PROGRAM	1		AGE OCCUR		7. REASON FOR
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH 6. TIMES		DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
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Accounting Period:	2020/2	1 011111 071	1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: CABLE TV OF STANTON	SY	STEM II
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service amount, se	,920.95
L	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe		
Copyright Royalty Fee	 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 9. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$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 that you must pay fo accounting period is \$52.00	r this six-month	
	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	·· <u></u> \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	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		
	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 \$263,800 (but less than \$527	',600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	_	52 00	
-	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	15.00	67.55
Filing Fee and otal Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		67.00

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7.					
Name	CABLE TV OF	WNER OF CABLE SYSTEM: STANTON		SYSTEM ID# 11816					
M Channels			f channels on which the cable system carried television broadcast sta	tions					
	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								
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accour	ER INFORMATION IS NEEDED (Identify an individual to whom it.)						
for Further Information	Name	NICHOLAS K. PADEN	V Teleph	one 402-439-7777					
	Address	PO BOX 716 (Number, street, rural route, apartn	nent, or suite number)						
		(City, town, state, zip)							
	Email	npaden@stanto	n.net Fax (optional)						
0	CERTIFICATION	This statement of account mo	ust be certified and signed in accordance with Copyright Office regula	tions)					
Certification	• I, the undersigned, hereby certify that (Check one, but only one, 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; or								
			tion or partnership) I am the duly authorized agent of the owner of the connection or partnership; or	able system as identified					
		er or partner) I am an officer (if ine 1 of space B.	a corporation) or a partner (if a partnership) of the legal entity identified a	s owner of the cable system					
		e, and correct to the best of my	nereby declare under penalty of law that all statements of fact contained he knowledge, information, and belief, and are made in good faith.	erein					
			X /s/ Nicholas K. Paden	_					
			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: Nicholas K. Paden						
			Manager ficial position held in corporation or partnership)						
		Date:	2/26/21						

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Accounting Period: 2020/2 FORM SA1-2E. PAGE 8. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 11816 **CABLE TV OF STANTON** 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 fol-"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 sub-Special Statement scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Concerning Gross **Receipts Exclusion** 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 Name 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. Interest Assessment x = 0.00274Line 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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner

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 th 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.

Address

ID number

First community served Accounting period