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

STATEME	-ит	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
-	ry Tra	ansmissions by	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>
General instru	ctions	are located	8/16/2024	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	'YY/(Period))	
		2024/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting			Barcode Data Filing Period (optional	- see instructions)	
Accounting Period					
<b>B</b> Owner		of the subsidiary, not that of the parent co List any other name or names under which	rporation. In the owner conducts the business of the accounting period, only the owner on the owner owne	ne last day of the accounting period should su	
		Check here if this is the system's first filing			36793
		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 n	umber)		
		Blair, NE 68008 (City, town, state, zip)			
С				ntify the business and operation of the esystem, if different from the address	
System		IDENTIFICATION OF CABLE SYSTEM:			
	1				
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1 SYSTEM ID
Name	Great Plains Cable Television	36793
D Area	Instructions: List each separate community served by the cable system. A "commur" a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I known as the "first community." Please use it as the first community on all future fi Note: Entities and properties such as hotels, apartments, condominiums, or mobile	ity" is the same as a "community unit" as defined in FCC rules ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter lings.
Served	identified city.	
	CITY OR TOWN	STATE
First Community	Bancroft	Nebraska
Add Rows as Necessary		
		****
		***
		****

	1							FOF		2E. PAGE
Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM	:						SYS	
	Great Plains Cable Tele	vision								3679
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIB	ERS AND RATES	S					
E	In General: The information in s	•		•	•					
Secondary	system, that is, the retransmissi about other services (including			•••						
Transmission	last day of the accounting period	,	-							
Service: Sub-	Number of Subscribers: Bot						able system	n, broken		
scribers and	down by categories of secondar	•		-	•					
Rates	each category by counting the r		-	•••	•		-	s charged		
	separately for the particular server <b>Rate:</b> Give the standard rate of							rge and the		
	unit in which it is generally billed	•	•	•				•	e	
	category, but do not include dise	counts allowed	for advar	nce payment.						
	Block 1: In the left-hand block	•		•		•				
	systems most commonly provid that applies to your system. <b>Not</b>								ſУ	
	categories, that person or entity			-		-			al	
	subscriber who pays extra for ca					•				
	first set" and would be counted	once again und	ler "Servi	ce to additional se	et(s)."					
	Block 2: If your cable system	-		-						
	printed in block 1 (for example, )					•			er	
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-na	Ind DIOCK. A two- C	or three-	word descrip	tion of the	service is		
		OCK 1					BLOCK	ζ2		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATEG	ORY OF SEI	RVICE	NO. OF SUBSCRIE		RAT
	Residential:									
	Service to first set		43	24.95 Bro	oadcas	ster Fee			43	31.
	• Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				ect to all v	/our cable sv	stem's ser	vices that we	ere	
F	not covered in space E, that is,	•			-					
	service for a single fee. There a		-	-				,		
Services	furnished at cost or (2) services								-	
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		s usually a	ollied. If any fates	s are cha	ged on a val	Table per-p	program basis	5,	
ransmissions:	Block 1: Give the standard ra		the cable	system for each o	of the ap	plicable serv	ices listed.			
Rates	Block 2: List any services that	• •			-	-				
	listed in block 1 and for which a	•	-		ed. List th	ese other se	rvices in th	e form of a		
	brief (two- or three-word) descri	ption and inclu	de the rat	e for each.						
		BLO						BLOC		
	CATEGORY OF SERVICE	RATE		ORY OF SERVICE		RATE	CATEG	ORY OF SEF	RVICE	RAT
	Continuing Services:	40.05		ion: Non-residen	ntial					
	Pay cable     Add'l channel	16.95		l, hotel mercial						
	Pay cable—add'l channel	12.95	_							
	<ul> <li>Fire protection</li> </ul>		• Pay o	cable cable-add'i channe						
	•Burdlar protection		· ·	protection						
	•Burglar protection									
	Installation: Residential	0E 00								
	Installation: Residential <ul> <li>First set</li> </ul>	65.00	• Burg	ar protection						
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>	65.00 65.00	• Burg Other se	ar protection rvices:		<i>GE</i> 00				
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Burg Other se • Reco	ar protection r <b>vices:</b> nnect		65.00				
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>		• Burg Other se • Reco • Disco	ar protection e <b>rvices:</b> nnect onnect						
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Burg Other se • Reco • Disco • Outle	ar protection r <b>vices:</b> nnect		65.00 65.00 65.00				

	LEGAL NAME OF OWNER O			SYSTEM
Name	Great Plains Cable To			36
	PRIMARY TRANSMITTERS:			
G	In General: In space G, ide carried by your cable syste	lentify every television station (including em during the accounting period, <i>except</i>	t (1) stations carried only on a part	t-time basis under
Primary ransmitters:	76.59(d)(2) and (4), 76.61( substitute program basis, a	in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain s	tations carried on a
Television	basis under specific FCC r • Do <i>not</i> list the station her	<b>s:</b> With respect to any distant stations ca rules, regulations, or authorizations: are in space G—but do list it in space I (the space I) (th		
	basis. For further information	l also in space I, if the station was carried ion concerning substitute basis stations,	, see page (v) of the general instru	ictions.
	multicast stream associate "WETA-2" as the same on	on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the n the form. nel number the FCC assigned to the tele	e-air designation. For example, re	port multistream
	of license. For example, W Column 3: Indicate in each	nel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C. th case whether the station is a network stering the letter "N" (for network), "N-M" (	station, an independent station, or	r a noncommercial
	(for independent multicast)	), "E" (for noncommercial educational), c	or "E-M" (for noncommercial educa	
	Column 4: Give the location	terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th	t the community to which the static	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	кмти	3.1	N	Omaha, NE
	κτιν	4.1	Ν	Sioux City, Iowa
Rows as Necessary	WOWT	6.1	N	Omaha, NE
		6.2	I-M	
		6.3		
		0.3	I-M	
	KETV	7.1	<u>м</u> N	Omaha, NE
	KETV			Omaha, NE
	КЕТѴ	7.1	N	
		7.1 7.2 42.1	N I-M N	Omaha, NE Omaha, NE
		7.1 7.2 42.1 42.2	N I-M N I-M	
	КРТМ	7.1 7.2 42.1 42.2 42.3	N I-M N I-M I-M	Omaha, NE
		7.1 7.2 42.1 42.2 42.3 19.1	N I-M N I-M I-M E	
	КРТМ	7.1 7.2 42.1 42.2 42.3 19.1 19.2	N I-M N I-M I-M E E E-M	Omaha, NE
	KPTM KXNE	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3	N I-M N I-M I-M E E-M E-M	Omaha, NE Norfolk, NE
	KPTM KXNE KXVO	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3 15.1	N I-M N I-M I-M E E E-M	Omaha, NE Norfolk, NE Omaha, NE
	KPTM KXNE	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3	N I-M N I-M I-M E E-M E-M	Omaha, NE Norfolk, NE
	KPTM KXNE KXVO	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3 15.1	N I-M N I-M I-M E E-M E-M	Omaha, NE Norfolk, NE Omaha, NE
	KPTM KXNE KXVO	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3 15.1	N I-M N I-M I-M E E-M E-M	Omaha, NE Norfolk, NE Omaha, NE
	KPTM KXNE KXVO	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3 15.1	N I-M N I-M I-M E E-M E-M	Omaha, NE Norfolk, NE Omaha, NE
	KPTM KXNE KXVO	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3 15.1	N I-M N I-M I-M E E-M E-M	Omaha, NE Norfolk, NE Omaha, NE
	KPTM KXNE KXVO	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3 15.1	N I-M N I-M I-M E E-M E-M	Omaha, NE Norfolk, NE Omaha, NE
	KPTM KXNE KXVO	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3 15.1	N I-M N I-M I-M E E-M E-M	Omaha, NE Norfolk, NE Omaha, NE
	KPTM KXNE KXVO	7.1 7.2 42.1 42.2 42.3 19.1 19.2 19.3 15.1	N I-M N I-M I-M E E-M E-M	Omaha, NE Norfolk, NE Omaha, NE

Accounting Period:	2024/1			FORM SA1-2E. PAGE 3.			
Nama	LEGAL NAME OF OWNER OF CAR	BLE SYSTEM:		SYSTEM ID#			
Name	Great Plains Cable Telev	vision		36793			
	PRIMARY TRANSMITTERS: TEL	EVISION					
G	carried by your cable system du	uring the accounting period, excep	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program	ne basis under			
Primary Transmitters: Television	76.59(d)(2) and $(4)$ , 76.61(e)(2) substitute program basis, as ex	) and (4), or 76.63 (referring to 76. plained in the next paragraph.	61(e)(2) and (4))]; and (2) certain stati carried by your cable system on a sub-	ons carried on a			
	station was carried only on a su	space G—but do list it in space I ( ubstitute basis.	the Special Statement and Program L				
	<ul> <li>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.</li> <li>Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each</li> </ul>						
	"WETA-2" as the same on the f	form.	ne-air designation. For example, repor evision station for broadcasting over the				
	Column 3: Indicate in each cas		station, an independent station, or a l				
	(for independent multicast), "E" For the meaning of these terms	(for noncommercial educational), s, see page (iv) of the general instr	(for network multicast), "I" (for independent or "E-M" (for noncommercial education ructions in the paper SA1-2 form. State the community to which the station is	nal multicast).			
			the community with which the station i	-			
	1. CALL SIGN 2.	. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

EGAL NAME O								SYSTEM 36
	t every radio s	station c	<b>)</b> carried on a separate and disc enerally receivable by your cal					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	it is carried b monitoring, to prmation abou rm. dentify the cal state whether f the radio stat this by placing Give the statio	y the sy be rece it the C I sign of the stati tion's sig g a chec n's locat	All-Band FM Carriage: Under stem whenever it is received a eived at the headend, with the opyright Office regulations on a each station carried. tion is AM or FM. gnal was electronically proces ock mark in the "S/D" column. tion (the community to which the the community with which the	at the system's h system's FM an this point, see p sed by the cable he station is lice	neadend, and itenna, during age (v) of the system as a nsed by the F	(2) it can certain general separate	n be expected, stated 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	
5. 22 01011	51 1 10	0,0				0,0		
						·		
				·				
					<b>-</b>			
				·				
				·				
				·				
· · · · · · · · · · · · · · · · · · ·				·				
		·	· · · · · · · · · · · · · · · · · · ·	·				

Accounting Perio	d: 2024/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Great Plains Cable Te	evision						36793
	SUBSTITUTE CARRIAGE	E: SPECIA		NT AND PROGRAM LOO	G			
	In General: In space I, ident	ify every nor	nnetwork televi	s <i>ion program,</i> broadcast by	a distant sta	tion, that ye	our cable syst	em carried on a
	substitute basis during the a	• •		•	-			
Substitute	explanation of the programm	ing that mus	st be included in	n this log, see page (v) of th	ne general inst	tructions in	the paper SA	1-2 form.
Carriage: Special	1. SPECIAL STATEMEN			TITUTE CARRIAGE				
Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	ır cable systen	n carry, on a substitute ba	sis, any nonn	etwork tel	evision progr	am
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if t	their meaning	) is
				/ision program ("substitute	e program") tl	hat. during	i the account	ina
	period, was broadcast by a							
	under certain FCC rules, re	•						
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live, ente	er "Yes." Otherwise enter '	"No."			
		•		asting the substitute progr				
			,	he community to which the			the FCC or,	in
	the case of Mexican or Car Column 5: Give the mor			stem carried the substitute			lls, with the m	nonth
	first. Example: for May 7 giv		When your eye		program. or			
				ogram was carried by your				ately
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	1:15 p.m. to 6	:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the left	er "R" if the	listed program	n was substituted for prog	ramming that	Vour syst	em was <i>requ</i>	ired
	to delete under FCC rules a							
	was substituted for program							0
	effect on October 19, 1976							
						N SUBST		
			E PROGRAN 3. STATION'S		5. MONTH	AGE OCO	CURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
1							—	

Accounting Period:	2024/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 36793
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	smission service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>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.</li> </ul>	\$263,800
	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 fo accounting period is \$52.00	r this six-month
	Line 1. Royalty fee for accounting period	<b>\$ 52.00</b>
	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	···· <u>\$                                 </u>
	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 \$52	7,600)
	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	

	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	0.00	
	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)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 76-1316/1049		
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

2024/1		FORM SA1-2E. PAGE 7
LEGAL NAME OF (	OWNER OF CABLE SYSTEM:	SYSTEM ID#
Great Plains C	Cable Television	36793
to its subscribers 1. Enter the tota	rs, and (2) the cable system's total number of activated channels during the accounting period.	14
on which the c	able system carried television broadcast stations	110
Name	Ryan Lentz       Telephone       402-	456-6457
Address 	P. O. Box 500         (Number, street, rural route, apartment, or suite number)         Blair, NE 68808         (City, town, state, zip)         rlentz@gpcom.com         Fax (optional)	
<ul> <li>I, the undersigned (Owned)</li> <li>(Owned)</li> <li>(Agen in in</li></ul>	and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or et of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	LEGAL NAME OF Great Plains C CHANNELS Instructions: Y to its subscriber 1. Enter the tota system carried 2. Enter the tota on which the c and nonbroad INDIVIDUAL TC we can contact Name Address Email CERTIFICATION • I, the undersign (Own • I, the undersign (Own • I, the undersign in X (Officing)	LEGAL NAME OF OWNER OF CABLE SYSTEM:         Great Plains Cable Television         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 .         INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)         Name       Ryan Lentz         Address       P. O. Box 500         (Klumber, steel, tural route, apartment, or suite number)       Blair, NE 68808         (City, town, state, zip)       City, town, state, zip)

X /s/Nicholas Holle
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: Nicholas Holle
Title: Corporate Counsel (Title of official position held in corporation or partnership)
Date: August 16, 2024

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.

unting Period: 2024/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
at Plains Cable Television	3679
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	P 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?	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
Vou must complete this worksheet for these revelty neumonts submitted as a result of a late neumont or underneumont	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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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.