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 COPYRIGE	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT	- <u>coplicsoa@copyright.gov</u>
General instru	oms (Short Form) Inctions are located of this workbook	3/1/22	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	Ţ		
Accounting	2021/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)	
Period				
B	Instructions: Give the full legal name of the owner of the title of the title of the owner of the title of th	,	sidiary of another corporation, give the full c	orporate

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.	4962
		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 (City, town, state, zip)	
		(city, town, state, zip)	
С		CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system is already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Great Plains Cable Television	496
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora 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 film	ted communities within unincorporated areas and including single, ; you list will serve as a form of system identification hereafter know ngs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or me identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Broken Bow	Nebraska
Community	Arnold	Nebraska
	Callaway	Nebraska
Rows as Necessary	Stapleton	Nebraska
	Oconto	Nebraska

Name	LEGAL NAME OF OWNER OF C		:					515	TEM ID 496
	Great Plains Cable Tele	vision							100
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RA	TES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period						nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	•				,	ole system	, broken	
scribers and	down by categories of secondary	•		•		•			
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate c					•	,	e and the	
	unit in which it is generally billed	-	-	•			-		
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide	•		0					
	that applies to your system. Not							0,	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count un	der "Servio	ce to the	
	first set" and would be counted of					a a maine that are	different fr	name the same	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					,		<i>,</i> 0	
	sufficient.		-	<u> </u>		-			
	BLC	DCK 1 NO. OF					BLOCK	X 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	Service to first set		816	24.95	Broadc	aster Fee		816	22.0
	 Service to additional set(s) 								
	• FM radio (if separate rate)				HD Rer	ıtal		167	14.9
	Motel, hotel								
	Commercial				Conver	ter Rental		150	4.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for rat					ll your cable sys	tem's serv	rices that were	
F	not covered in space E, that is, t								
Comilana	service for a single fee. There ar	•			•				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		acaany				anie hei hi	og. a 200.0,	
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that								
	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.								
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi			UATEOC		
	• Pay cable	17.00		tel, hotel					
	• Pay cable—add'l channel	15.00		nmercial					
	Fire protection		• Pay	/ cable					
	•Burglar protection			/ cable-add'l cha	annel				6
	Installation: Residential		• Fire	e protection					<u> </u>
	• First set	65.00		glar protection					
	 Additional set(s) 	65.00		services:					6
	• FM radio (if separate rate)			connect		65.00			6
	• Converter		• Dis	connect					0
				tlet relocation		65.00			6
									.
			• Mo	ve to new addre	ss	65.00			

	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
Name	Great Plains Cable Te			4
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including tr m during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61) is explained in the next paragraph. s: With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. 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 pro- d with a station according to its over-the-	(1) stations carried only on a part- e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat 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- ogram services such as HBO, ES air designation. For example, rep- vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial education ctions in the paper SA1-2 form.	E-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
	KNOP	2.1	N	North Platte, NE
	KUON	12.1	E	Lincoln, NE
Rows as Necessary		12.1 12.2	E E-M	
1 Rows as Necessary	KUON			Lincoln, NE Lincoln, NE
d Rows as Necessary	KUON KUON-EW	12.2	E-M	Lincoln, NE Lincoln, NE Lincoln, NE
J Rows as Necessary	KUON KUON-EW KUON-EC	12.2 12.3 10.1	E-M E-M N	Lincoln, NE Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN	12.2 12.3 10.1 10.5	E-M E-M N I-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC	12.2 12.3 10.1 10.5 4	E-M E-M N I-M	Lincoln, NE Lincoln, NE Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB	12.2 12.3 10.1 10.5 4 4.2	E-M E-M N I-M N N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB	12.2 12.3 10.1 10.5 4 4.2 13.1	E-M E-M N I-M N N-M N	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3	E-M E-M N I-M N N-M N N-M N I-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N I-M N N-M N N-M N I-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE
d Rows as Necessary	KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KHGI KTIV KFXL	12.2 12.3 10.1 10.5 4 4.2 13.1 13.3 4.2 15	E-M E-M N N I-M N-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior Kearney Sioux City, Iowa Lincoln, NE

ccounting Period:	2021/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Great Plains Cable Te	levision		4962
	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 he carriage of certain network program	ne basis under
Primary Transmitters: Television	substitute program basis, as	s explained in the next paragraph.	51(e)(2) and (4))]; and (2) certain statio arried by your cable system on a subs	
			he Special Statement and Program Lo	pg)—if the
	• List the station here, and a basis. For further information Column 1: List each station	also in space I, if the station was carrie n concerning substitute basis stations, n's call sign. <i>Do not</i> report origination	d both on a substitute basis and also o , see page (v) of the general instruction program services such as HBO, ESPN	ns. N, etc. Identify each
	"WETA-2" as the same on the same on the channes of	he form. I number the FCC assigned to the tele	e-air designation. For example, report evision station for broadcasting over th	
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these terms	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instru		ndent), "I-M" nal multicast).
			t the community to which the station is the community with which the station is	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

Great Plains	Cable Tele							SYSTEM I 49
	every radio s	tation ca	rried on a separate and discr nerally receivable by your cab					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the station	y the sys be recei t the Co sign of e he statio 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 s pyright Office regulations on t each station carried. In is AM or FM. hal 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 pay ed by the cable s re 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 sta 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	

ccounting Perio	LEGAL NAME OF OWNER OF	- CABLE SYS						SYSTEM ID
Name	Great Plains Cable Te	levision						496
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	INT AND PROGRAM L	.OG			
	In General: In space I, iden	tify every nor	nnetwork televi	<i>ision program,</i> broadcast	by a <i>distant</i> sta	ition, that ye	our cable sy	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programm				f the general in	structions in	n the paper	SA1-2 form.
Carriage: Special	1. SPECIAL STATEMEN				÷			
Statement and	• During the accounting pe	•	ur cable syster	m carry, on a substitute	basis, any non	network tel		
Program Log	broadcast by a distant sta						YES	X NO
	Note: If your answer is "No log in block 2.	o", leave the	e rest of this pa	age blank. If your answe	is "Yes," you	must comp	lete the pro	ogram
	In General: List each subscient. Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the bro the case of Mexican or Cat Column 5: Give the mo first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes	ace, please of every no a distant stat egulations, c ries like "mo . Bulls." m was broad I sign of the adcast station nadian station nth and day ive "5/7."	add additiona ponnetwork tele tion and that y pr authorizatio povies" or "bask dcast live, ent station broadc on's location (ons, if any, the when your sy e substitute pr	I rows to the tables. vision program ("substitu our cable system substitu our cable system substitu ns. See page (v) of the g etaball." List specific prog er "Yes." Otherwise enter casting the substitute pro the community to which a community with which i stem carried the substitut ogram was carried by you	Ite program") t uted for the pr jeneral instruct ram titles, for o r "No." gram. the station is li he station is li he station is li tte program. U pur cable syste	hat, during ogramming tions for fu example, "I censed by lentified). se numera m. List the	the account of anothe ther inform Love Lucy the FCC of Is, with the times accu	nting r station lation. " or r, in month urately
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program	ter "R" if the and regulati mming that y	listed programions in effect d	Iuring the accounting pe	riod; enter the	letter "P" if	the listed p	
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules	ter "R" if the and regulati mming that y	listed programions in effect d	Iuring the accounting pe	riod; enter the nder FCC rules	letter "P" if	the listed p ations in	
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y b.	e listed program ions in effect o your system w E PROGRAM	luring the accounting perators and the second se	iod; enter the nder FCC rules WHE CARRI	ietter "P" if s and regul N SUBST AGE OCC	the listed p ations in ITUTE CURRED	
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y b.	listed program ions in effect o your system w	luring the accounting perators and the second se	iod; enter the nder FCC rules WHE CARRI 5. MONTH	ietter "P" if s and regul N SUBST AGE OCC	the listed p ations in ITUTE	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for program effect on October 19, 1976	ter "R" if the and regulati mming that y 5. BUBSTITUT 2. LIVE?	E listed program ions in effect of your system w E PROGRAM 3. STATION'S	luring the accounting pervised to delete u	iod; enter the nder FCC rules WHE CARRI 5. MONTH	etter "P" if and regul	the listed p ations in ITUTE URRED TIMES	7. REASON F
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Accounting Period:	2021/2 FORM SA1-2E. PAGE
News	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I
Name	Great Plains Cable Television 496
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. IMPORTANT: You must complete a statement in space P concerning 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
	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 \$ 208,837.05
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K \$ 208,837.05
	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)
	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) \$ 769.37
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 \$ 789.37
	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# 4962
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 on which the cable system carried television broadcast stations and nonbroadcast services	17 109
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-	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, but only one, 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 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of 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)] Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name:	
	Title: CFO & COO (Title of official position held in corporation or partnership)	
	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 fling, a determination that would be made by a court of law.

GAL NAME OF OWNER OF CABLE			FORM SA1-2E. PAGE 8
ALMANIE OF OWNER OF CABLE	SYSTEM:		SYSTEM ID
eat Plains Cable Televisio	on		4962
SPECIAL STATEMENT The Satellite Home Viewer Act lowing sentence: "In determining the tota service of providing set scribers and amounts of For more information on when located in the paper SA1-2 for During the accounting period, made by satellite carriers to satisfy NO	CONCERNING GROSS RECEIPTS at of 1988 amended Title 17, section 111(d) al number of subscribers and the gross amo condary transmissions of primary broadcas collected from subscribers receiving second to exclude these amounts, see the note of m. did the cable system exclude any amounts	(1)(A), of the Copyright Act by adding the fol- bunts paid to the cable system for the basic st transmitters, the system shall not include sub- dary transmissions pursuant to section 119." In page (vii) of the general instructions is of gross receipts for secondary transmissions	Р
Name Mailing Address		a Address	
		instructions located in the paper SA1-2 form.	~
	ate payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the r	nterest rate* and enter the sum here	xda	Interest Assessment
Line 2 Multiply line 1 by the in Line 3 Multiply line 2 by the r Line 4 Multiply line 3 by 0.00	nterest rate* and enter the sum here	xda	
Line 2 Multiply line 1 by the in Line 3 Multiply line 2 by the r Line 4 Multiply line 3 by 0.00 in space L, (page 6) bl * To view the interest rate	nterest rate* and enter the sum here number of days late and enter the sum here 274** and enter here ock 1, line 2, or block 2 line 8, or block 3 lir	x x da x da x da x 0.00274 me 6 \$ (interest charge) Vinterest-rate.pdf. For further assistance please	ays
Line 2 Multiply line 1 by the i Line 3 Multiply line 2 by the r Line 4 Multiply line 3 by 0.00 in space L, (page 6) bl * To view the interest rate contact the Licensing Div	nterest rate* and enter the sum here number of days late and enter the sum here 274** and enter here ock 1, line 2, or block 2 line 8, or block 3 lir chart click on <i>www.copyright.gov/licensing</i> .	xda	ays
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Line 2 Multiply line 1 by the in Line 3 Multiply line 2 by the r Line 4 Multiply line 3 by 0.00 in space L, (page 6) bl * To view the interest rate contact the Licensing Div ** This is the decimal equir NOTE: If you are filing this wo list below the owner, address,	nterest rate* and enter the sum here number of days late and enter the sum here 274** and enter here ock 1, line 2, or block 2 line 8, or block 3 lir chart click on <i>www.copyright.gov/licensing.</i> <i>v</i> ision at (202) 707-8150 or licensing@copy valent of 1/365, which is the interest assess rksheet covering a statement of account al	xda	ays
Line 2 Multiply line 1 by the in Line 3 Multiply line 2 by the r Line 4 Multiply line 3 by 0.00 in space L, (page 6) bl * To view the interest rate contact the Licensing Div ** This is the decimal equir NOTE: If you are filing this wo list below the owner, address, Owner Address	nterest rate* and enter the sum here number of days late and enter the sum here 274** and enter here ock 1, line 2, or block 2 line 8, or block 3 lir chart click on <i>www.copyright.gov/licensing.</i> <i>v</i> ision at (202) 707-8150 or licensing@copy valent of 1/365, which is the interest assess rksheet covering a statement of account al	xda	ays

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