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	Return completed workbook by email to:			
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	·		
Cable Systems (Short Form)	BRIEREOENEB		coplicsoa@loc.gov		
	1/12/21	\$	For additional information, contact the U.S. Copyright		
General instructions are located			Office Licensing Division at: Tel: (202) 707-8150		
in the first tab of this workbook		ALLOCATION NUMBER			
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))			
2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31			
	<u>.</u>				
	Barcode Data Filing Period (optional	- see instructions)			
Accounting	1				
Period					
Instructions: Give the full legal name of the owner of t	he cable system. If the owner is a subs	idiary of another corporation, give the full cor	rporate		
B title of the subsidiary, not that of the pare	ent corporation.				
Owner List any other name or names under whice	h the owner conducts the business of t	the cable system.			
If there were different owners during the single statement of account and royalty fr		the last day of the accounting period should s	ubmit a		
			35309		
Check here if this is the system's first filin	g. If not, enter the system's ID number	assigned by the Licensing Division.			
LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM				
BENKELMAN TELEPHONE CO INC.					
BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT	[)			
MAILING ADDRESS OF OWNER OF	CABLE SYSTEM				
PO BOX 645 (Number, street, rural route, apartment, or suite n	umber)				
BENKELMAN NE 69021 (City, town, state, zip)					
INSTRUCTIONS: In line 1, give any busin		ntify the business and operation of the			

 Interpretation
 Inter

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	BENKELMAN TELEPHONE CO INC.	353
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y 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 kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	
	CITY OR TOWN	STATE
First	WAUNETA	NE
Community		
dd Rows as Necessary		

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						515	TEM ID 3530		
	BENKELMAN TELEPHO	ONE CO INC							3530		
_	SECONDARY TRANSMISSION	SERVICE: SU	JBSCF	RIBERS AND R	ATES						
E	In General: The information in s	pace E should	cover	all categories o	of seconda	•					
Secondary	system, that is, the retransmission about other services (including p					,					
Transmission	last day of the accounting period										
Service: Sub-	Number of Subscribers: Both	•									
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	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	· ·		,		ard rate variation	s within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block					condary transmis	ssion servi	ce that cable			
	systems most commonly provide	e to their subso	ribers.	Give the numb	er of subs	cribers and rate	for each lis	sted category			
	that applies to your system. Not			-		•					
	categories, that person or entity subscriber who pays extra for ca										
		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.										
	BLC	DCK 1			BLOCK 2						
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	000001110			0, (1)			CODOCINDENCO			
	Service to first set		16	\$78.05	EXTEN	DED CABLE		9	\$27.6		
	 Service to additional set(s) 		4	\$2.00	HBO			1	\$20.8		
	• FM radio (if separate rate)				SHOW	TIME/MOVIE		1	\$19.8		
	Motel, hotel										
	Commercial										
	Converter										
	Residential Non-residential										
	• Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMI	SSIONS: RATE	S						
F	In General: Space F calls for rat		,		•						
•	not covered in space E, that is, t service for a single fee. There ar					,	,				
Services	furnished at cost or (2) services	•			•						
Other Than	amount of the charge and the un		usuall	y billed. If any r	ates are cl	harged on a vari	able per-p	rogram basis,			
Secondary ransmissions:	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.										
Rates	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.						1				
		BLO	-					BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATI		
	Continuing Services: Pay cable			otel, hotel	Sidential	\$29.85					
	Pay cable—add'l channel	\$8.95		ommercial		\$29.85					
	Fire protection		• Pa	iy cable							
	•Burglar protection		• Pa	' y cable-add'l cl	hannel	\$8.95			6		
	Installation: Residential		• Fir	e protection							
	• First set	\$29.85	• Bu	rglar protection	1						
	• Additional set(s)			services:							
	• FM radio (if separate rate)			econnect		\$34.50					
	• Converter			sconnect		¢70.05					
			• 01	utlet relocation		\$72.95			ļ		
				ove to new add		\$24.95					

ounting Period: 2	2020/2			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF			SYSTEM ID				
-	BENKELMAN TELEP			3530				
G		ntify every television station (including						
-	FCC rules and regulations	n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting th	e carriage of certain network progra	ams [sections				
Primary ansmitters: Felevision	substitute program basis, a	6.59(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 ubstitute program basis, as explained in the next paragraph. ubstitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program						
		Iles, regulations, or authorizations: e in space G—but do list it in space I (the substitute basis.	ne Special Statement and Program	Log)—if the				
	basis. For further information Column 1: List each station	also in space I, if the station was carried 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 instruct program services such as HBO, ESF	ions. PN, etc. Identify each				
	"WETA-2" as the same on a Column 2: Give the channed	he form. I number the FCC assigned to the tele						
	Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" (for network multicast), "I" (for indep	endent), "I-M"				
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational 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	4. LOCATION OF STATION						
	KWNB	6	N	HAYES CENTER, NE				
	KSNK	8	N	MCCOOK, NE				
ws as Necessary	KCNC	9	N	DENVER, CO				
, as necessary	KBSL	10	N	GOODLAND, KS				
	KPNE	11	E	NORTH PLATTE, NE				
	KWGN	47	N	DENVER, CO				
		······································						

BENKELMA	F OWNER OF (SYSTEM I 353
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: Column 4: Colum 4: Column 4	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically processes (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 par ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st ertain st eneral in eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	BENKELMAN TELEPH	IONE CO	INC.					35309
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident							
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				ne general inc	5110010115		
Special	During the accounting pe	-			sis, any nonr	network te	elevision prog	ram
Statement and Program Log	broadcast by a distant sta	ition?			·		YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	must com		
	log in block 2.	,		0 ,		·		5
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broot the case of Mexican or Cat Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules was substituted for program	of every no a distant stat egulations, ries like "m Bulls." m was broa sign of the adcast stati nadian stati nath and day ve "5/7." ees when th . Example: ter "R" if the and regulat nming that	onnetwork tele tition and that y or authorizatio ovies" or "bask adcast live, ent station broadc ion's location (ions, if any, the y when your sy e substitute pr a program car e listed program cions in effect c	vision program ("substitute our cable system substitut ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter " casting the substitute progra- the community to which the e community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog- luring the accounting period	ted for the pro- neral instruct am titles, for e 'No." e station is lite e station is lite e program. Us r cable system 1:15 p.m. to 6 ramming that od; enter the l	ogrammin tions for fu example, ' censed by lentified). se numera m. List the S:28:30 p.r t your sys letter "P" i	g of another arther informa "I Love Lucy" / the FCC or, als, with the r e times accur m. should be tem was <i>requ</i> f the listed pr	station ntion. or in nonth ately <i>uired</i>
	effect on October 19, 1976		E PROGRAM				TITUTE CURRED	7. REASON FOR
	1. 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	
							_	
							_	
							_	
							_	
							_	
							_	
								1
							_	
							_	

Accounting Period:	2020/2		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BENKELMAN TELEPHONE CO INC.		SI	YSTEM ID# 35309
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's seco (as identified in space E) during the accounting period. For a further explanation of how to c 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.	ndary transmi compute this a	ssion service	
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 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than 1 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LE	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	must pay for t	his six-mon	
	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	e than \$137,1	00)	
	1. Base amount under statutory formula 2	263,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)	····· -		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	·····		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but les	ss 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		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				
Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	52.00	
Due	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
	Important: Your remittance must be in the form of an electronic payment payable See page i of the general instructions in the paper SA1-2 form for m	-		nts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: BENKELMAN TELEPHONE CO INC.		SYSTEM ID# 35309
M Channels	CHANNELS Instructions: You must give (1) the number of channel to its subscribers, and (2) the cable system's total numb 1. Enter the total number of channels on which the cable system carried television broadcast stations	le st stations	6 91
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFO we can contact about this statement of account.)	PRMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name JENNA BURRELL	Telephone	308-423-2000
	Address 607 CHIEF STREET (Number, street, rural route, apartment, or su BENKELMAN NE 69021 (City, town, state, zip)	ite number)	
	Email jenna@bwtelcom.net	Fax (optional)	
O	 I, the undersigned, hereby certify that (Check one, but of (Owner other than corporation or partnersh (Agent of owner other than corporation or partnersh in line 1 of space B and that the owner is n (Agent of owner other than corporation or partnersh in line 1 of space B and that the owner is n (Officer or partner) I am an officer (if a corporing in line 1 of space B. I have examined the statement of account and hereby d are true, complete, and correct to the best of my knowled [18 U.S.C., Section 1001(1986)] Enter an Enter signature of the statement of account and hereby d are true, complete, and correct to the best of my knowled [18 U.S.C., Section 1001(1986)] 	ip) I am the owner of the cable system as identified in line 1 of space I partnership) I am the duly authorized agent of the owner of the cable s ot a corporation or partnership; or ration) or a partner (if a partnership) of the legal entity identified as ow eclare under penalty of law that all statements of fact contained herein	system as identified ner of the cable system
	Date:	01-11-2021	

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

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
KELMAN TELEPHONE CO INC.	3530
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- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below.	
Name Mailing Address 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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
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.	
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.	

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.