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

	~ F	
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	coplic			
08/30/21	\$	For ac contac Office Tel: (2			
	ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@copyright.gov

or additional information, ontact the U.S. Copyright Office Licensing Division at: el: (202) 707-8150

Α	ACCO	UNTING 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		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	4962
D	Instructions: List each separate community served by the cable system. A "comm separate and distinct community or municipal entity (including unincorporated control 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.	ommunities within unincorporated areas and including single, discrete Il serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mob city.	ile home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	Broken Bow	Nebraska
Community	Arnold	Nebraska
	Callaway	Nebraska
d Rows as Necessary	Stapleton	Nebraska
	Oconto	Nebraska

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM						FORM SA1		
Name	Great Plains Cable Telev									
Е		ONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES eneral: The information in space E should cover all categories of secondary transmission service of the cable								
L	system, that is, the retransmission			-						
Secondary	about other services (including p									
Transmission	last day of the accounting period									
Service: Sub-	Number of Subscribers: Both	•					,	,		
scribers and Rates	down by categories of secondary each category by counting the n			•		•				
Rates	separately for the particular serv							charged		
	Rate: Give the standard rate c	-	-	•				-		
	unit in which it is generally billed.	•	,		ny standa	rd rate variation	s within a p	particular rate		
	category, but do not include disc Block 1: In the left-hand block				ries of ser	condary transmis	sion servi	ce that cable		
	systems most commonly provide	•		•		•				
	that applies to your system. Note									
	categories, that person or entity						•			
	subscriber who pays extra for ca					d in the count un	der "Servi	ce 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, the									
	with the number of subscribers a									
	sufficient.							(a		
	BLC	DCK 1	:				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		562	24.95	Broadc	aster Fee		562	22.0	
	 Service to additional set(s) 									
	• FM radio (if separate rate)				HD Rer	ntal		167	14.9	
	Motel, hotel									
	Commercial				Conver	rter Rental		150	4.9	
	Converter									
	• Residential									
	Non-residential									
	SERVICES OTHER THAN SEC		NSMISS		s					
-	In General: Space F calls for rat					all your cable sys	tem's serv	vices that were		
F	not covered in space E, that is, t	hose services	that are	not offered in	combinati	on with any seco	ondary trar	smission		
	service for a single fee. There ar		,		0		0()			
Services Other Than	furnished at cost or (2) services amount of the charge and the un									
Secondary			usually	billed. If any fo	ales ale ci	harged on a van	able per-pi	lografii basis,		
ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
	bhei (two- or three-word) descrip	non and includ	ie the ra	ate for each.			T			
		BLO			1405	DATE		BLOCK 2	DAT	
	CATEGORY OF SERVICE	RATE		ORY OF SER	-	RATE	CATEGO	ORY OF SERVICE	RATE	
	Continuing Services:	17.00		ation: Non-res	Idential					
	Pay cable Add'l channel	17.00		tel, hotel						
	Pay cable—add'l channel Eire protection	15.00		nmercial (cable						
	Fire protection Burglar protection			/ cable / cable add'l cl	annel					
	•Burglar protection Installation: Residential			<pre>v cable-add'l cl protection</pre>	annen					
	First set	65.00		•						
		65.00 65.00		glar protection services:						
	 Additional set(s) FM radio (if separate rate) 	05.00		connect		65.00				
	• Converter			connect		05.00				
			s us	CONNECL						
				lot roloaction		65.00				
				tlet relocation ve to new addr		65.00 65.00				

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTI							
Name	Great Plains Cable Te										
	PRIMARY TRANSMITTERS:										
G	In General: In space G, ide carried by your cable syster FCC rules and regulations i	n General: In space G, identify every television station (including translator stations and low power television stations) arried 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 (5.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a									
Primary ransmitters: Television	substitute program basis, as Substitute Basis Stations	as explained in the next paragraph. s: With respect to any distant stations carr									
	• Do <i>not</i> list the station here station was carried <i>only</i> on	ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried b									
	basis. For further informatic Column 1: List each station	also in space I, If the station was carried b on concerning substitute basis stations, se n's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-a	ee page (v) of the general instructi ogram services such as HBO, ESF	ions. PN, etc. Identify each							
	"WETA-2" as the same on t Column 2: Give the channed	0	• • • •								
	Column 3: Indicate in each educational station, by ente	h case whether the station is a network state ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or "	r network multicast), "I" (for indepe	endent), "I-M"							
	For the meaning of these te Column 4: Give the locatio	erms, see page (iv) of the general instruction of each station. For U.S. stations, list the dian stations, if any, give the name of the	ions in the paper SA1-2 form. ne community to which the station	is licensed by the							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	KNOP	2.1	N	North Platte, NE							
	KUON	12.1	E	Lincoln, NE							
d Rows as Necessary	KUON-EW	12.2	E-M	Lincoln, NE							
Rows as Necessary											
	KUON-EC	12.3	E-M	Lincoln, NE							
	KUON-EC KOLN	12.3 10.1	E-M N	Lincoln, NE Lincoln, NE							
		10.1	N								
	KOLN	10.1 10.5	N I-M	Lincoln, NE							
	KOLN	10.1 10.5 4	N I-M N	Lincoln, NE Superior							
	KOLN KSNB	10.1 10.5 4 4.2	N I-M N N-M	Lincoln, NE							
	KOLN KSNB KHGI	10.1 10.5 4 4.2 13.1	N I-M N N-M N	Lincoln, NE Superior							
	KOLN KSNB KHGI KHGI	10.1 10.5 4 4.2 13.1 13.3	N I-M N N-M N I-M	Lincoln, NE Superior Kearney Sioux City, Iowa							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							
	KOLN KSNB KHGI KHGI KTIV	10.1 10.5 4 4.2 13.1 13.3 4.2	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							
	KOLN KSNB KHGI KHGI KTIV KFXL	10.1 10.5 4 4.2 13.1 13.3 4.2 15	N I-M N N-M I-M N-M	Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE							

ccounting Period:	2021/1			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Great Plains Cable Te	levision		49				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	n during the accounting period, except	ranslator stations and low power televis (1) stations carried only on a part-time b e carriage of certain network programs	basis under				
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e) substitute program basis, as)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	1(e)(2) and (4))]; and (2) certain stations	s carried on a				
Television	basis under specific FCC rul • Do <i>not</i> list the station here	les, regulations, or authorizations: in space G—but do list it in space I (th	rried by your cable system on a substitu e Special Statement and Program Log)-					
	station was carried <i>only</i> 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							
			see page (v) of the general instructions.					
			rogram services such as HBO, ESPN, e -air designation. For example, report m	-				
	"WETA-2" as the same on the	0	-all designation. For example, report m	ultistream				
			vision station for broadcasting over the a	air in its community				
	of license. For example, WRC is channel 4 in Washington, D.C.							
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial							
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M"							
	(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).							
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.							
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the							
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
			J. THE OF OTATION					

LEGAL NAME OF	OWNER OF C	CABLE S	YSTEM:					SYSTEM ID
Great Plains	Cable Tele	evision						496
	t every radio s	tation ca	rried on a separate and discre					н
all-band basis w	hose signals	were gei	nerally receivable by your cable	e system during t	he accounting	period.		
receivable if (1) on the basis of I For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation abour m. lentify the call tate whether the the radio stati this by placing	/ the sys be receint t the Co sign of e he statio on's sign g a check	-Band FM Carriage: Under Co 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. on (the community to which the	the system's hea ystem's FM anten his point, see page ed by the cable sy	idend, and (2) nna, during ce e (v) of the ge ystem as a se	it can b rtain sta eneral in	e expected, ted intervals. structions in the. nd discrete	Primary Transmitters: Radio
			the community with which the					
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 Great Plains Cable Tel		TEM:					SYSTEM ID# 4962	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	fy every nor ccounting p	nnetwork televis eriod, under spe	<i>ion program,</i> broadcast by ecific present and former FC	a <i>distant</i> statio CC rules, regul	ations, or a	uthorizations.	For a further	
Substitute Carriage: Special Statement and Program Log	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES × NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: TGers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substitute for crues and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was required to delete								
	effect on October 19, 1976.	TE PROGRAM		N SUBST		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	6. FROM	TIMES — TO	DELETION	
					· · · · · · · · · · · · · · · · · · ·				
							_		
							_		
							—		

Accounting Period:	2021/1	FORM SA	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID
Name	Great Plains Cable Television		4962
K 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 transn (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service amount, see	2,487.33
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 \$137,100 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	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 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K \$ 212,487.33		
	3. Subtract line 2 from line 1		
		- 212,487.33	
	5. Enter the amount from line 3	51,312.67	
		161,174.66	
		<u> </u>	905 97
	7. Multiply line 6 by .005 (enter figure here)		805.87
	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	\$	805.87
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	4. Enter the encount of evene receipte from anona 1/		
	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)	<u> </u>	
	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)	805.87	
	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	\$	825.87
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101]	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER Great Plains Cable To					SYSTEM ID# 4962
M Channels	to its subscribers, and 1. Enter the total numb system carried telev 2. Enter the total numb on which the cable s	(2) the cable system's er of channels on which ision broadcast station er of activated channe system carried television	total number of ac th the cable is ils on broadcast statio	tivated channels during the		s
N Individual to Be Contacted	we can contact about t	his statement of accou		DN IS NEEDED (Identify an		
for Further Information	Address P. O	Ann Quist Box 500 er, street, rural route, apart	ment, or suite number	,		e 402-456-6434
		r, NE 68808 own, state, zip) Iquist@gpcom.			Fax (optional	
			com			
O Certification	I, the undersigned, here (Owner other (Agent of own in line X (Officer or pr in line I have examined the sta	by certify that (Check o than corporation or p ner other than corpora 1 of space B and that th artner) I am an officer (1 of space B. tement of account and correct to the best of m	ne, <i>but only one</i> , or partnership) I am th ation or partnershi he owner is not a co if a corporation) or hereby declare und	the boxes.) ne owner of the cable system p) I am the duly authorized a rporation or partnership; or a partner (if a partnership) of	Copyright Office regulations as identified in line 1 of space gent of the owner of the cable the legal entity identified as or ments of fact contained herein ade in good faith.	B; or system as identified vner of the cable system
			Enter an electroni	nelle Allison c signature on the line above to ing an "/s/ signature" (e.g., /s,		-
		Typed or printed	CFO & COO	Ile Allison		
		Date:		on in corporation of partitership)	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.

scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." Concernent Received 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? Image: Concernent received for the secondary transmissions made by satellite carrier to satellite carrier(s) below. Image: Concernent received for the secondary transmissions made by satellite carrier to satellite carrier(s) below. Image: Concernent received for the secondary transmissions made by satellite carrier(s) below. Image: Concernent received for the secondary transmissions made by satellite carrier(s) below. Image: Concernent received for the secondary transmissions for secondary transmissions made by satellite carrier(s) below. Image: Concernent received for the secondary transmissions for secondary transmissions made by satellite carrier(s) below. Image: Concernent received for the secondary transmissions for secondary transmissions for secondary transmissions made by satellite carrier(s) below. Image: Concernent received for the secondary transmissions for secondary transmissing for secondary transmissions for secondary t		L			FORM SA1-2E. PAGE
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 11?." Specific Concernstation on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. Specific Concernstation on when to exclude these amounts of gross receipts for secondary transmissions made by satellite carriers to satellite carrier(s) below. \$ No YES. Enter the total here and list the satellite carrier(s) below. \$ Name Maing Address Maing Address Nume Maing Address	NAME OF OWNER O	F CABLE SYSTEM:			SYSTEM ID
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Name Name Mailing Address Mailing Address INTEREST ASSESSMENT 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. Line 1 Enter the amount of late payment or underpayment	he Satellite Home V owing sentence: "In determinin service of pro- scribers and a or more information ocated in the paper s uring the accounting hade by satellite carr	Viewer Act of 1988 amended Title 17, section g the total number of subscribers and the gro viding secondary transmissions of primary bro amounts collected from subscribers receiving on when to exclude these amounts, see the SA1-2 form. g period, did the cable system exclude any ar riers to satellite dish owners?	111(d)(1)(A), of the Cop ss amounts paid to the badcast transmitters, th secondary transmission note on page (vii) of the nounts of gross receipts	pyright Act by adding the fol- cable system for the basic le system shall not include sub- ns pursuant to section 119." e general instructions s for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
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	ame		Name		
Line 1 Enter the amount of late payment or underpayment			mitted as a result of a la	ate payment or underpayment.	0
Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 3 Multiply line 2 by the number of days late and enter the sum here - Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge) * * * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	·				Interest Assessment
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contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.			ock 3 line 6	· · · · · · · · · · · · · · · · · · ·	<u> </u>
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.				For further assistance please	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	IOTE: If you are filin	g this worksheet covering a statement of acc	ount 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.	st below the owner,	address, first community served, ID number,	and accounting period	as given in the original filing.	
Owner					
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