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			
02/14/2022	\$ ALLOCATION NUMBER			

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31  2021/2  Barcode Data Filing Period (optional - see instructions)							
Accounting Period		20212							
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							
		Golden Belt Telephone Association, Inc.							
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	103 Lincoln St (Number, street, rural route, apartment, or suite number)  Rush Center, KS 67575 (City, town, state, zip)								
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
	name	s 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 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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
	Golden Belt Telephone Association, Inc.	2779
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated comi	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	ill serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	RUSH CENTER	KS
Community	ST JOHN	KS
	ALEXANDER	KS
Rows as Necessary	BEELER	KS
	BISON	KS
	BROWNELL	KS
	BAZINE	KS
	BURDETT	KS
	GARFIELD	KS
	OTIS	KS
	TIMKEN	KS
	ROZEL	KS
	UTICA	KS
	LEWIS	KS
	LIEBENTHAL	KS
	NESS CITY	KS
	RANSOM	KS
	MCCRACKEN	KS
	ALBERT	KS
	PAWNEE ROCK	KS
	LACROSSE	KS
	STAFFORD	KS
	MACKSVILLE	KS
	ELLIS	KS
	ELLO	NS

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27799

Golden Belt Telephone Association, Inc.

## E

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	(2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	1,384	27.95			
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		<b>†</b>			

# F

### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
• First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 27799

Golden Belt Telephone Association, Inc.

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNC	22	N	GREAT BEND, KS
KSAS	26	N	WICHITA, KS
KSAS - 3	26	N-M	WICHITA, KS
KSAS - 4	26	N-M	WICHITA, KS
квѕн	7	N	HAYS, KS
KBSH - 2	7	I-M	HAYS, KS
KBSH - 3	7	N-M	HAYS, KS
KBSH - 4	7	N-M	HAYS, KS
KOOD	16	N	BUNKER HILL, KS
KOOD - 2	16	N-M	BUNKER HILL, KS
KOOD - 3	16	N-M	BUNKER HILL, KS
KAKE	10	N	WICHITA, KS
KAKE - 2	10	N-M	WICHITA, KS
KSCW	12	N	WICHITA, KS
KSCW - 2	12	N-M	WICHITA, KS
KSCW - 3	12	N-M	WICHITA, KS
KSCW - 4	12	N-M	WICHITA, KS
KMTW - 2	35	N-M	WICHITA, KS
KMTW - 4	35	N-M	WICHITA, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Golden Belt Telephone Association, Inc.

27799

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						<b> </b>	
					<del> </del>		

	1 2024/2							
Accounting Perio	od: 2021/2 LEGAL NAME OF OWNER OF	CARLE SYS	TEM:				FOF	SYSTEM ID#
Name	Golden Belt Telephon							27799
	SUBSTITUTE CARRIAG	_	_					
ı	In General: In space I, iden							
Substitute	substitute basis during the a explanation of the programm	• .		•				
Carriage:	1. SPECIAL STATEMEN				goora		a.e pape.	0, 11 2 1011111
Special	During the accounting pe	-			sis. anv nonr	network te	levision pro	gram
Statement and Program Log	broadcast by a distant sta	•	,	,,	, ,		YES	XNO
Program Log	-				<i>"</i>			
	Note: If your answer is "No	o," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust com	plete the pro	ogram
	log in block 2.  2. LOG OF SUBSTITUT	E DDOCDA	Me					
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if	their meanir	na is
	clear. If you need more spa	ace, please	add additional	rows to the tables.	·			
				vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general catego	ries like "mo						
	"NBA Basketball: 76ers vs.		dooot livo onte	or "Voo." Othonuico ontor '	"No"			
				er "Yes." Otherwise enter ' asting the substitute progr				
	Column 4: Give the bro	adcast statio	on's location (t	he community to which the	e station is li		the FCC or	r, in
	the case of Mexican or Cal						-1:41- 41	
	first. Example: for May 7 gi		wnen your sy	stem carried the substitute	e program. U	se numera	ais, with the	montn
	Column 6: State the time	es when the		ogram was carried by you				
	to the nearest five minutes	. Example: a	a program carr	ried by a system from 6:01	1:15 p.m. to 6	:28:30 p.r	m. should be	9
	stated as "6:00–6:30 p.m."	ter "R" if the	listed progran	n was substituted for prog	ramming that	vour syst	tem was <i>red</i>	uired
	to delete under FCC rules							
								rogram
	was substituted for program	mming that y						rogram
		mming that y						rogram
	was substituted for program	mming that y			ler FCC rules		lations in	rogram
	was substituted for prograt effect on October 19, 1976	mming that y		as permitted to delete und	der FCC rules WHE	and regu	lations in	7. REASON FOR
	was substituted for prograt effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	
	was substituted for program effect on October 19, 1976	mming that y	your system w	as permitted to delete und	der FCC rules WHE CARRI	and regunstrates and regunstrates and regularity an	Ilations in	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
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	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR
	was substituted for program effect on October 19, 1976	UBSTITUT	your system w E PROGRAM 3. STATION'S	as permitted to delete und	WHE CARRI 5. MONTH	N SUBSTAGE OC	TITUTE CURRED TIMES	7. REASON FOR

	2021/2 LEGAL NAME (	OF OWNER OF CAI	BLE SYSTEM:								SYSTEM II
Name		elt Telephon									2779
<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. Enter the total call 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)										vic€
	-	the accounting I <b>T:</b> You must co									242,690.00
L Copyright Royalty Fee	COPYRIGHT Instructions: • Complete bl • Use block 1 • Use block 2 • Use block 3	ROYALTY FE To compute the lock 1, block 2, if the amount of if the amount of the general ins	e royalty fe or block 3. of gross record gross reco	e you owe ceipts in sp ceipts in sp ceipts in sp	ace K is \$ ace K is n ace K is n	6137,100 c nore than nore than	or less. \$137,10 \$263,80	0 but less	s than or equa s than \$527,6	al to \$263,800	f gross receipts)
			Bl	_OCK 1: G	ROSS R	ECEIPTS	OF \$13	7,100 OI	R LESS		
	accounting p	eriod is \$52.00.					·			for this six-mont	h
	Line 1. Roya	lty fee for accou	unting period	1							
	Line 2. Intere	est charge. Ente	er the amour	nt from line	4, space C	Q, page 8 .					0.00
	Line 3 TOT	AL ROYALTY F	FF DAVAD	I E FOR A	CCOUNT	NG PEDIO	D Add II	nes 1 ara	12		
	Line 5. 1017								more than \$1	-	
	1. Base amo	unt under statut							263,800		
	2. Enter amo	ount of gross rec	ceipts from s	space K				. \$	242,690	.00	
	3. Subtract li	ne 2 from line 1						\$	21,110.	.00	
	4. Enter the	amount of gross	receipts fro	om space K					\$	 242,690.00	)
		amount from line								21,110.00	 )
	6. Subtract li	ne 5 from line 4							\$	221,580.00	<del>-</del> )
	7. Multiply lir	ne 6 by .005 (en	ter figure he	ere)						\$	 1,107.90
	8. Interest ch	narge. Enter the	amount from	m line 4, sp	ace Q, pag	ge 8					0.00
	9. TOTAL R	OYALTY FEE P	PAYABLE F	OR ACCO	UNTING P	PERIOD. Ad	dd lines 7	' and 8		···· <u>\$</u>	1,107.90
		BLOC	K 3: GRO	SS RECEI	PTS OF I	MORE TH	IAN \$26	3,800 (b	ut less than \$	527,600)	
	1 Ententho		into fu	an an a							
		amount of gross	·						263,800	00	
		unt under statut ne 2 from line 1	•					Φ	203,800	.00_	
		ne 3 by .01									
		•								1,319.00	_
					•	•				•	_
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6										
			FILING	FEE AND	TOTAL	REMITTA	NCE DU	JE			
Filing Fee and otal Remittance	1. Royalty Fe	ee Payable for A	Accounting F	Period (from	n block 1, 2	2, or 3, abo	ove)		\$	1,107.90	<u>)                                    </u>
Due	2. Filing Fee	(See the instruc	ctions for mo	ore informat	tion on filir	ng fee calc	ulations)		<u>\$</u>	20.00	<u>)                                    </u>
	3. TOTAL A	MOUNT DUE F	OR ACCOU	INTING PE	RIOD. Ad	d lines 2 a	ınd 3			\$	1,127.90
			EFT Trac	ce # or TRA	ANSACTIO	ON ID#			26UVLGA3		

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: elephone Association, Inc				SYSTEM ID# 27799
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	s, and (2) the cable system's to number of channels on which television broadcast stations number of activated channels able system carried television	otal numl  the cabl  s broadcas		ccounting period.	19 82
N Individual to		BE CONTACTED IF FURTH about this statement of accour		DRMATION IS NEEDED (Identify an in	dividual	
Be Contacted for Further Information	Name	Krista Steinert			Telephone	785-372-4236
	Address	103 Lincoln (Number, street, rural route, apartr Rush Center, KS 675 (City, town, state, zip)		ite number)		
	Email	ksteinert@gbtliv	/e.com		Fax (optional)	
O Certification	I, the undersigned (Owner       (Agentian I)     X (Offic in I)     I have examined	ed, hereby certify that (Check or other than corporation or put of owner other than corporatine 1 of space B and that the other or partner) I am an officer (ine 1 of space B.	ation or p where is n if a corpor hereby d knowled	ritified and signed in accordance with Only one, of the boxes.)  ip) I am the owner of the cable system a partnership) I am the duly authorized agot a corporation or partnership; or ration) or a partner (if a partnership) of the eclare under penalty of law that all state ge, information, and belief, and are made and the electronic signature on the line above to enature using an "/s/ signature" (e.g., /s/ January (e.g., /s/ Janu	as identified in line 1 of space gent of the owner of the cable the legal entity identified as ownerents of fact contained here de in good faith.	B; or system as identified wner of the cable system
		Typed or printed  Title:  (Title of of	Presid	James A Jecha  Jent on held in corporation or partnership)		
		Date:			2/14/22	

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 filing, a determination that would be made by a court of law.

Accounting Period: 2021/2	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Golden Belt Telephone Association, Inc.	27799
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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	_
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	_
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please 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 Accounting period	

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 th 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 filing, a determination that would be made by a court of law.