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						
07/23/21	\$ 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	ACC	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))						
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Accounting		20211 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.	27799					
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM						
		Golden Belt Telephone Association, Inc.						
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)						
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM						
		103 Lincoln St (Number, street, rural route, apartment, or suite number)						
		Rush Center, KS 67575						
		(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 already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp						
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 suffciency of the fling, a determination that would be made by a court of law.

Name I		LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, dist unincorporated areas). "47 CF.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.    CITY OR TOWN	Name		277
separate and distinct community or municipal entity (including unincorporated acress and including single, dist unincorporated areas)." 47 C.F.R. 76.5(dd). The first community. The first community or all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.  CITY OR TOWN  STATE  RUSH CENTER  ST JOHN  KS  ALEXANDER  BELLER  BISON  KS  BROWNELL  KS  BROWNELL  KS  BROWNELL  KS  GARFIELD  KS  GARFIELD  KS  GARFIELD  KS  GARFIELD  KS  TIMKEN  ROZEL  KS  LEWIS  KS  LEWIS  NESS CITY  KS  RANSOM  RACKSVILLE  KS			
unincorporated areas)." 47 C.F.R. 7.65.(dd). The first community that you list will serve as a form of system identification hereafter known as the community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.  CITY OR TOWN STATE  RUSH CENTER KS  OMDINITION KS  ALEXANDER KS  BEELER KS  BISON KS  BROWNELL KS  BROWNELL KS  BROWNELL KS  BURDETT KS  GARFIELD KS  OTIS KS  TIMKEN KS  ROZEL KS  UTICA KS  LEWIS KS  LIEBENTHAL KS  NESS CITY KS  RANSOM KS  RANSOM KS  MCCRACKEN KS  ALEERT KS  MCCRACKEN KS  ALEERT KS  MACKSVILLE KS  MACKSVILLE KS  MACKSVILLE	<b>n</b>	separate and distinct community or municipal entity (including unincorporated commu	unities within unincorporated areas and including single, discre
community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.    CITY OR TOWN	ט	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve	
Area Served    Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identical city.    City or Town		community." Please use it as the first community on all future filings.	
City Or Town   STATE	•	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the identif
CITY OR TOWN			
First   RUSH CENTER   KS	Serveu		
First			
ST JOHN			
ALEXANDER KS BELER KS BISON KS BROWNELL KS BRUNDETT KS GARFIELD KS OTIS KS TIMKEN KS ROZEL KS LEWIS KS LIEBENTHAL KS NESS CITY KS RANSOM KS RANSOM KS RANSOM KS ALBERT KS MCCRACKEN KS LACROSSE KS STAFFORD KS MACKSVILLE KS			
BELLER   KS     BISON   KS     BROWNELL   KS     BAZINE   KS     BURDETT   KS     GARFIELD   KS     OTIS   KS     TIMKEN   KS     ROZEL   KS     UTICA   KS     LEWIS   KS     LIEBENTHAL   KS     RANSOM   KS     RANSOM   KS     ALBERT   KS     PAWNEE ROCK   KS     LACROSSE   KS     LACROSSE   KS     STAFFORD   KS     MACKSVILLE   KS     MACKSVILLE   KS     MACKSVILLE   KS     MACKSVILLE   KS     MACKSVILLE   KS     BROWNELL   KS	ommunity		
BELLER   KS     BISON   KS     BROWNELL   KS     BAZINE   KS     BURDETT   KS     GARFIELD   KS     OTIS   KS     TIMKEN   KS     ROZEL   KS     UTICA   KS     LEWIS   KS     LIEBENTHAL   KS     RANSOM   KS     RANSOM   KS     ALBERT   KS     PAWNEE ROCK   KS     LACROSSE   KS     LACROSSE   KS     STAFFORD   KS     MACKSVILLE   KS     MACKSVILLE   KS     MACKSVILLE   KS     MACKSVILLE   KS     MACKSVILLE   KS     BROWNELL   KS		ALEXANDER	
BISON         KS           BROWNELL         KS           BAZINE         KS           BURDETT         KS           GARFIELD         KS           OTIS         KS           TIMKEN         KS           ROZEL         KS           UTICA         KS           LEWIS         KS           LIEBENTHAL         KS           NESS CITY         KS           RANSOM         KS           MCCRACKEN         KS           PAWNEE ROCK         KS           LACROSSE         KS           STAFFORD         KS           MACKSVILLE         KS	lows as Necessary	BEELER	
BROWNELL         KS           BAZINE         KS           BURDETT         KS           GARFIELD         KS           OTIS         KS           TIMKEN         KS           ROZEL         KS           UTICA         KS           LEWIS         KS           LIEBENTHAL         KS           NESS CITY         KS           RANSOM         KS           MCCRACKEN         KS           ALBERT         KS           PAWNEE ROCK         KS           LACROSSE         KS           STAFFORD         KS           MACKSVILLE         KS			
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BURDETT         KS           GARFIELD         KS           OTIS         KS           TIMKEN         KS           ROZEL         KS           UTICA         KS           LEWIS         KS           LIEBENTHAL         KS           NESS CITY         KS           RANSOM         KS           MCCRACKEN         KS           ALBERT         KS           PAWNEE ROCK         KS           LACROSSE         KS           STAFFORD         KS           MACKSVILLE         KS			
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ROZEL         KS           UTICA         KS           LEWIS         KS           LIEBENTHAL         KS           NESS CITY         KS           RANSOM         KS           MCCRACKEN         KS           ALBERT         KS           PAWNEE ROCK         KS           LACROSSE         KS           STAFFORD         KS           MACKSVILLE         KS			
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LEWIS         KS           LIEBENTHAL         KS           NESS CITY         KS           RANSOM         KS           MCCRACKEN         KS           ALBERT         KS           PAWNEE ROCK         KS           LACROSSE         KS           STAFFORD         KS           MACKSVILLE         KS			
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NESS CITY         KS           RANSOM         KS           MCCRACKEN         KS           ALBERT         KS           PAWNEE ROCK         KS           LACROSSE         KS           STAFFORD         KS           MACKSVILLE         KS			
RANSOM         KS           MCCRACKEN         KS           ALBERT         KS           PAWNEE ROCK         KS           LACROSSE         KS           STAFFORD         KS           MACKSVILLE         KS			
MCCRACKEN         KS           ALBERT         KS           PAWNEE ROCK         KS           LACROSSE         KS           STAFFORD         KS           MACKSVILLE         KS			
ALBERT KS PAWNEE ROCK KS LACROSSE KS STAFFORD KS MACKSVILLE KS			
PAWNEE ROCK KS  LACROSSE KS  STAFFORD KS  MACKSVILLE KS			
PAWNEE ROCK KS  LACROSSE KS  STAFFORD KS  MACKSVILLE KS			
STAFFORD KS MACKSVILLE KS			
STAFFORD KS MACKSVILLE KS		LACROSSE	KS
MACKSVILLE KS		STAFFORD	

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27799

Golden Belt Telephone Association, Inc.

## Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,499	27.95					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		1					

# 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	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2021/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27799

Golden Belt Telephone Association, Inc.

PRIMARY TRANSMITTERS: TELEVISION

G

### 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
KSNC	22	N	GREAT BEND, KS
KSAS	26	N	WICHITA, KS
KSAS - 2	26	N	WICHITA, KS
KSAS - 3	26	N	WICHITA, KS
квѕн	7	N	HAYS, KS
KBSH - 2	7	N	HAYS, KS
KOOD	16	N	BUNKER HILL, KS
KOOD - 3	16	N	BUNKER HILL, KS
KAKE	10	N	WICHITA, KS
KAKE - 2	10	N	WICHITA, KS
KSCW	12	N	WICHITA, KS
KSCW - 2	12	N	WICHITA, KS
KSCW - 3	12	N	WICHITA, KS
KMTW	35	N	WICHITA, KS
KMTW - 2	35	N	WICHITA, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Golden Belt Telephone Association, Inc.

27799

### 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

										1
Accounting Perio		NADI E OVOT	E14						FORI	M SA1-2E. PAGE 5.
Name	Golden Belt Telephone									SYSTEM ID# 27799
	SUBSTITUTE CARRIAGE	· SDECIAI	I STATEMEN	T AND DROGRAM I C	)G					
<b> </b> Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:										
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and	"									
Program Log	broadcast by a distant stat  Note: If your answer is "No"		rest of this pag	e blank. If vour answer	is "Y	∕es." vou mı	ust comple		I <b>YES</b> e prograr	NO n
	log in block 2.	,		,		, <b>,</b>			- 13	
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	In General: List each substitclear. If you need more space Column 1: Give the title of period, was broadcast by a funder certain FCC rules, regular Do not use general categori "NBA Basketball: 76ers vs. In Column 2: If the program Column 3: Give the call of Column 4: Give the broat the case of Mexican or Canal Column 5: Give the monifirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	itute progra ce, please a of every nor distant stati gulations, or es like "mor Bulls." It was broad sign of the s dcast statio adian statio th and day t e "5/7." Is when the Example: a er "R" if the nd regulation	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute proprogram carried isted program ons in effect du	ows to the tables. sion program ("substituur cable system substitus. See page (v) of the gotball." List specific program ("Yes." Otherwise enter sting the substitute program was carried by your carried the substitute gram was carried by your ded by a system from 6:00 was substituted for progring the accounting peri	te pi uted ener ram r "No gram he st ne st te pr ur ca 01:15 gran iod;	rogram") that for the program instruction titles, for exp."  a. tation is liceration is ider rogram. Use able system 5 p.m. to 6:2 mming that yenter the let	at, during the content of the conten	e FC, with	ecounting other stat formation Lucy" or CC or, in a the monaccurate of the country of the countr	ion n. hth ly
	effect off October 19, 1976.				Т	WHE	EN SUBST	TTU	TF	
	S	UBSTITUT	E PROGRAM		11			7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. FROM	TIME	S TO	DELETION
								_		
								_		
								_		
							ļ			
								_		
								_		

ccounting Period:	2021/1			FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			5	SYSTEM II
	Golden Belt Telephone Association, Inc.				2779
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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.	em's secon	ndary transmompute this a	nission service amount, see	
	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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more inform	less than S		263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,10	0 OR LES	SS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00	that you n	nust pay for t	his 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				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (	`		00)	
	1. Base amount under statutory formula		63,800.00	•	
	2. Enter amount of gross receipts from space K		56,578.00		
	3. Subtract line 2 from line 1		7,222.00		
	4. Enter the amount of gross receipts from space K			256,578.00	
	5. Enter the amount from line 3	<u>\$</u>	<b>i</b>	7,222.00	
	6. Subtract line 5 from line 4	_\$	5 2	249,356.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,246.78
	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	18		\$	1,246.78
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	0 (but less	s than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula	20	63,800.00		
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	<b>;</b>	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, a	and 6			
	FILING FEE AND TOTAL REMITTANCE DUE				
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	;	1,246.78	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	<b>i</b>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,266.78
	EFT Trace # or TRANSACTION ID #				
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 form and the Exce				

Accounting Period: 2	2021/1				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM: lephone Association, Inc.			SYSTEM ID# 27799
<b>M</b> Channels	to its subscribers	s, and (2) the cable system's to a substantial linumber of channels on which	f channels on which the cable system otal number of activated channels duri n the cable	ing the accounting period.	15
	2. Enter the tota on which the	I number of activated channel cable system carried television	S		. 71
N Individual to Be Contacted		about this statement of accou	ER INFORMATION IS NEEDED (Iden nt.)		
for Further Information	Name	Krista Steinert		Telephone	785-372-4236
	Address	103 Lincoln St (Number, street, rural route, apartin Rush Center, KS 675 (City, town, state, zip)			
	Email	ksteinert@gbtliv	e.com	Fax (optional	
0	CERTIFICATION (	This statement of account mu	st be certified and signed in accordance	ce with Copyright Office regulations)	
Certification	• I, the undersigne	d, hereby certify that (Check or	e, but only one, of the boxes.)		
	(Owner	r other than corporation or pa	rtnership) I am the owner of the cable s	system as identified in line 1 of space	B; or
		in line 1 of space B and that the	ion or partnership) I am the duly author owner is not a corporation or partnershi	ip; or	
		in line 1 of space B.	a corporation) or a partner (if a partners		ner of the cable system
		te, and correct to the best of my	ereby declare under penalty of law that a knowledge, information, and belief, and		
			X /s/ James A Jecha		-
		- •	Enter an electronic signature on the line a Enter signature using an "/s/ signature" (6		
		Typed or printed	name: James A Jecha		
		Title: (Tit	President e of official position held in corporation or partr	iership)	
		Date:		7/23/21	

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.

ounting Period: 2021/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lden Belt Telephone Association, Inc.	27799
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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
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.  Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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	
** 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 Address	
ID number First community served Accounting period	

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