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	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information,
	ictions are located of this workbook	3/1/22	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y	YYY/(Period))	

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting		
Period		
		Instructions:
В		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. 29319
		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
	INCT	(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 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 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.

		FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Great Plains Cable Television	293
	Instructions: List each separate community served by the cable system. A "co	ommunity" is the same as a "community unit" as defined in FCC rul
	"a separate and distinct community or municipal entity (including unincorpor	
D	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 fil	
A	Note: Entities and properties such as hotels, apartments, condominiums, or n	nobile home parks should be reported in parentheses below the
Area	identified city.	
Served	,	
	CITY OR TOWN	STATE
First	Wolbach	Nebraska
Community	Culbertson iTV	Nebraska
	Deshler iTV	Nebraska
Add Rows as Necessary	Indianola iTV	Nebraska
Add Nows as Necessary	Red Cloud iTV	
		Nebraska
	Statton iTV	Nebraska
	Huntley/Ragan iTV	Nebraska
		HUMINGRU
		ากการการการการการการการการการการการการกา

								FORM SA1	TEM ID
Name	LEGAL NAME OF OWNER OF C Great Plains Cable Tele							313	2931
		TOTOT							
Е	SECONDARY TRANSMISSION							ha ashla	
-	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	-	ding pay cable) in space F, not here. All the facts you state must be those existing on the							
Transmission	last day of the accounting period							-	
Service: Sub-		blocks in space E call for the number of subscribers to the cable system, broken							
scribers and Rates	down by categories of secondary each category by counting the n								
Nates	separately for the particular serv		<i>,</i>	0 , (charged	
	Rate: Give the standard rate c	-	-	•			-		
	unit in which it is generally billed				ny standa	ard rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of ser	condary transmis	sion servi	re that cable	
	systems most commonly provide			-					
	that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o					d in the count ur	ider "Servi	ce to the	
	Block 2: If your cable system	0			· · ·	service that are	different f	rom those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a	and rates, in th	e right-h	and block. A tv	vo- or thre	e-word descript	ion of the s	service is	
	sufficient.	DCK 1					BLOCK	· •	
		NO. OF					BLUCF	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:								
	 Service to first set 		30	56.49	Broado	aster Fee		72	22.0
	 Service to additional set(s) 								
	 FM radio (if separate rate) 				GPC iT	V Essential		42	24.9
	Motel, hotel								
	Commercial							-	
	Converter								
	• Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA			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								
Comilana	service for a single fee. There ar	•			•		0.0		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		actually	billed. If dify fe		hargoa on a van		ogram baolo,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that				•	υ.			
	listed in block 1 and for which a brief (two- or three-word) descrip				sned. List	these other ser	vices in the	e form of a	
							1		
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER	//05	RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	RATE		tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable	17.00		el, hotel	uentiai				
	Pay cable—add'l channel	15.00		nmercial					
	Fire protection	10.00		cable					
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential		-	protection					
	• First set	65.00		glar protection					
	Additional set(s)	65.00		services:					
	• FM radio (if separate rate)	05.00		connect		65.00			
	• Converter			connect		03.00			
	COnventer		- Disi	Johneol					
			• • • • •	let relocation		65.00			
				let relocation	200	65.00 65.00			

	LEGAL NAME OF OWNER OF	E CABLE SYSTEM [.]		SYSTEM
Name	Great Plains Cable Te			293
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations 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 Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination p d with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a su e Special Statement and Program both on a substitute basis and als see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting ove station, an independent station, or for network multicast), "I" (for indep r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station	-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each poort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KHNE	2.1	E	Haatinga Nahraaka
		—	_	Hastings, Nebraska
		2.2	E-M	
Rows as Necessary				
lows as Necessary	KSNB			Superior, Nebraska
Rows as Necessary		2.2	E-M	
lows as Necessary		2.2 4.1	E-M N	
lows as Necessary	KSNB	2.2 4.1 4.2	E-M N I-M	Superior, Nebraska
lows as Necessary		2.2 4.1	E-M N	
Rows as Necessary	KSNB	2.2 4.1 4.2 15.1	E-M N I-M	Superior, Nebraska Lincoln, Nebraska
Rows as Necessary	KSNB	2.2 4.1 4.2 15.1 11.1	E-M N I-M N	Superior, Nebraska
Rows as Necessary	KSNB	2.2 4.1 4.2 15.1	E-M N I-M	Superior, Nebraska Lincoln, Nebraska
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1	E-M N I-M N	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB	2.2 4.1 4.2 15.1 11.1	E-M N I-M N	Superior, Nebraska Lincoln, Nebraska
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5	E-M N I-M N N	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE
Rows as Necessary	KSNB KFXL KGIN	2.2 4.1 4.2 15.1 11.1 11.5 13.1	E-M N I-M N N I-M	Superior, Nebraska Lincoln, Nebraska Grand Island, NE

EGAL NAME OF								SYSTEM I 293
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of for detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: Column	it is carried by monitoring, to prmation abou rm. dentify the call state whether t the radio stati this by placing Sive the statior	y the sys be recei it the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the opyright Office regulations on 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 this point, see par ed by the cable s he station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	ertain st 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	
		+				t		

Accounting Perio							M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF Great Plains Cable Tel						SYSTEM ID# 29319
	SUBSTITUTE CARRIAG	E: SPECIAL STATE	MENT AND PROGRAM LO	DG			
Substitute	substitute basis during the a	accounting period, unde	evision program, broadcast b specific present and former F ed in this log, see page (v) of	- -CC rules, reg	ulations, or a	authorizatio	ons. For a further
Carriage:	1. SPECIAL STATEMEN			ane general in		and haber	
Special			tem carry, on a substitute ba	asis. anv noni	network tele	vision prod	oram
Statement and Program Log	broadcast by a distant sta			· ·		YES	
• •			page blank. If your answer i	s "Ves " vou i	must comple	. –	
	log in block 2.			3 103, you i	indst compit		gram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "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	a distant station and the egulations, or authoriza ries like "movies" or "b . Bulls." m was broadcast live, sign of the station bro adcast station's location hadian stations, if any, nth and day when your ve "5/7."	elevision program ("substitut t your cable system substitut tions. See page (v) of the ge asketball." List specific progra- enter "Yes." Otherwise enter adcasting the substitute progra n (the community to which th the community with which th system carried the substitute program was carried by you carried by a system from 6:0.	ted for the pro- eneral instruct am titles, for e "No." ram. ne station is liv e station is id e program. U ur cable syste	ogramming tions for furt example, "I l censed by tl lentified). se numerals m. List the t	of another her inform Love Lucy he FCC or s, with the imes accu	r station ation. " or , in month rately
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program	ter "R" if the listed prog and regulations in effe nming that your syster	ram was substituted for prog t during the accounting perion was permitted to delete uno	od; enter the	letter "P" if t	, he listed p	
	stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for program effect on October 19, 1976	ter "R" if the listed prog and regulations in effe nming that your syster	ram was substituted for prog t during the accounting perion was permitted to delete uno	d; enter the l der FCC rules WHE	letter "P" if t s and regula	he listed p tions in	rogram
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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 listed prog and regulations in effe nming that your syster UBSTITUTE PROGR	ram was substituted for prog at during the accounting perion was permitted to delete uno AM	od; enter the l der FCC rules WHE CARRI 5. MONTH	Ietter "P" if t s and regula N SUBSTIT AGE OCCU	he listed p tions in TUTE JRRED IMES	7. REASON FOI
	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 listed prog and regulations in effe nming that your syster UBSTITUTE PROGR	ram was substituted for prog at during the accounting perion was permitted to delete uno AM	od; enter the l der FCC rules WHE CARRI 5. MONTH	Ietter "P" if t s and regula N SUBSTIT AGE OCCU	he listed p tions in TUTE JRRED IMES	7. REASON FOI
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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 listed prog and regulations in effe nming that your syster UBSTITUTE PROGR	ram was substituted for prog at during the accounting perion was permitted to delete uno AM	od; enter the l der FCC rules WHE CARRI 5. MONTH	Ietter "P" if t s and regula N SUBSTIT AGE OCCU	he listed p tions in TUTE JRRED IMES	7. REASON FO
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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 listed prog and regulations in effe nming that your syster UBSTITUTE PROGR	ram was substituted for prog at during the accounting perion was permitted to delete uno AM	od; enter the l der FCC rules WHE CARRI 5. MONTH	Ietter "P" if t s and regula N SUBSTIT AGE OCCU	he listed p tions in TUTE JRRED IMES	7. REASON FOI
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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 listed prog and regulations in effe nming that your syster UBSTITUTE PROGR	ram was substituted for prog at during the accounting perion was permitted to delete uno AM	od; enter the l der FCC rules WHE CARRI 5. MONTH	Ietter "P" if t s and regula N SUBSTIT AGE OCCU	he listed p tions in TUTE JRRED IMES	7. REASON FOR
	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 listed prog and regulations in effe nming that your syster UBSTITUTE PROGR	ram was substituted for prog at during the accounting perion was permitted to delete uno AM	od; enter the l der FCC rules WHE CARRI 5. MONTH	Ietter "P" if t s and regula N SUBSTIT AGE OCCU	he listed p tions in TUTE JRRED IMES	7. REASON FOR
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Accounting Period:	2021/2 FORM SA1-2	E. PAGE 6.
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#
Name	Great Plains Cable Television	29319
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. \$ 23,33 IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts.)	30.03 ecceipts)
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	<u>52.00</u> 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 \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	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: 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 \$ 263,800.00 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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	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 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# 29319
M Channels	 to its subscribers, and (2) the cable system's to 1. Enter the total number of channels on which system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television 	·····	8 39
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTH we can contact about this statement of accourt	ER INFORMATION IS NEEDED (Identify an individual to whom t.)	
for Further Information	Name LeaAnn Quist	Telephone	402-456-6434
	Address P. O. Box 500 (Number, street, rural route, apartr Blair, NE 68808 (City, town, state, zip)	nent, or suite number)	
	Email Iquist@gpcom.	com Fax (optional)	
Certification	 I, the undersigned, hereby certify that (Check of Owner other than corporation or particle) (Owner other than corporation in line 1 of space B and that the otim in line 1 of space B. I have examined the statement of account and are true, complete, and correct to the best of my [18 U.S.C., Section 1001(1986)] 	artnership) I am the owner of the cable system as identified in line 1 of space tion or partnership) I am the duly authorized agent of the owner of the cable where is not a corporation or partnership; or f a corporation) or a partner (if a partnership) of the legal entity identified as ow hereby declare under penalty of law that all statements of fact contained hereig knowledge, information, and belief, and are made in good faith. X /s/Janelle Allison Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	system as identified /ner of the cable system
	Date:	March 1, 2022	

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.

AL NAME OF OWNER OF CABLE SYSTEM: at Plains Cable Television 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 fol- lowing 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 sub- scribers 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? No YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Name Mailing Addre	P Special Statement Concerning Gross Receipts Exclusion
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made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. Name Mailing Address Name 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
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	Interest Assessmen
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	
* 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.	
** 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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