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							
8/16/2024	\$						
	ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@copyright.gov

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

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
A		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
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.	24984
		LEGAL NAME OF CHANGE MAILING ADDRESS OF CARLE SYSTEM	
		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 500 (Number, street, rural route, apartment, or suite number)	
		Blair, NE 68008 (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 use already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name	Great Plains Cable Television	249
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated of	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	
	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	home parks should be reported in parentheses below the
Area Served	identified city.	
061104		
	CITY OR TOWN	STATE
First	North Bend	Nebraska Nebraska
Community	Dodge	Nebraska
	Snyder	Nebraska
Rows as Necessary	Scribner	Nebraska
	Dodge County	Nebraska
	Herman iTV	Nebraska
	Beemer iTV	Nebraska
	Omaha iTV	Nebraska
	Blair iTV	Nebraska
	Columbus iTV	Nebraska
	Fremont iTV	Nebraska
	Wisner iTV	Nebraska
	Tekamah iTV	Nebraska
	GRAIIIAII I I V	IVEDIASKA

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Great Plains Cable Television

SYSTEM ID#

24984

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.

BLO	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:						
Service to first set	737	24.95	Broadcaster Fee	737	31.50	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						
				1		

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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	
Continuing Services:		Installation: Non-residential			
• Pay cable	16.95	Motel, hotel			
 Pay cable—add'l channel 	12.95	Commercial			
Fire protection		• Pay cable			
Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	65.00	Burglar protection			
 Additional set(s) 	65.00	Other services:			
 FM radio (if separate rate) 		Reconnect	65.00		
Converter		Disconnect			
		Outlet relocation	65.00		
		Move to new address	65.00		

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Great Plains Cable Television

FORM SA1-2E. PAGE 3.

SYSTEM ID#

24984

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

Add Rows as Necessary

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.

2. B'CAST CHANNEL NUMBER 1. CALL SIGN 3. TYPE OF STATION 4. LOCATION OF STATION **KMTV** 3.1 N Omaha, NE 3.2 I-M I-M 3.3 **KPTM** 42.1 Ν Omaha, NE I-M 42.2 42.3 I-M **WOWT** 6.1 Ν Omaha, NE 6.2 I-M 6.3 I-M **KETV** 7.1 Ν Omaha, NE 7.2 I-M **KXVO** 15.1 Ν Omaha, NE **KUON** 12.1 Ε Lincoln, NE 12.2 E-M 12.3 E-M 12.4 E-M Ε **KBIN** 33 Council Bluffs, Iowa **KOHA** Ν 27.1 27.2 I-M

U.S. Copyright Office

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Great Plains Cable Television	24984

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

Primary Transmitters: Radio

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.

- **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
					_		
			·				
	1	I	1	1			I.

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Perio	d: 2024/1								FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SY	STEM:							SYSTEM ID#
Name	Great Plains Cable Te	levision								24984
	SUBSTITUTE CARRIAGI									
I Substitute	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	nd									
Program Log										
	In General: List each subs				ıs v	wherever p	ossible, if	thei	r meanin	g is
	clear. If you need more spa			l rows to the tables. vision program ("substitu	ta n	rogram") t	hat during	ı the	account	ina
	period, was broadcast by a									
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	ene	ral instruct	ions for fu	rthe	r informa	tion.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	ketball." List specific progr	ram	titles, for e	example, "	I Lo	ve Lucy"	or
			adcast live, ent	er "Yes." Otherwise enter	r "N	o."				
	Column 3: Give the call	sign of the	station broade	casting the substitute proເ	grar	m.				
			,	the community to which the			•	the	FCC or,	in
	the case of Mexican or Car Column 5: Give the more			stem carried the substitut			,	als. v	with the n	nonth
	first. Example: for May 7 gi	ve "5/7."				_				
				ogram was carried by you						ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. ⊨xampie:	a program car	ried by a system from 6:0)1:1	5 p.m. to 6	:28:30 p.n	n. sı	noula be	
	•	er "R" if the	e listed prograr	n was substituted for proເ	graı	mming that	your syst	em	was <i>requ</i>	ired
	to delete under FCC rules	_		0.					•	ogram
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete un	ider	r FCC rules	and regu	latic	ns in	
		•								
							N SUBST			7 DEACON FOR
			TE PROGRAM 3. STATION'S		11.	5. MONTH	AGE OCC	TIMI		7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		AND DAY	FROM	_	ТО	
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Accounting Period:	2024/1 FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television 24984
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 of 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, see 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
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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 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
	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
	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 group receipts from anges V
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)
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
	EFT Trace # or TRANSACTION ID # 76-1316/1049
	<u>Important:</u> 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.

U.S. Copyright Office

Accounting Period:	: 2024/1			FORM SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM: able Television		SYSTEM ID# 24984
M Channels	to its subscriber 1. Enter the total system carried	u must give (1) the number of channels on which the cable, and (2) the cable system's total number of activated chan number of channels on which the cable television broadcast stations	nels during the accounting period.	19
		ble system carried television broadcast stations		205
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDI bout this statement of account.)	ED (Identify an individual to whom	
for Further Information	Name	Ryan Lentz	Telephone 40)2-456-6457
	Address	P. O. Box 500 (Number, street, rural route, apartment, or suite number) Blair, NE 68808 (City, town, state, zip)		
	Email	rlentz@gpcom.com	Fax (optional)	
Ocertification	• I, the undersign (Owr (Age in X (Offi in	This statement of account must be certified and signed in a d, hereby certify that (Check one, <i>but only one</i> , of the boxes.) If other than corporation or partnership) I am the owner of the owner owner. I am an officer (if a corporation) or a partner (if the owner is not a corporation or partner or partner). I am an officer (if a corporation) or a partner (if the owner is not a corporation) or	the cable system as identified in line 1 of space B; or duly authorized agent of the owner of the cable systemership; or a partnership) of the legal entity identified as owner of law that all statements of fact contained herein	em as identified
		Enter an electronic signature of Enter signature using an "/s/ signature using	n the line above to certify this statement.	
		Typed or printed name: Nicholas Hol	le	
		Title: Corporate Counsel (Title of official position held in corporation or	partnership)	
		Date:	August 16, 2024	

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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)

ccounting Period: 2024/1	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Great Plains Cable Television	24984
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	Special Statement Concerning Gross Receipts Exclusion
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 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
Line 2 Multiply line 1 by the interest rate* 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 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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U.S. Copyright Office

Form SA1-2E Short Form (Rev. 05-17)