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.

8/16/2024

SA1-2E Short Form

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 B	BY THIS STATEMENT: (YYY)	Y/(Period))	
		2024/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional - s	an instructions)	
Accounting Period					
		Instructions:			
В		Give the full legal name of the owner of the of the subsidiary, not that of the parent cor		y of another corporation, give the full corp	orate title
Owner		List any other name or names under which	the owner conducts the business of the c	able system.	
		If there were different owners during the a single statement of account and royalty fee			bmit a
		Check here if this is the system's first filing.	If not, enter the system's ID number assi	gned by the Licensing Division.	38176
		-			
		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 C	CABLE SYSTEM		
		P. O. Box 500 (Number, street, rural route, apartment, or suite nu			
		Blair, NE 68008			
		(City, town, state, zip)			
С		RUCTIONS: In line 1, give any busine s already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu	imber)		
		(City, town, state, zip code)			
form in order to pro- numbers. By provid search reports pre-	ocess your ding PII, yo pared for t	n 111 of title 17 of the United States Code aut r statement of account. PII is any personal info ou are agreeing to the routine use of it to esta the public. The effect of not providing the PII r ents of account, and it may affect the legal suf	ormation that can be used to identify or trad ablish and maintain a public record, which in requested is that it may delay processing of	ce an individual, such as name, address and ncludes appearing in the Offce's public index f your statement of account and its placemer	l telephone res and in
		,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	

FOR COPYRIGHT OFFICE USE ONLY

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AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

General instructions are located in the first tab of this workbook

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
Name	Great Plains Cable Television	3817					
D	Instructions: List each separate community served by the cable system. A "commu" a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	inity" is the same as a "community unit" as defined in FCC rules communities within unincorporated areas and including single,					
	as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below						
Area Served	identified city.	e nome parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Black Hawk	Colorado					
Community	Gilpin County	Colorado					
Add Rows as Necessary							

								FORM SA1-	TEM IC	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television							515	3817	
Е	SECONDARY TRANSMISSION						a a muita a a f			
-	In General: The information in s system, that is, the retransmissi	•		•		•				
Secondary	about other services (including p									
Transmission	last day of the accounting period							-		
Service: Sub-		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								
scribers and Rates	each category by counting the n	•		•		•				
	separately for the particular serv		-			•	-	oonalgou		
	Rate: Give the standard rate of	•		• •				•		
	unit in which it is generally billed	· ·		,		rd rate variation	ns within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					condarv transm	ission serv	ice that cable		
	systems most commonly provide			•		•				
	that applies to your system. Not			•		•				
	categories, that person or entity					•				
	subscriber who pays extra for ca first set" and would be counted o					a in the count u	nder "Serv	ice to the		
	Block 2: If your cable system					service that ar	e different	from those		
	printed in block 1 (for example, t					•				
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is						service is			
	sufficient. BLC			BLOCK	(2					
		NO. OF			NO. OF					
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:							105	•	
	Service to first set		125	34.95	Broadc	aster Fee		125	31.	
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel Commercial									
	Commercial Converter									
	Residential									
	Non-residential									
	- Non-residential									
	SERVICES OTHER THAN SEC		NSMIS	SIONS: RATE	S					
F	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were		
F	not covered in space E, that is,									
Services	service for a single fee. There a furnished at cost or (2) services				•		• •	,		
Other Than	amount of the charge and the u									
Secondary	enter only the letters "PP" in the	rate column.	,			-		-		
ransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rales	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	DRY OF SERVICE	RAT	
	Continuing Services:		Install	ation: Non-res	idential					
	• Pay cable	36.00	• Mc	otel, hotel		49.95	Additio	nal Tier	13.	
	• Pay cable—add'l channel		• Co	ommercial						
	Fire protection		•Pa	y cable						
	•Burglar protection		• Pa	y cable-add'l cl	nannel					
	Installation: Residential		• Fir	e protection						
	• First set	49.95	• Bu	rglar protection						
	 Additional set(s) 		Other	services:						
	• FM radio (if separate rate)		• Re	connect		49.95				
	• Converter			sconnect						
			• Ou	Itlet relocation		65.00				

ccounting Period:	LEGAL NAME OF OWNER OF			FORM SA1-2E. PAGE					
Name				3817					
	Great Plains Cable Television 38176 PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	 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, <i>except</i> (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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> 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 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								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KWGN	2	N	Denver, CO					
	KDVR	31	Ν	Denver, CO					
Add Rows as Necessary	KCNC	4	Ν	Denver, CO					
	KRMA	18	E	Denver, CO					
	KMGH	7	Ν	Denver, CO					
	KUSA	9	Ν	Denver, CO					
	KTVD	20.1	Ν	Denver, CO					

Great Plains	Cable Tele	evision	YSTEM:					SYSTEM I 381
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					Н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing tive the station	y the sys be recein t the Co sign of e he station ion's sign g a chech o's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k 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 his point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during o ge (v) of the g system as a se sed by the FC	2) it can sertain si general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AM or EM	<u>e/D</u>			AM or EM	S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2024/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						38176
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
Substitute	In General: In space I, ident substitute basis during the a explanation of the programm	ify <i>every no</i> accounting p	<i>nnetwork televi</i> eriod, under sp	s <i>ion program,</i> broadcast by ecific present and former F	/ a <i>distant</i> _sta CC rules, regu	ulations, or	authorization	s. For a further
Carriage:	1. SPECIAL STATEMEN	-			<u>ie general me</u>			
Special	During the accounting pe					otwork tok		om
Statement and	o		a cable system	T carry, off a substitute ba	515, any nom		· ~	
Program Log	broadcast by a distant sta	ition?					YES	× NO
	Note: If your answer is "No	o", 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 SUBSTITUT	E PROGRA	MS					
	period, was broadcast by a under certain FCC rules, re Do not use general catego	ace, please of every no distant sta egulations, o ries like "mo	add additional onnetwork telev tion and that ye or authorization	rows to the tables. vision program ("substitute our cable system substitut ns. See page (v) of the ge	e program") tl ed for the pro neral instruct	nat, during ogramming ions for fur	the account of another s ther informa	ing station tion.
	Column 3: Give the call Column 4: Give the bro the case of Mexican or Can Column 5: Give the mod first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	m was broa sign of the adcast stati nadian station nth and day ve "5/7." les when the . Example: a	station broadc on's location (t ons, if any, the when your system e substitute pro a program carr	stem carried the substitute ogram was carried by you ied by a system from 6:01	ram. e station is lid e station is idd e program. Us r cable syster I :15 p.m. to 6	entified). se numeral m. List the :28:30 p.m	s, with the n times accura . should be	nonth ately
	Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulati	ions in effect d		d; enter the l ler FCC rules	etter "P" if	the listed pro ations in	
		UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
							<u> </u>	
							_	
							—	
1							_	

Accounting Period:	: 2024/1	FORM SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 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 all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmisss (as identified in space E) during the accounting period. For a further explanation of how to compute this amounts (gross receipts from subscribers for secondary transmission service(s) during the accounting period	ion service					
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 \$263,800 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 accounting period is \$52.00	six-month					
	Line 1. Royalty fee for accounting period	\$ 52.00					
	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						
	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						

	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		
	Important: 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		

Accounting Period:	: 2024/1			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:		SYSTEM ID#
	Great Plains C	Cable Television		38176
M Channels		ou must give (1) the number of channels on which the cab s, and (2) the cable system's total number of activated cha	•	
Unamiera		I number of channels on which the cable I television broadcast stations		7
	on which the c	l number of activated channels able system carried television broadcast stations cast services		43
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEE about this statement of account.)	DED (Identify an individual to whom	
for Further Information	Name	Ryan Lentz	Telephone 402-450	6-6457
	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)	
O Certification	I, the undersign (Owned)	(This statement of account must be certified and signed ir ed, hereby certify that (Check one, <i>but only one</i> , of the boxes er other than corporation or partnership) I am the owner o It of owner other than corporation or partnership) I am the	s.) f the cable system as identified in line 1 of space B; or	dontified
	in X (Office	line 1 of space B and that the owner is not a corporation or partnership) rain the cer or partner) I am an officer (if a corporation) or a partner (line 1 of space B.	artnership; or	
		d the statement of account and hereby declare under penalty te, and correct to the best of my knowledge, information, and on 1001(1986)]		

	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
	Corporate Counsel
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.

24/1		FORM SA1-2E. PAGE
R OF CABLE SYSTEM:		SYSTEM I
e Television		3817
ne Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Co nining the total number of subscribers and the gross amounts paid to the providing secondary transmissions of primary broadcast transmitters, the nd amounts collected from subscribers receiving secondary transmission tion on when to exclude these amounts, see the note on page (vii) of the	pyright Act by adding the fol- e cable system for the basic he system shall not include sub- ons pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
nting period, did the cable system exclude any amounts of gross receip carriers to satellite dish owners?	ts for secondary transmissions	
he total here and list the satellite carrier(s) below		
Name Mailing Address		
ete this worksheet for those royalty payments submitted as a result of a lon of interest assessment, see page (viii) of the general instructions loca		Q
amount of late payment or underpayment	x1%	Interest Assessme
ine 1 by the interest rate* and enter the sum here	days	
ine 2 by the number of days late and enter the sum here		
ine 3 by 0.00274** and enter here L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	\$ (interest charge)	
interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> Licensing Division at (202) 707-8150 or licensing@copyright.gov.	f. For further assistance please	
decimal equivalent of 1/365, which is the interest assessment for one da	ay late.	
	IR OF CABLE SYSTEM:	R OF CABLE SYSTEM: a Television

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.