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	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)		\$	<u>coplicsoa@copyright.gov</u> For additional information,
General instructions are located in the first tab of this workbook	08/30/21	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: 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
		Great Plains Cable Television
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P. O. Box 50
		(Number, street, rural route, apartment, or suite number) Blair, NE 68008
		(City, town, state, zip)
С	1	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	
		(Number, street, rural route, apartment, or suite 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Great Plains Cable Television	10427
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobility	ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
Area Served	city.	ne nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	Grant	Nebraska
Community	Imperial	Nebraska
	Palisade Hayes Center	Nebraska Nebraska
Rows as Necessary	Venango	Nebraska
	Vendige	
		······

								FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF C							515	1042
	Great Plains Cable Tele	vision							1044
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	ERS AND R	ATES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission about other services (including particular services)					,			
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•					•		
scribers and	down by categories of secondary								
Rates	each category by counting the n separately for the particular serv							cnarged	
	Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	· · ·	,			rd rate variatior	ns within a p	oarticular rate	
	category, but do not include disc					ondon <i>u</i> transmi	ccion convi	as that ashla	
	Block 1: In the left-hand block 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 u	nder "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that an	e different f	rom those	
	printed in block 1 (for example, t	-							
	with the number of subscribers a	and rates, in the	e right-ha	and block. A t	wo- or thre	e-word descript	tion of the s	service is	
	sufficient.				1		BLOCK	()	
		NO. OF	-				BLUUR	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:				Durada				
	Service to first set		608	24.95	Broadd	aster Fee		608	22.
	Service to additional set(s)					D.D.a.stal			
	• FM radio (if separate rate)				HD Rer	D Rental		415	4.
	Motel, hotel Commercial				Convo	rter Rental		169	4.9
	Converter				Conver	ter Kentar		103	4.
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
Г	not covered in space E, that is, t service for a single fee. There a					,	,		
Services	furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	• •				••		were not	
Rales	-	• •			-	-	-		
	listed in block 1 and for which a separate charge was made or established. List these other services in the form brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RAT
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable	17.00	• Mot	el, hotel					
	• Pay cable—add'l channel	15.00	• Con	nmercial					
	Fire protection		• Pay	cable					
	•Burglar protection		• Pay	cable-add'l cl	hannel				
	Installation: Residential		• Fire	protection					
	• First set	65.00	• Burę	lar protectior	ı				
	 Additional set(s) 	65.00	Other s	ervices:					
						65.00			
	• FM radio (if separate rate)		• Rec	onnect		00.00			
	 FM radio (if separate rate) Converter 		• Disc	onnect					
			• Disc			65.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Great Plains Cable Te			1(
	PRIMARY TRANSMITTERS:			
G Primary ransmitters: Television	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a	also in space I, if the station was carried b	 stations carried only on a part-tin carriage of certain network progra (e)(2) and (4))]; and (2) certain stat ried by your cable system on a sub special Statement and Program L both on a substitute basis and also 	me basis under ams [sections tions carried on a ostitute program _og)—if the o on some other
	Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each	el number the FCC assigned to the televis /RC is channel 4 in Washington, D.C. n case whether the station is a network sta	ogram services such as HBO, ESP air designation. For example, repo sion station for broadcasting over ation, an independent station, or a	PN, etc. Identify each ort multistream the air in its community noncommercial
	(for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Canad	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or ' erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th dian stations, if any, give the name of the	"E-M" (for noncommercial educations in the paper SA1-2 form. The community to which the station is community with which the station is community with which the station	onal multicast). is licensed by the is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOP	2.1	N	North Platte, NE
			N	
	KCNC	4.1	N	Denver, CO
Rows as Necessary	KUON	4.1 12.1	E	Denver, CO Lincoln, NE
Rows as Necessary				
Rows as Necessary	KUON	12.1	E	
Rows as Necessary	KUON KUON-EW	12.1 12.2	E E-M	
Rows as Necessary	KUON KUON-EW KUON -EC	12.1 12.2 12.3	E E-M E-M	Lincoln, NE
Rows as Necessary	KUON KUON-EW KUON -EC KHGI	12.1 12.2 12.3 13.1	E E-M E-M N	Lincoln, NE
Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI	12.1 12.2 12.3 13.1 13.3	E E-M E-M N I-M	Lincoln, NE Kearney, NE
Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN	12.1 12.2 12.3 13.1 13.3 2.1	E E-M E-M N I-M N	Lincoln, NE Kearney, NE Denver, CO
l Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN KFXL	12.1 12.2 12.3 13.1 13.3 2.1 15.1	E E-M E-M N I-M N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE
ł Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KHGI KWGN KFXL KTVD	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1	E E-M E-M N I-M N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO
l Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KHGI KWGN KFXL KTVD	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1	E E-M E-M N I-M N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO
l Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KHGI KWGN KFXL KTVD	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1 10.2	E E-M E-M N N N N N N N N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO
d Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN KFXL KTVD KOLN	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1 10.2 10.5	E E-M E-M N N N N N N N N N N N N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN KFXL KTVD KOLN	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1 10.2 10.5	E E-M E-M N N N N N N N N N N N N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN KFXL KTVD KOLN	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1 10.2 10.5	E E-M E-M N N N N N N N N N N N N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN KFXL KTVD KOLN	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1 10.2 10.5	E E-M E-M N N N N N N N N N N N N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN KFXL KTVD KOLN	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1 10.2 10.5	E E-M E-M N N N N N N N N N N N N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN KFXL KTVD KOLN	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1 10.2 10.5	E E-M E-M N N N N N N N N N N N N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN KFXL KTVD KOLN	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1 10.2 10.5	E E-M E-M N N N N N N N N N N N N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON -EC KHGI KHGI KWGN KFXL KTVD KOLN	12.1 12.2 12.3 13.1 13.3 2.1 15.1 20.1 10.1 10.2 10.5	E E-M E-M N N N N N N N N N N N N N N N N	Lincoln, NE Kearney, NE Denver, CO Lincoln, NE Denver, CO Lincoln, NE

Accounting Period:	2021/1			FORM SA1-2E. PAGE				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II				
Name	Great Plains Cable Tel	levision		1042				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	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, <i>except</i> (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						
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as)(2) and (4), or 76.63 (referring to 76.61 explained in the next paragraph.	rried by your cable system on a substit	s carried on a				
Television	basis under specific FCC rul	les, regulations, or authorizations: in space G—but do list it in space I (th	e Special Statement and Program Log)					
	List the station here, and al basis. For further information	lso in space I, if the station was carried n concerning substitute basis stations,	both on a substitute basis and also on see page (v) of the general instructions rogram services such as HBO, ESPN, (S.				
	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							
			e community with which the station is in					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				

	OWNER OF (SYSTEM I
Great Plains		evision						104
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl					Н
eceivable if (1) n the basis of r for detailed info aper SA1-2 for Column 1: Id Column 2: St Column 3: If ignal, indicate t	it is carried by nonitoring, to rmation abour m. entify the call tate whether th the radio stati this by placing	y the syst be receive t the Co sign of e he station ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column.	the system's hea ystem's FM anter his point, see pag ed by the cable sy	dend, and (2) nna, during ce e (v) of the ge rstem as a sep	it can b rtain sta eneral in parate a	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters Radio
lexican or Can	adian stations	s, if any, t	the community with which the	station is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	d: 2021/1						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF		TEM:					SYSTEM ID#
	Great Plains Cable Tel	evision						10427
Substitute	SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm	ify every not	nnetwork televis eriod, under spe	<i>sion program,</i> broadcast by ecific present and former FC	a <i>distant</i> stati CC rules, regul	ations, or a	uthorizations	. For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoo "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gir 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 a 	r CONCER riod, did you tion? ", leave the PROGRA titute progra ace, please of every no distant star gulations, or distant star gulations, or ries like "mo Bulls." m was broa sign of the adcast statil- nadian statid ath and day ve "5/7." es when th- Example: : er "R" if the and regulatid	INING SUBST In cable system rest of this page INING and this page INING am on a separa add additional onnetwork televention and that ycor authorization bovies" or "basked dcast live, enter station broadca on's location (the ons, if any, the when your systen e substitute proc a program carrr listed program ons in effect du	ITUTE CARRIAGE a carry, on a substitute bas ge blank. If your answer is ate line. Use abbreviations rows to the tables. rision program ("substitute our cable system substitute s. See page (v) of the ger etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra- ne community to which the community with which the stem carried the substitute ogram was carried by your ied by a system from 6:01 a was substituted for progra- uring the accounting period	"Yes," you m "Yes," you m wherever por program") the ed for the prog eral instruction m titles, for ex No." am. e station is lice program. Use cable system :15 p.m. to 6:: amming that y d; enter the le	etwork telev ust comple ssible, if th at, during t gramming i ns for furth cample, "I L ensed by th ntified). e numerals i. List the ti 28:30 p.m. your syster tter "P" if th	vision progra YES ete the progra eir meaning i he accountin of another sta- ner informatic Love Lucy" of he FCC or, in s, with the mod mes accurate should be m was <i>require</i> he listed prog	m NO am is g ation on. r
	was substituted for program effect on October 19, 1976			· 	WHE	IN SUBST	ITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	1	TIMES — TO	DELETION
		+						
							_	
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2021/1	FORM S	A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID
Name	Great Plains Cable Television		1042
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 trans (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.	smission service amount, see	4,012.99
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 • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	\$263,800	
	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		
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)	
	1. Base amount under statutory formula \$ 263,800.00	<u>)</u>	
	2. Enter amount of gross receipts from space K \$ 194,012.99)	
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	194,012.99	
	5. Enter the amount from line 3	69,787.01	
	6. Subtract line 5 from line 4	124,225.98	
	7. Multiply line 6 by .005 (enter figure here)	\$	621.13
	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	\$	621.13
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	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)	621.13	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	641.13
	EFT Trace # or TRANSACTION ID # 21CTX10491316276910:	L	
	Important: Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2021/1				FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: able Television			SYSTEM ID# 10427
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	rs, and (2) the cable system's total al number of channels on which the ed television broadcast stations al number of activated channels cable system carried television bro		counting period.	 110
N Individual to Be Contacted		about this statement of account.)	INFORMATION IS NEEDED (Identify an ind		
for Further Information	Name	LeaAnn Quist		Telephone	402-456-6434
	Address	P. O. Box 500 (Number, street, rural route, apartment, Blair, NE 68808 (City, town, state, zip)	or suite number)		
	Email	lquist@gpcom.com		Fax (optional	
O Certification	I, the undersign (Own (Agen X (Offic I have examine- are true, completed	ed, hereby certify that (Check one, <i>b</i> er other than corporation or partn t of owner other than corporation in line 1 of space B and that the ow eer or partner) I am an officer (if a c in line 1 of space B. d the statement of account and herel ate, and correct to the best of my kno tion 1001(1986)]	ership) I am the owner of the cable system as or partnership) I am the duly authorized ager ner is not a corporation or partnership; or orporation) or a partner (if a partnership) of the by declare under penalty of law that all stateme by by declare, information, and belief, and are made	identified in line 1 of space B nt of the owner of the cable s legal entity identified as own	ystem as identified
		Typed or printed nar Title:	X /s/Janelle Allison ter an electronic signature on the line above to ce ter signature using an "/s/ signature" (e.g., /s/ Jo me: Janelle Allison FO & COO official position held in corporation or partnership)	•	-
		Date:		August 30, 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 fling, a determination that would be made by a court of law.

unting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
at Plains Cable Television	1042
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x dave	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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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.