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

STATEM	FNT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
Cable Syste			3/1/22	\$	For additional information, contact the U.S. Copyright	
in the first tab			OTTEL	ALLOCATION NUMBER	Office Licensing Division at: Tel: (202) 707-8150	
					-	
Α	ACC	OUNTING PERIOD COVERED	RY THIS STATEMENT. (Y	(YYY/(Period))		
	100			TT ((renou))		
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
			<b>_</b>			
			Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period						
		Instructions:				
В		Give the full legal name of the owner of t title of the subsidiary, not that of the pare		sidiary of another corporation, give the full	corporate	
Owner		List any other name or names under whic	h the owner conducts the business of	the cable system.		
		If there were different owners during the single statement of account and royalty for		n the last day of the accounting period shoul nting period.	d submit a	
		Check here if this is the system's first filin	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	10427	
		LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM	Δ		
		Great Plains Cable Television				
		BUSINESS NAME(S) OF OWNER OI	F CABLE SYSTEM (IF DIFFEREN	T)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM			
		P. O. Box 50				
		(Number, street, rural route, apartment, or suite n Blair, NE 68008	umber)			
		(City, town, state, zip)				
C				entify the business and operation of t he system, if different from the addre		
System	1	IDENTIFICATION OF CABLE SYSTEM:				
		MAILING ADDRESS OF CABLE SYSTEM	:			
	2	(Number, street, rural route, apartment, or suite n	umber)			
		(City, town, state, zip code)				
Privacy Act Notic	e: Sectior	111 of title 17 of the United States Code au	thorizes the Copyright Offce to collect th	ne personally identifying information (PII) reque	ested on this	

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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Great Plains Cable Television	10427
D	Instructions: List each separate community served by the cable system. A "con "a separate and distinct community or municipal entity (including unincorporal discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin	ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	
First	CITY OR TOWN Grant	STATE Nebraska
Community	Imperial	Nebraska
	Palisade	Nebraska
dd Rows as Necessary	Hayes Center	Nebraska
·····,	Venango	Nebraska

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C Great Plains Cable Tele		:					515	TEM IC 1042	
		151011							-	
Е	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES									
E	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									
Secondary	about other services (including p									
Transmission				cember 31, as the case may be).						
Service: Sub-		Both blocks in space E call for the number of subscribers to the cable system,								
scribers and Rates	down by categories of secondar each category by counting the n	•				•				
Rates	separately for the particular serv							charged		
	Rate: Give the standard rate c					•	,	ge and the		
	unit in which it is generally billed				ny standa	ard rate variation	s within a	particular rate		
	category, but do not include disc							44 4 1-1-		
	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 ur	ider "Servi	ce to the		
	first set" and would be counted of	0			· · ·	oonico that are	different f	rom those		
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-								
	with the number of subscribers a									
	sufficient.									
	BLC	DCK 1					BLOCK		r	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		632	24.95	Broadc	aster Fee		632	22.0	
	<ul> <li>Service to additional set(s)</li> </ul>								<b> </b>	
	• FM radio (if separate rate)				HD Rer	ntal		215	4.9	
	Motel, hotel								<b>6</b>	
	Commercial				Conver	rter Rental		120	4.9	
	Converter								<b>6</b>	
	Residential									
	Non-residential								•••••••	
									1	
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	S					
F	In General: Space F calls for rat		,		•					
•	not covered in space E, that is, t service for a single fee. There ar									
Services	furnished at cost or (2) services	•			•					
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.									
Rales	<b>Block 2:</b> 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.									
		BLO	∩K 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		ORY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATI	
	Continuing Services:			ation: Non-resi						
	• Pay cable	17.00	• Mot	tel, hotel						
	• Pay cable—add'l channel	15.00	• Cor	nmercial						
	Fire protection		• Pay	/ cable						
	•Burglar protection		• Pay	/ cable-add'l ch	annel				<b>6</b>	
	Installation: Residential		• Fire	e protection					•••••••	
	• First set	65.00	• Bur	glar protection						
	<ul> <li>Additional set(s)</li> </ul>	65.00		services:					<b>(</b>	
	• FM radio (if separate rate)			connect		65.00			1	
	• Converter			connect					d	
									1	
			• ()ut	let relocation		65.00				
				let relocation ve to new addre	ess	65.00 65.00				

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Great Plains Cable Te			104
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC ru- • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further information <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p of with a station according to its over-the	(1) stations carried only on a part- e carriage of certain network progr 1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct rogram services such as HBO, ESI -air designation. For example, rep- vision station for broadcasting over station, an independent station, or a for network multicast), "I" (for indep r "E-M" (for noncommercial educat ctions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a lbstitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOP	2.1	N	North Platte, NE
	KCNC	4.1	N	Denver, CO
ws as Necessary	KUON	12.1	E	Lincoln, NE
	KUON-EW	12.2	 Е-М	
	KUON -EC	12.3	E-M	
	KHGI	13.1	Ν	Kearney, NE
	KHGI KHGI	13.1 13.3	N I-M	Kearney, NE
	KHGI			
	KHGI KWGN	13.3 2.1	I-M N	Denver, CO
	KHGI KWGN KFXL	13.3 2.1 15.1	I-M N N	Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD	13.3 2.1 15.1 20.1	I-M N N N	Denver, CO Lincoln, NE Denver, CO
	KHGI KWGN KFXL	13.3 2.1 15.1 20.1 10.1	I-M N N	Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD	13.3 2.1 15.1 20.1 10.1 10.2	I-M N N N N	Denver, CO Lincoln, NE Denver, CO
	KHGI KWGN KFXL KTVD KOLN	13.3 2.1 15.1 20.1 10.1 10.2 10.5	I-M N N N N N-M I-M	Denver, CO Lincoln, NE Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD	13.3 2.1 15.1 20.1 10.1 10.2	I-M N N N N N N-M	Denver, CO Lincoln, NE Denver, CO
	KHGI KWGN KFXL KTVD KOLN	13.3 2.1 15.1 20.1 10.1 10.2 10.5	I-M N N N N N-M I-M	Denver, CO Lincoln, NE Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD KOLN	13.3 2.1 15.1 20.1 10.1 10.2 10.5	I-M N N N N N-M I-M	Denver, CO Lincoln, NE Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD KOLN	13.3 2.1 15.1 20.1 10.1 10.2 10.5	I-M N N N N N-M I-M	Denver, CO Lincoln, NE Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD KOLN	13.3 2.1 15.1 20.1 10.1 10.2 10.5	I-M N N N N N-M I-M	Denver, CO Lincoln, NE Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD KOLN	13.3 2.1 15.1 20.1 10.1 10.2 10.5	I-M N N N N N-M I-M	Denver, CO Lincoln, NE Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD KOLN	13.3 2.1 15.1 20.1 10.1 10.2 10.5	I-M N N N N N-M I-M	Denver, CO Lincoln, NE Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD KOLN	13.3 2.1 15.1 20.1 10.1 10.2 10.5	I-M N N N N N-M I-M	Denver, CO Lincoln, NE Denver, CO Lincoln, NE
	KHGI KWGN KFXL KTVD KOLN	13.3 2.1 15.1 20.1 10.1 10.2 10.5	I-M N N N N N-M I-M	Denver, CO Lincoln, NE Denver, CO Lincoln, NE

Accounting Period:	. 2021/2			FORM SA1-2E. PAGE 3.			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
Name	Great Plains Cable Tel	levision		10427			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, excep	translator stations and low power tele t (1) stations carried only on a part-tim the carriage of certain network program	ne basis under			
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e) substitute program basis, as	)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	arriage of certain network program 61(e)(2) and (4))]; and (2) certain statio arried by your cable system on a subst	ons carried on a			
	basis under specific FCC rule	les, regulations, or authorizations: in space G—but do list it in space I (t	the Special Statement and Program Lo				
	basis. For further information <b>Column 1:</b> List each station' multicast stream associated	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination with a station according to its over-the	ed both on a substitute basis and also on , see page (v) of the general instruction program services such as HBO, ESPN e-air designation. For example, report	ns. I, etc. Identify each			
	<b>Column 2:</b> Give the channel of license. For example, WR	"WETA-2" as the same on the form. <b>Column 2:</b> 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. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommercial					
	(for independent multicast), " For the meaning of these term <b>Column 4:</b> Give the location	"E" (for noncommercial educational), or rms, see page (iv) of the general instru- n of each station. For U.S. stations, list	t the community to which the station is	al multicast). licensed by the			
	FCC. For Mexican or Canadi	an stations, if any, give the name of t	the community with which the station is	sidentified.			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

EGAL NAME O								SYSTEM I 104
	t every radio s	station ca	nrried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li ignal, indicate Column 4: C	) it is carried by monitoring, to ormation abou rm. dentify the call State whether t f the radio stat this by placing Give the statior	y the sys be recein the Co sign of e the static ion's sign g a check n's location	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<b> </b>						

ccounting Perio	LEGAL NAME OF OWNER OF	CABLE SVST	TEM·					
Name	Great Plains Cable Tel		· _ IVI.					SYSTEM ID 1042
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM L	OG			
	In General: In space I, ident	tify every non	network televi	<i>ision program,</i> broadcast l	oy a <i>distant</i> sta	tion, that ye	our cable s	ystem carried on a
	substitute basis during the a							
Substitute Carriage:	explanation of the programm				the general in	structions ir	n the paper	SA1-2 form.
Special	1. SPECIAL STATEMEN	-				activicity tol		arom
tatement and	<ul> <li>During the accounting per broadcast by a distant sta</li> </ul>	•	r cable syster	n carry, on a substitute t	asis, any noni			
Program Log	broadcast by a distant sta <b>Note:</b> If your answer is "No		rost of this pa	an blank. If your answer	is "Voc " vouu	l must comp	YES	NO
	log in block 2.	J, leave life	rest of this pa	ige blarik. If your answer	is res, your	must comp	iete trie pr	ogram
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categoi "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes.	a distant stati egulations, ou ries like "mov . Bulls." m was broad l sign of the s vadcast statio nadian statio nth and day ive "5/7." mes when the	ion and that y r authorization vies" or "bask dcast live, ente station broadc on's location (f ons, if any, the when your sy a substitute pro-	our cable system substit ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise ente casting the substitute pro the community to which t community with which t stem carried the substitute ogram was carried by yo	uted for the pr eneral instruct ram titles, for o r "No." gram. he station is li he station is id te program. U ur cable syste	ogramming tions for fur example, "I censed by lentified). se numera m. List the	the FCC o ls, with the times acc	er station nation. y" or or, in e month urately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a	ter "R" if the and regulation	listed progran	n was substituted for pro luring the accounting per	· gramming tha iod; enter the ∣	letter "P" if	the listed	quired
	stated as "6:00–6:30 p.m." Column 7: Enter the lett	ter "R" if the and regulation mming that y	listed progran	n was substituted for pro luring the accounting per	gramming tha iod; enter the ider FCC rules	letter "P" if and regul	the listed   ations in	quired
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b.	listed program ons in effect d our system w	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI	letter "P" if s and regul N SUBST AGE OCC	the listed   ations in ITUTE	quired program 7. REASON FO
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b.	listed program ons in effect d our system w	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	letter "P" if s and regul N SUBST AGE OCC	the listed   ations in ITUTE	quired program
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON FC
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON FC
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F0
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F0
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F0
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F0
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F
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	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for prograr effect on October 19, 1976	ter "R" if the and regulatic mming that y b. UBSTITUTE	Listed program ons in effect d our system w <u>E PROGRAM</u> 3. STATION'S	n was substituted for pro luring the accounting per as permitted to delete ur	gramming tha iod; enter the ider FCC rules WHE CARRI 5. MONTH	N SUBST	the listed   ations in ITUTE URRED TIMES	quired program 7. REASON F
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Accounting Period:	<b>2021/2</b> FORM SA1-2E. P.	AGE 6.
Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
Name	Great Plains Cable Television 10	0427
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.       193,967.3         IMPORTANT: You must complete a statement in space P concerning gross receipts.       (Amount of gross receipts.	
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 \$263,80( Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( 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	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	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	
	2. Enter amount of gross receipts from space K \$ 193,967.31	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	57
	8. Interest charge. Enter the amount from line 4, space Q, page 8	00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 \$ 620.6	67
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	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)       \$ 620.67	
	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 \$ 640.6	67
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101	
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 10427
M Channels	CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television bro to its subscribers, and (2) the cable system's total number of activated channels during the accounting per 1. Enter the total number of channels on which the cable system carried television broadcast stations	
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to w we can contact about this statement of account.)	vhom
for Further Information	Name LeaAnn Quist	Telephone 402-456-6434
	Address P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip)	
	Email Iquist@gpcom.com Fax (option	onal)
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Of <ul> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entring in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fac are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good fa [18 U.S.C., Section 1001(1986)]</li> </ul>	in line 1 of space B; or wner of the cable system as identified ity identified as owner of the cable system ct contained herein hith.
	Typed or printed name: Janelle Allison Title: CFO & COO (Title of official position held in corporation or partnership)	
	Date: March	1, 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 fing, a determination that would be made by a court of law.

eat Plains Cable Television       104         SPCIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS       Image: Cable Television	unting Period: 2021/2	FORM SA1-2E. PAGE
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS IT determining the total number of subacribers and the gross amounts paid to the cable system for the basic service of providing aecondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amount collidate from subacribers receiving secondary transmissions includes and amount collidate from subacribers receiving secondary transmissions context in the paper SA1-2 form. If the satellite carriers to satellite dist owners? If no  If YES. Enter the total here and list the satellite carrier(s) below. If Yes must complete this worksheet for the subacriber sub- submit and accounting period, and the satellite carrier(s) below. If the secondary transmissions address If Yes and the paper SA1-2 form. If Yes must complete this worksheet for the subscriber submitted as a result of a list payment or underpayment. If or an explanation of interest rates <sup>+</sup> and enter the sum here If the submitter of subscriber rates <sup>+</sup> and enter the sum here If the submitter of subscriber rates <sup>+</sup> and enter the sum here If the submitter of the copyright polyment or underpayment. If the submitter of the literest rates <sup>+</sup> and enter the sum here If the submitter of the copyright polyment or underpayment. If the submitter of the literest rates <sup>+</sup> and enter the sum here If the submitter of the submitter of the submitter of the copyright polyment or underpayment. If the submitter of the literest rate chart click on www copyright polyments/ provide rates page for the submitter of the copyright polyment or underpayment or underp	L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
The Statellite Home Vexere Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- tioning semicor.  The determining the total number of subscribers and the gross amounts paid to the cable system for the basic sorticer of providing secondary transmissions of primary transdicta transmitters. It is system shall not include sub- sorticer of providing secondary transmissions pursuant to section 119. <sup>o</sup> For more information on when to exclude these amounts, see the note on page (vii) of the general instructions cocated in the pager 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 carrier(s) below.  INTEREST ASSESSMENT  Wound complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest rate seasesment, see page (viii) of the general instructions located in the paper SA1-2 form.  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	at Plains Cable Television	1042
made by satellite carriers to satellite dish owners?         NO         YES. Enter the total here and list the satellite carrier(s) belows         Name         Maing 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.         Line 2 Multiply line 1 by the interest rate* and enter the sum here	<ul> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
Name       Marine		
Mailing Address       Mailing Address       Image: 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	YES. Enter the total here and list the satellite carrier(s) below	
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of		
You must complete this worksheet for those royally payments submitted as a result of a late payment or underpayment.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.       Image: Comparison of		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
Line 3       Multiply line 2 by the number of days late and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	Line 3 Multiply line 2 by the number of days late and enter the sum here	_
contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  ** 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	in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	_
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.		
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	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address ID number First community served		
First community served		
	ID number	

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