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

| OTATEM               |  | FOR COPYRIGE                              | IT OFFICE USE ONLY                              | Return completed workbook by email to:   |
|----------------------|--|---|---|--|
| -                    | ENT OF ACCOUNT<br>ry Transmissions by  |   | - n   | - '  |
|                      | ms (Short Form)  | DATE RECEIVED                             | AMOUNT  | coplicsoa@loc.gov  |
|                      | ctions are located   | 1/12/21                                   | \$  | For additional information,<br>contact the U.S. Copyright<br>Office Licensing Division at: |
| in the first tab     | of this workbook   |   | ALLOCATION NUMBER                               | Tel: (202) 707-8150  |
|                      |  |   |   |  |
|                      |  |   |   |  |
|                      |  |   |   |  |
| A                    | ACCOUNTING PERIOD COVEREI  | D BY THIS STATEMENT: (Y                   | YYY/(Period))                                   |  |
|                      | 2020/2   | Period 1 = January 1 - June 30            | Period 2 = July 1 - December 31                 |  |
|                      |  |   |   |  |
|                      |  | Barcode Data Filing Period (optional      | - see instructions)                             |  |
| Accounting<br>Period |  | <b></b>                                   |   |  |
|                      | Instructions:  |   |   |  |
| В                    | Give the full legal name of the owner o<br>title of the subsidiary, not that of the pa |   | sidiary of another corporation, give the full o | corporate  |
| Owner                | List any other name or names under wh  | nich the owner conducts the business of   | the cable system.                               |  |
|                      | If there were different owners during the  | ne accounting period, only the owner on   | the last day of the accounting period should    | d submit a   |
|                      | -  | fee payment covering the entire accour    |   |  |
|                      | Check here if this is the system's first fil   | ing. If not, enter the system's ID number | assigned by the Licensing Division.             | 38601  |
|                      |  |   |   |  |
|                      | LEGAL NAME OF OWNER/MAIL   | NG ADDRESS OF CABLE SYSTEM                |   |  |
|                      | BENKELMAN TELEPHONE CO IN  | C.  |   |  |
|                      | BUSINESS NAME(S) OF OWNER  | OF CABLE SYSTEM (IF DIFFERENT             | Г)  |  |
|                      |  |   | -   |  |
|                      | MAILING ADDRESS OF OWNER O   | OF CABLE SYSTEM                           |   |  |
|                      | PO BOX 645   |   |   |  |
|                      | (Number, street, rural route, apartment, or suite                                      | number)                                   |   |  |
|                      | BENKELMAN NE 69021<br>(City, town, state, zip)   |   |   |  |
| С                    | INSTRUCTIONS: In line 1, give any bus<br>names already appear in space B. In lin       |   |   |  |
| System               | IDENTIFICATION OF CABLE SYSTEM:  |   |   |  |
|                      | 1  |   |   |  |
|                      | MAILING ADDRESS OF CABLE SYSTE   | M:  |   |  |

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.

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

2

City, town, state, zip code)

|                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM  |
|----------------------|--|---|
| Name                 | BENKELMAN TELEPHONE CO INC.  | 386   |
| D                    | Instructions: List each separate community served by the cable system. A "com<br>"a separate and distinct community or municipal entity (including unincorporate<br>discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y<br>as the "first community." Please use it as the first community on all future filing | ed communities within unincorporated areas and including single<br>you list will serve as a form of system identification hereafter kno |
| Area<br>Served       | Note: Entities and properties such as hotels, apartments, condominiums, or mo<br>identified city.  |   |
|                      | CITY OR TOWN   | STATE   |
| First                | HAIGLER  | NE  |
| Community            |  |   |
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| dd Rows as Necessary |  |   |
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|                            |  |                    |           |                        |              |                   |              | FORM SA1              | -2E. PAGE |
|----------------------------|--|--------------------|-----------|------------------------|--------------|-------------------|--------------|-----------------------|-----------|
| Name                       | LEGAL NAME OF OWNER OF C   |                    |           |                        |              |                   |              | 515                   | 3860      |
|                            | BENKELMAN TELEPHO  | ONE CO INC         |           |                        |              |                   |              |                       | 3000      |
| _                          | SECONDARY TRANSMISSION   | I SERVICE: SI      | JBSCR     | BERS AND R             | ATES         |                   |              |                       |           |
| E                          | In General: The information in s   | •                  |           | -                      |              | •                 |              |                       |           |
| Secondam/                  | system, that is, the retransmission                                      |                    |           |                        |              |                   |              |                       |           |
| Secondary<br>Transmission  | about other services (including plast day of the accounting period       |                    |           |                        |              |                   |              | ing on the            |           |
| Service: Sub-              | Number of Subscribers: Both  | •                  |           |                        |              |                   |              |                       |           |
| scribers and<br>Rates      | down by categories of secondar<br>each category by counting the n        |                    |           |                        |              |                   |              |                       |           |
| Rates                      | separately for the particular serv                                       |                    | <i>.</i>  | 0,0                    |              |                   | ,            | chargeu               |           |
|                            | Rate: Give the standard rate of  |                    |           |                        |              | •                 | ,            | ge and the            |           |
|                            | unit in which it is generally billed                                     | · ·                |           |                        |              | rd rate variation | s within a   | particular rate       |           |
|                            | category, but do not include disc<br>Block 1: In the left-hand block     |                    |           |                        |              | ondarv transmis   | sion servi   | ce that cable         |           |
|                            | systems most commonly provide  | •                  |           | -                      |              | •                 |              |                       |           |
|                            | that applies to your system. Not   |                    |           | -                      |              | •                 |              |                       |           |
|                            | categories, that person or entity subscriber who pays extra for ca       |                    |           |                        |              | 0,                | •            |                       |           |
|                            | first set" and would be counted of                                       |                    |           |                        |              |                   |              |                       |           |
|                            | Block 2: If your cable system  | -                  |           |                        |              |                   |              |                       |           |
|                            | printed in block 1 (for example, t<br>with the number of subscribers a   |                    |           |                        |              |                   |              |                       |           |
|                            | sufficient.  |                    | c ngnt-i  |                        |              |                   |              |                       |           |
|                            | BLC  | DCK 1              |           |                        |              |                   | BLOCK        |                       |           |
|                            | CATEGORY OF SERVICE  | NO. OF<br>SUBSCRIB |           | RATE                   | CATI         | EGORY OF SEF      | RVICE        | NO. OF<br>SUBSCRIBERS | RAT       |
|                            | Residential:   | CODOCIND           | LIKU      |                        | 0,11         |                   | (IIOE        | CODOCIVIDENCO         |           |
|                            | Service to first set   |                    | 17        | \$78.05                | EXTEN        | DED CABLE         |              | 9                     | \$27.6    |
|                            | <ul> <li>Service to additional set(s)</li> </ul>                         |                    |           |                        | HBO          |                   |              | 3                     | \$20.8    |
|                            | • FM radio (if separate rate)  |                    |           |                        | SHOW         | TIME/MOVIE        |              | 7                     | \$19.8    |
|                            | Motel, hotel   |                    |           |                        |              |                   |              |                       |           |
|                            | Commercial   |                    |           |                        |              |                   |              |                       |           |
|                            | Converter  |                    |           |                        |              |                   |              |                       |           |
|                            | Residential  |                    |           |                        |              |                   |              |                       |           |
|                            | Non-residential  |                    |           |                        |              |                   |              |                       |           |
|                            | SERVICES OTHER THAN SEC  | ONDARY TRA         | NSMIS     | SIONS: RATE            | s            |                   |              |                       |           |
| F                          | In General: Space F calls for ra   |                    | ,         |                        | •            |                   |              |                       |           |
| I.                         | not covered in space E, that is, t<br>service for a single fee. There ar |                    |           |                        |              | ,                 | ,            |                       |           |
| Services                   | furnished at cost or (2) services  | •                  |           |                        | •            |                   | 0 ( )        |                       |           |
| Other Than                 | amount of the charge and the ur  |                    | usually   | billed. If any r       | ates are cl  | narged on a vari  | able per-p   | rogram basis,         |           |
| Secondary<br>ransmissions: | enter only the letters "PP" in the<br>Block 1: Give the standard rate    |                    | he cabl   | e system for e         | ach of the   | applicable cenvi  | cas listad   |                       |           |
| Rates                      | Block 2: List any services that  |                    |           | •                      |              |                   |              | were not              |           |
|                            | listed in block 1 and for which a  |                    |           |                        | lished. List | these other ser   | vices in the | e form of a           |           |
|                            | brief (two- or three-word) descrip                                       | otion and inclue   | de the ra | ate for each.          |              |                   | n.           |                       |           |
|                            |  | BLO                | -         |                        |              |                   |              | BLOCK 2               |           |
|                            | CATEGORY OF SERVICE  | RATE               |           | SORY OF SER            |              | RATE              | CATEGO       | DRY OF SERVICE        | RATE      |
|                            | Continuing Services:   |                    |           | ation: Non-res         | sidential    | ¢00.05            |              |                       |           |
|                            | Pay cable     Add'l channel  | ¢9.05              |           | tel, hotel<br>nmercial |              | \$29.85           |              |                       |           |
|                            | Pay cable—add'l channel     Fire protection                              | \$8.95             |           | / cable                |              | \$29.85           |              |                       |           |
|                            | •Burglar protection  |                    | -         | / cable-add'l cl       | hannel       | \$8.95            |              |                       |           |
|                            | Installation: Residential  |                    | -         | protection             |              | <b>40.00</b>      |              |                       |           |
|                            | • First set  | \$29.85            |           | glar protection        | 1            |                   |              |                       |           |
|                            | Additional set(s)  |                    |           | services:              |              |                   |              |                       |           |
|                            |  |                    | • Red     |                        |              | \$34.50           |              |                       | 1         |
|                            | <ul> <li>FM radio (if separate rate)</li> </ul>                          |                    | 1100      | connect                |              | +•                |              |                       |           |
|                            | <ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>       |                    |           | connect                |              |                   |              |                       |           |
|                            | , , ,  |                    | • Dis     |                        |              | \$72.95           |              |                       |           |

| unting Period: 2                     | 2020/2  |   |   | FORM SA1-2E. PAGE 3                       |
|--------------------------------------|---|---|---|---|
| Name                                 | LEGAL NAME OF OWNER OF  | CABLE SYSTEM:   |   | SYSTEM ID:                                |
|                                      | BENKELMAN TELEP   | HONE CO INC.  |   | 3860 <sup>,</sup>                         |
| G                                    | carried by your cable system  | TELEVISION<br>entify every television station (including<br>m during the accounting period, <i>except</i><br>in effect on June 24, 1981, permitting th  | t (1) stations carried only on a part-  | time basis under                          |
| Primary<br>ansmitters:<br>Television | 76.59(d)(2) and (4), 76.61(6<br>substitute program basis, a<br><b>Substitute Basis Stations</b>                           | e)(2) and (4), or 76.63 (referring to 76.6<br>s explained in the next paragraph.<br>With respect to any distant stations ca<br>ules, regulations, or authorizations:  | 1(e)(2) and (4))]; and (2) certain sta  | tions carried on a                        |
|                                      | <ul> <li>Do not list the station here station was carried only on</li> <li>List the station here, and a</li> </ul>        | e in space G—but do list it in space I (tl  | d both on a substitute basis and als  | o on some other                           |
|                                      | Column 1: List each station<br>multicast stream associated<br>"WETA-2" as the same on the                                 | n's call sign. <i>Do not</i> report origination p<br>d with a station according to its over-the   | program services such as HBO, ESI<br>e-air designation. For example, rep  | PN, etc. Identify each<br>ort multistream |
|                                      | of license. For example, W<br>Column 3: Indicate in each<br>educational station, by enter<br>(for independent multicast), | (RC is channel 4 in Washington, D.C.<br>a case whether the station is a network<br>ering the letter "N" (for network), "N-M" (<br>, "E" (for noncommercial educational), c<br>erms, see page (iv) of the general instru | station, an independent station, or a<br>(for network multicast), "I" (for indep<br>or "E-M" (for noncommercial educati | a noncommercial<br>endent), "I-M"         |
|                                      | Column 4: Give the locatio  | in of each station. For U.S. stations, list<br>dian stations, if any, give the name of th   | the community to which the station  |   |
|                                      | 1. CALL SIGN  | 2. B'CAST CHANNEL NUMBER  | 3. TYPE OF STATION  | 4. LOCATION OF STATION                    |
|                                      | KWNB  | 6   | Ν   | HAYES CENTER, NE                          |
|                                      | KSNK  | 8   | Ν   | MCCOOK, NE                                |
| s as Necessary                       | KCNC  | 9   | Ν   | DENVER, CO                                |
|                                      | KBSL  | 10  | Ν   | GOODLAND, KS                              |
|                                      | KPNE  | 11  | E   | NORTH PLATTE, NE                          |
|                                      | KWGN  | 47  | Ν   | DENVER, CO                                |
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| BENKELMA   | N TELEPHO   | ONE C   | O INC.  |   |   |  |   | SYSTEM I<br>386                  |
|--|---|---|---|---|---|--|---|----------------------------------|
|  | t every radio s   | tation ca   | arried on a separate and discre<br>nerally receivable by your cab   |   |   |  |   | н                                |
| eceivable if (1)<br>in the basis of<br>for detailed info<br>aper SA1-2 fo<br>Column 1: lo<br>Column 2: S<br>Column 3: If<br>ignal, indicate<br>Column 4: Column 4: Colum 4: Column 4 | it is carried by<br>monitoring, to<br>prmation abou<br>rm.<br>dentify the call<br>state whether t<br>the radio stati<br>this by placing<br>Sive the statior | y the sys<br>be recei<br>t the Cc<br>sign of e<br>he static<br>ion's sign<br>g a check<br>n's locatio | I-Band FM Carriage: Under C<br>tem whenever it is received a<br>ved at the headend, with the s<br>pyright Office regulations on t<br>each station carried.<br>In is AM or FM.<br>nal was electronically process<br>(mark in the "S/D" column.<br>on (the community to which the<br>the community with which the | t the system's he<br>system's FM ante<br>his point, see pa<br>ed by the cable s<br>re station is licens | adend, and (2<br>nna, during c<br>ge (v) of the g<br>ystem as a se<br>sed by the FC | ertain st<br>ertain st<br>eneral ir<br>eparate a | be expected,<br>ated intervals.<br>Instructions in the. | Primary<br>Transmitters<br>Radio |
| CALL SIGN  | AM or FM  | S/D   | LOCATION OF STATION   | CALL SIGN   | AM or FM  | S/D  | LOCATION OF STATION                                     |                                  |
| CALL OIGH  |   | 3,0   | LOOATION OF STATION   | UALL SIGN   |   | 3,0  | LOOKTON OF STATION                                      |                                  |
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|                              | d: 2020/2   |   |  |  |  |  |  | M SA1-2E. PAGE 5  |
|------------------------------|---|---|--|--|--|--|--|---|
| Namo                         | LEGAL NAME OF OWNER OF<br>BENKELMAN TELEPH  |   |  |  |  |  |  | SYSTEM ID#<br>38601   |
|                              | SUBSTITUTE CARRIAG  | E: SPECIA   |  | NT AND PROGRAM I C   | )G   |  |  |   |
| I                            | In General: In space I, ident<br>substitute basis during the a<br>explanation of the programm   | tify every nor  | nnetwork televi<br>eriod, under sp   | <i>sion program,</i> broadcast by<br>pecific present and former F  | y a <i>distant</i> sta<br>CC rules, reg  | ulations, or   | authorizatio   | ons. For a further  |
|                              | 1. SPECIAL STATEMEN   |   |  |  | general in   |  | ine puper  |   |
| Special                      | <ul> <li>During the accounting per</li> </ul>   | -   |  |  | isis, any nonr   | network tele   | evision prog   | gram  |
| Statement and<br>Program Log | broadcast by a distant sta  | ation?  | ·  | ·  | ·  |  | YES  | × NO  |
| ••••                         | Note: If your answer is "No   | o" leave the  | rest of this na  | ige blank. If your answer i  | s "Yes " vou r   | –<br>must.comp   | -  |   |
|                              | log in block 2.   |   |  |  | 5 105, you i   | nuot oomp  |  | gram  |
|                              | period, was broadcast by a<br>under certain FCC rules, re<br>Do not use general catego<br>"NBA Basketball: 76ers vs.<br><b>Column 2:</b> If the prograt<br><b>Column 3:</b> Give the call<br><b>Column 4:</b> Give the broot<br>the case of Mexican or Cat<br><b>Column 5:</b> Give the more<br>first. Example: for May 7 gi<br><b>Column 6:</b> State the time<br>to the nearest five minutes<br>stated as "6:00–6:30 p.m."<br><b>Column 7:</b> Enter the lett | e of every no<br>a distant stat<br>egulations, o<br>ries like "mo<br>. Bulls."<br>m was broad<br>sign of the<br>adcast statio<br>nadian statio<br>nth and day<br>ive "5/7."<br>nes when the<br>. Example: a<br>ter "R" if the | nnetwork tele<br>tion and that y<br>or authorization<br>wies" or "bask<br>dcast live, entrestation broadc<br>on's location (foons, if any, the<br>when your sy<br>e substitute pro<br>a program carr<br>listed program | vision program ("substitute<br>our cable system substitu-<br>ns. See page (v) of the ge<br>etball." List specific progra<br>er "Yes." Otherwise enter<br>asting the substitute prog<br>the community to which the<br>community with which the<br>stem carried the substitute<br>ogram was carried by you<br>ried by a system from 6:0"<br>n was substituted for prog | ted for the pro<br>neral instruct<br>am titles, for e<br>"No."<br>ram.<br>e station is lid<br>e program. Us<br>r cable syste<br>1:15 p.m. to 6<br>ramming that | ogramming<br>ions for fur<br>example, "I<br>censed by f<br>entified).<br>se numeral<br>m. List the<br>c28:30 p.m | of another<br>ther inform<br>Love Lucy<br>the FCC or<br>s, with the<br>times accu<br>. should be | r station<br>ation.<br>" or<br>, in<br>month<br>rately<br>e<br><i>uired</i> |
|                              | was substituted for prograr   | mming that y  |  | uring the accounting period<br>as permitted to delete und  |  |  |  | rogram  |
|                              | was substituted for prograr<br>effect on October 19, 1976   | mming that y  | /our system w  | as permitted to delete und   | der FCC rules  | and regula   | TUTE   |   |
|                              | was substituted for prograr<br>effect on October 19, 1976<br>S  | UBSTITUT  |  | as permitted to delete und   | der FCC rules  | and regula<br>N SUBSTI<br>AGE OCC  | TUTE   | 7. REASON FOR<br>DELETION   |
|                              | was substituted for prograr<br>effect on October 19, 1976   | UBSTITUT  | our system w   | as permitted to delete und   | ler FCC rules<br>WHE<br>CARRI  | and regula<br>N SUBSTI<br>AGE OCC  | TUTE<br>URRED  | 7. REASON FO  |
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|                              | was substituted for prograr<br>effect on October 19, 1976<br>S  | UBSTITUT  | our system w<br>E PROGRAM<br>3. STATION'S  | as permitted to delete und   | WHE<br>CARRI   | N SUBSTI<br>AGE OCC<br>6. 1  | TUTE<br>URRED<br>IMES  | 7. REASON FOR   |
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| Accounting Period:                 | 2020/2  | FORM SA        | 1-2E. PAGE 6.      |
|------------------------------------|---|----------------|--------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>BENKELMAN TELEPHONE CO INC.   | SI             | /STEM ID#<br>38601 |
| K<br>Gross Receipts                | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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. | ission service |                    |
| L<br>Copyright<br>Royalty Fee      | COPYRIGHT ROYALTY FEE<br>Instructions: To compute the royalty fee you owe:<br>• Complete block 1, block 2, <i>or</i> block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>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 for   | this six-mon   |                    |
|                                    | 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   |                | 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)          |                    |
|                                    | 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)   | 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<br>Total Remittance | 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 to the Regis<br>See page i of the general instructions in the paper SA1-2 form for more informat  |                | nts!               |

| Accounting Period:                 | i: 2020/2   | FORM SA1-2E. PAGE 7 |
|------------------------------------|---|---------------------|
| Name                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>BENKELMAN TELEPHONE CO INC.   | SYSTEM ID#<br>38601 |
| <b>M</b><br>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 .   | 6<br>92             |
| N<br>Individual to<br>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<br>Information         | Name JENNA BURRELL Telephone 308-423-2  | 2000                |
|                                    | Address Address Address Address Chumber, street, rural route, apartment, or suite number) BENKELMAN NE 69021 (City, town, state, zip)   |                     |
|                                    | Email jenna@bwtelcom.net Fax (optional)   |                     |
| O                                  | 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 B; or         • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as ide in 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 owner of the cable 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 herein 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)] <b>X</b> /s/ Kacey L. Fries, VP<br>Typed or printed name: KACEY L. FRIES<br><b>X</b> /s/ signature" (e.g., /s/ John Smith)<br><b>X</b> (Jet of official position held in corporation or partnership) <b>X</b> (Diffice of partner) |                     |

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.

|  | 2  | FORM SA1-2E. PAGE  |
|--|--|--|
| AL NAME OF OWNER O   | OF CABLE SYSTEM:   | SYSTEM II  |
| NKELMAN TELEP  | PHONE CO INC.  | 3860   |
| The Satellite Home V<br>lowing sentence:<br>"In determinin<br>service of pro   | EMENT CONCERNING GROSS RECEIPTS EXCLUSIONS<br>Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-<br>ng the total number of subscribers and the gross amounts paid to the cable system for the basic<br>widing secondary transmissions of primary broadcast transmitters, the system shall not include sub-<br>amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P<br>Special Statement<br>Concerning Gross<br>Receipts Exclusior |
| For more information<br>located in the paper :   | n on when to exclude these amounts, see the note on page (vii) of the general instructions SA1-2 form.   |  |
| made by satellite car  | g period, did the cable system exclude any amounts of gross receipts for secondary transmissions<br>riers to satellite dish owners?  |  |
| X NO   |  |  |
| YES. Enter the to  | otal here and list the satellite carrier(s) below  |  |
| Name<br>Mailing Address  | Name<br>Mailing Address  |  |
| INTEREST ASSE  | ESSMENT  |  |
|  |  |  |
|  | his worksheet for those royalty payments submitted as a result of a late payment or underpayment.<br>f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q  |
| For an explanation o   |  | Q  |
| For an explanation o   | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  | Q<br>Interest Assessmen  |
| For an explanation of Line 1 Enter the am  | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. nount of late payment or underpayment  | <b>Q</b><br>Interest Assessmen                                   |
| For an explanation of Line 1 Enter the am  | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  | Q<br>Interest Assessmen  |
| For an explanation of Line 1 Enter the am  | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. nount of late payment or underpayment  | <b>Q</b><br>Interest Assessmen                                   |
| For an explanation of<br>Line 1 Enter the am<br>Line 2 Multiply line   | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  nount of late payment or underpayment   | <b>Q</b><br>Interest Assessmen                                   |
| For an explanation of<br>Line 1 Enter the am<br>Line 2 Multiply line   | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  nount of late payment or underpayment   | Q<br>Interest Assessmen  |
| For an explanation of<br>Line 1 Enter the am<br>Line 2 Multiply line<br>Line 3 Multiply line 2<br>Line 4 Multiply line 3   | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  nount of late payment or underpayment   | <b>Q</b><br>Interest Assessmen                                   |
| For an explanation of<br>Line 1 Enter the am<br>Line 2 Multiply line<br>Line 3 Multiply line 2<br>Line 4 Multiply line 3   | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  nount of late payment or underpayment   | Q<br>Interest Assessmen  |
| For an explanation of<br>Line 1 Enter the am<br>Line 2 Multiply line<br>Line 3 Multiply line 2<br>Line 4 Multiply line 3<br>in space L, (p   | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  nount of late payment or underpayment   | Q<br>Interest Assessmen  |
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| For an explanation of<br>Line 1 Enter the am<br>Line 2 Multiply line 2<br>Line 3 Multiply line 3<br>Line 4 Multiply line 3<br>in space L, (p<br>* To view the inter<br>contact the Lice<br>** This is the deci<br>NOTE: If you are film                          | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  nount of late payment or underpayment   | Q<br>Interest Assessme   |
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| For an explanation of<br>Line 1 Enter the am<br>Line 2 Multiply line 2<br>Line 3 Multiply line 3<br>Line 4 Multiply line 3<br>in space L, (p<br>* To view the inter<br>contact the Lice<br>** This is the deci<br>NOTE: If you are film<br>list below the owner, | f interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  nount of late payment or underpayment   | Q<br>Interest Assessment   |

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