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						
08/30/21	\$ 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31						
Assessed		Barcode Data Filing Period (optional - see instructions)						
Accounting 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.	704					
		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						
	INICTO	(City, town, state, zip)  RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system un	loop thoop					
С		s 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.

	T	FORM SA1-2E. PAGE 1
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Great Plains Cable Television	70
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated cor 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.	nmunities within unincorporated areas and including single, discrete serve as a form of system identification hereafter known as the "firs
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	home parks should be reported in parentheses below the identifie
Served	city.	
	CITY OR TOWN	STATE
First	Sutherland	Nebraska
Community	Hershey	Nebraska
Add Rows as Necessary		

Accounting Period: 2021/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 704

#### **Great Plains Cable Television**

## 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.

BLO	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	336	24.95	Broadcaster Fee	336	22.00	
Service to additional set(s)						
• FM radio (if separate rate)			HD Rental	88	4.95	
Motel, hotel						
Commercial			Converter Rental	57	4.95	
Converter						
Residential						
Non-residential						
		T				

# 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		
Continuing Services:		Installation: Non-residential			
Pay cable	17.00	Motel, hotel			
Pay cable—add'l channel	15.00	Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	65.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	65.00		
Converter		Disconnect			
		Outlet relocation	65.00		
		Move to new address	65.00		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

# Great Plains Cable Television PRIMARY TRANSMITTERS: TELEVISION

704

# 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.

1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION **KNOP** 2.1 Ν North Platte, NE KHGI 13.1 Ν Kearney, NE **KHGI** 13.3 I-M **KUON** 12.1 Ε Lincoln, NE **KUON-EW** 12.2 E-M **KUON-EC** 12.3 E-M **KSNB** 4.2 I-M Superior, NE **KNPL** North Platte, NE 10.1 Ν KIIT 11.1 Ν North Platte, NE 11.2 I-M

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### **Great Plains Cable Television**

704

#### 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.

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
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Primary Transmitters:

Radio

Accounting Perio	d: 2021/1 LEGAL NAME OF OWNER OF	CARLE SVS	TEM:				l	FORM SA1-2E. PAGE 5.  SYSTEM ID#			
Name	Great Plains Cable Tel		I LIVI.					704			
								704			
_	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG							
I	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a										
Substitute	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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special	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 station?										
0 0	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.	, louvo tilo	root of the pa	go blank. Il your anower le	roo, you iii	act compr	oto tilo pr	ogram 			
	2. LOG OF SUBSTITUTE	PROGRA	MS								
	In General: List each subs				wherever pos	ssible, if th	neir mean	ing is			
	clear. If you need more spa			rows to the tables. /ision program ("substitute	program") tha	at. durina	the accou	ıntina			
	period, was broadcast by a	distant stat	tion and that yo	our cable system substitute	ed for the prog	ramming	of anothe	er station			
	under certain FCC rules, re Do not use general categor										
	"NBA Basketball: 76ers vs.		ovice of basic	otban. List specific program	iii titico, ioi cx	ampio, i	LOVO LUO	y 01			
			,	er "Yes." Otherwise enter " asting the substitute progra							
	I .	•		he community to which the		nsed by t	he FCC o	r, in			
	the case of Mexican or Car			•		,					
	first. Example: for May 7 gi	•	wnen your sys	stem carried the substitute	program. Use	numera	s, with the	montn			
	Column 6: State the tim	es when the	•	ogram was carried by your	•			,			
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6:2	28:30 p.m	. should b	e e			
		er "R" if the	listed program	n was substituted for progr	amming that y	our syste	m was <i>re</i>	quired			
	to delete under FCC rules a	•		0 0.				orogram			
	was substituted for prograr effect on October 19, 1976	•	your system wa	as permitted to delete und	er FCC rules a	and regula	ations in				
	ļ ,	SUBSTITUI	ΓE PROGRAM	1		N SUBST AGE OC		7. REASON FOR			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION			
	1. THEE OF TROOTON	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> — т</u>	0			
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Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Great Plains Cable Television	SY	STEM ID# 704
	Oreat Figure Capite Felevision		704
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent 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 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.	ission service mount, see	,611.17
_	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 \$2 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.	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 the accounting period is \$52.00	nis six-month	
	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 \$137,1	00)	
	1. Base amount under statutory formula		
	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: CROSS RECEIRTS OF MORE THAN \$263,800 (but less than \$527	600)	
	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 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
	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 more		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OWNER OF O					SYSTEM ID# 704				
<b>M</b> 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.									
	Enter the total number o     system carried television			e		16				
	Enter the total number o     on which the cable syste			st stations		109				
	and nonbroadcast service	ces								
N Individual to	INDIVIDUAL TO BE CONT we can contact about this s			RMATION IS NEEDED (Identify an individual to whor	1					
Be Contacted for Further Information	Name <b>LeaAnr</b>	n Quist			Telephone	402-456-6434				
	Address P. O. B	ox 500 reet, rural route, apartm	nent, or suite	e number)						
	Blair, N (City, town,	<b>IE 68808</b> state, zip)								
	Email	Iquist@gpcom.c	om	Fax (optional	l					
	CERTIFICATION (This stater	nent of account mu	st be certi	fied and signed in accordance with Copyright Office r	egulations)					
O Certification	• I, the undersigned, hereby c	ertify that (Check on	e, <i>but onl</i> y	one, of the boxes.)						
	(Owner other tha	n corporation or pa	artnership	) I am the owner of the cable system as identified in line	1 of space B	3; or				
				rtnership) I am the duly authorized agent of the owner on a corporation or partnership; or	of the cable s	ystem as identified				
	X (Officer or partner in line 1 of		a corpora	tion) or a partner (if a partnership) of the legal entity ide	ntified as own	ner of the cable system				
		ect to the best of my	-	are under penalty of law that all statements of fact conta e, information, and belief, and are made in good faith.	ained herein					
			X	/s/Janelle Allison		-				
				electronic signature on the line above to certify this statem ature using an "/s/ signature" (e.g., /s/ John Smith)	ent.					
		Typed or printed	name:	Janelle Allison						
		Title:	CFO &	COO position held in corporation or partnership)						
		Date:		August 30, 2	2021					

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ounting Period: 2021/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
eat Plains Cable Television	704
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 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 2 Multiply line 1 by the interest rate* 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	
** 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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