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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:	
for Seconda	ry Tr	ansmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
Cable Syste General instru in the first tab	ictions	are located	3/1/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	'YYY/(Period))	
		2021/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period					
B Owner		title of the subsidiary, not that of the pare List any other name or names under which	ent corporation. h the owner conducts the business of accounting period, only the owner on	the last day of the accounting period should	
		Check here if this is the system's first filing	g. If not, enter the system's ID numbe	r assigned by the Licensing Division.	38176
		LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM	Λ	
		Great Plains Cable Television			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFEREN	Т)	
		MAILING ADDRESS OF OWNER OF P. O. Box 50			
		(Number, street, rural route, apartment, or suite nu Blair, NE 68008 (City, town, state, zip)	inder)		
С		RUCTIONS: In line 1, give any busin		entify the business and operation of the 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 nu	umber)		
		(City, town, state, zip code)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Humo	Great Plains Cable Television	38
D	Instructions: List each separate community served by the cable system. A "community" is th "a separate and distinct community or municipal entity (including unincorporated communit discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will so as the "first community." Please use it as the first community on all future filings.	ties within unincorporated areas and including sing
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home pa identified city.	arks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Black Hawk	Colorado
Community	Gilpin County	Colorado
dd Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABI E SVOTEM						FORM SA1	TEM IC
Name	Great Plains Cable Tele							515	3817
Е	SECONDARY TRANSMISSION In General: The information in s					v transmission	convice of	the cable	
-	system, that is, the retransmission			-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period								
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	•							
Rates	each category by counting the n					•			
	separately for the particular serv			0,0		•	•	5	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc				iny standa	rd rate variatio	ns within a	particular rate	
	Block 1: In the left-hand block				ries of sec	ondary transmi	ssion servi	ce 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 of								
	Block 2: If your cable system					service that ar	e different f	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	and rates, in th	e right-l	nand block. A t	wo- or thre	e-word descrip	tion of the s	service is	
		DCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		400		Duesda			400	
	Service to first set		133	34.95	Broadc	aster Fee		133	22.
	• Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			0		• • •		
Other Than	amount of the charge and the ur		usually	/ billed. If any r	ates are ch	narged on a var	iable per-p	rogram basis,	
Secondary	enter only the letters "PP" in the		ho och	a avatam far a	ach of the	annliaghla agus	iaco listad		
ransmissions: Rates	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								
	BIOCK 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.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:		Install	ation: Non-res	idential				
	• Pay cable	36.00	• Mo	tel, hotel		49.95	Additio	nal Tier	13.
	 Pay cable—add'l channel 		۰Co	mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential			e protection					
	• First set	49.95		rglar protection					
	 Additional set(s) FM radio (if separate rate) 			services:		40.05			
	ENTERATOR OF CONSTRAINTS Second C		• Ke	connect		49.95			
	· · · /		. D						
	Converter			connect		05.00			
	· · · /		۰Ou		000	65.00 65.00			

				FORM SA1-2E. P/					
Name	LEGAL NAME OF OWNER OF Great Plains Cable Te			31312					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (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 pr d with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a si e Special Statement and Program both on a substitute basis and al- see page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	-time basis under rams [sections rations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort 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					
	KWGN	2	N	Denver, CO					
	KDVR	- 31	N	Denver, CO					
Rows as Necessary	KCNC	4	N	Denver, CO					
Kows as necessary	KRMA	18	E	Denver, CO					
	KMGH	7	N						
				Denver, CO					
	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					
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	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					
	KUSA	9	N	Denver, CO					

EGAL NAME O Great Plains								SYSTEM I 381
	t every radio s	station ca	rried on a separate and discr 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: lf ignal, indicate Column 4: C	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the station	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 C tem whenever it is received a ved at the headend, with the pyright 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		

Namo	LEGAL NAME OF OWNER OF						гς	DRM SA1-2E. PAGE 5	
	Great Plains Cable Te		51 EM:					SYSTEM ID# 38176	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
I	In General: In space I, ident substitute basis during the a explanation of the programm	tify every no accounting p	nnetwork televi period, under sp	<i>ision program,</i> broadcast by becific present and former F	a <i>distant</i> stat CC rules, reg	ulations, o	r authoriza	tions. For a further	
<u> </u>	1. SPECIAL STATEMEN				<u> </u>				
Special	 During the accounting per 				sis, any nonr	etwork te	levision pr	ogram	
Statement and Program Log	broadcast by a distant sta	-	,		· .				
r rogram 20g	,		rest of this na	age blank. If your answer is	e "Ves " vou r	nust com			
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.								
	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 Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	distant sta egulations, d ries like "mo Bulls." m was broa sign of the adcast stati nadian stati nth and day ve "5/7." es when th . Example: ter "R" if the and regulat	tion and that y or authorization ovies" or "bask dcast live, entr station broadc on's location (i ons, if any, the v when your sy e substitute pr a program carr e listed program ions in effect d	ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter " asting the substitute progra the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:01 n was substituted for prog- luring the accounting period	ed for the pro- neral instructi im titles, for e 'No." am. e station is lide e program. Us r cable system :15 p.m. to 6 ramming that d; enter the l	ogrammin ons for fu example, " censed by entified). se numera n. List the :28:30 p.r your syst etter "P" if	g of anothe rther inforn 'I Love Luc the FCC of als, with the times acco n. should the tem was <i>re</i> f the listed	er station mation. cy" or or, in e month curately be equired	
	effect on October 19, 1976	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE/			7. REASON FOR				
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH		TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM			
						FROM	<u>— то</u>)	
						FROM	<u> то</u>		
						FROM	<u> то</u>) 	
					·		TO	,,,,,,,,	
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Accounting Period:	2021/2 FORM SA1	-2E. PAGE 6.
Nom-		STEM ID#
Name	Great Plains Cable Television	38176
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 (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. \$ 46, (Amount of gross IMPORTANT: You must complete a statement in space P concerning gross receipts. \$ 46,	140.36 s 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	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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	
	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 Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	
But	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 21CTX104913162769101	
	Important: Your remittance must be in the form of an electronic payment payable to the Register 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# 38176
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	7 43
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name LeaAnn Quist Telephone 402	2-456-6434
	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 (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner or in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	em as identified
	Typed or printed name: Janelle Allison Title: CFO & COO (Title of official position held in corporation or partnership)	
	Date: March 1, 2022	

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EGAL NAME OF OWNER OF CABLE SYSTEM:		FORM SA1-2E. PAGE
		SYSTEM
eat Plains Cable Television		381
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLU The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmitted scribers and amounts collected from subscribers receiving secondary transmissions For more information on when to exclude these amounts, see the note on page (viil located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross to made by satellite carriers to satellite dish owners?	the Copyright Act by adding the fol- to the cable system for the basic ters, the system shall not include sub- missions pursuant to section 119." i) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.	¢	
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a resul For an explanation of interest assessment, see page (viii) of the general instruction Line 1 Enter the amount of late payment or underpayment	is located in the paper SA1-2 form.	Q Interest Assessme
	x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	×	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	x days	
	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	xdays 	
 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 <i>www.copyright.gov/licensing/interest-ra</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. 	x days 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 <i>www.copyright.gov/licensing/interest-ra</i> 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 example. 	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 <i>www.copyright.gov/licensing/interest-ra</i> contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. 	x days 	
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 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 <i>www.copyright.gov/licensing/interest-ra</i> 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 of NOTE: If you are filing this worksheet covering a statement of account already sub list below the owner, address, first community served, ID number, and accounting power Address 	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 <i>www.copyright.gov/licensing/interest-ra</i> 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 a NOTE: If you are filing this worksheet covering a statement of account already sub list below the owner, address, first community served, ID number, and accounting p 	x days 	

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