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

DATE RECEIVED

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are located

in the first tab of this workbook

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	UNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 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.
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
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 suffciency of the fling, a determination that would be made by a court of law.

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Great Plains Cable Television	496
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpor 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 fil	ommunity" is the same as a "community unit" as defined in FCC rules rated communities within unincorporated areas and including single, at you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or ridentified city.	mobile home parks should be reported in parentheses below the
		07475
First	CITY OR TOWN Broken Bow	STATE Nebraska
Community	Arnold	Nebraska
	Callaway	Nebraska
Add Rows as Necessary	Stapleton	Nebraska
	Oconto	Nebraska

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM IC
Name								515	496
	Great Plains Cable Tele	vision							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmission about other services (including preservices)								
Transmission	last day of the accounting period	• • •			•			sang on the	
Service: Sub-	Number of Subscribers: Both						-		
scribers and	down by categories of secondary	•		• • • •		•			
Rates	each category by counting the n separately for the particular serv		-	•••		•	•	s charged	
	Rate: Give the standard rate of							rge and the	
	unit in which it is generally billed	• •		,	•	ard rate variatio	ns within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block					condany transm	ission son	vice 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						Inder "Serv	rice to the	
	Block 2: If your cable system	•			• • •		e different	from those	
	printed in block 1 (for example, t	-		-					
	with the number of subscribers a	and rates, in th	e right-l	hand block. A t	wo- or thre	ee-word descrip	tion of the	service is	
	sufficient. BLC	DCK 1					BLOC	< 2	
		NO. OF		DATE	0.17			NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Service to first set		575	24.95	Broado	aster Fee		575	31.5
	Service to additional set(s)		575	24.95	Divaut			575	31.0
	• FM radio (if separate rate)				HD Rer	ntal		42	14.9
	Motel, hotel					Ital			17.0
	Commercial				Conver	rter Rental		57	4.9
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There a					•			
Services	furnished at cost or (2) services		-		-				
Other Than	amount of the charge and the ur		s usually	y billed. If any r	ates are c	harged on a va	riable per- _l	orogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cab	le system for e	ach of the	applicable ser	vices listed		
Rates	Block 2: List any services that								
	listed in block 1 and for which a	separate charg	ge was	made or estab	lished. List	t these other se	rvices in th	ne form of a	
	brief (two- or three-word) descrip	otion and inclue	de the r	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			ation: Non-res	sidential				
	• Pay cable	16.95		tel, hotel					
	• Pay cable—add'l channel	12.95		mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l cl	nannel				
	Installation: Residential	0E 00		e protection					
	First set Additional set(s)	65.00 65.00		rglar protection services:	I				
	 Additional set(s) FM radio (if separate rate) 	65.00		services: connect		65.00			
	• Converter			connect		03.00			
	- Conventer			tlet relocation		65.00			
			l ^c Ou	uer reiocation		05.00			
			• 140	ve to new add		65.00			

counting Period	: 2024/1			FORM SA1-2E. PAGE :					
Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM ID					
	Great Plains Cable T	elevision		496					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	-	entify every television station (including m during the accounting period, <i>except</i>		•					
•	FCC rules and regulations	in effect on June 24, 1981, permitting t	he carriage of certain network prog	rams [sections					
Primary Transmitters:		e)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain st	ations carried on a					
Television	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 								
		also in space I, if the station was carrie on concerning substitute basis stations							
	Column 1: List each statio	on's call sign. <i>Do not</i> report origination p	program services such as HBO, ES	PN, etc. Identify each					
	"WETA-2" as the same on	d with a station according to its over-the the form.	e-air designation. For example, rep	oort multistream					
		hel number the FCC assigned to the tele	evision station for broadcasting ove	r the air in its community					
		VRC is channel 4 in Washington, D.C. h case whether the station is a network	station, an independent station, or	a noncommercial					
		ering the letter "N" (for network), "N-M"							
	For the meaning of these to), "E" (for noncommercial educational), erms, see page (iv) of the general instru	uctions in the paper SA1-2 form.						
		on of each station. For U.S. stations, lis	-	•					
	FCC. For Mexican of Cana	adian stations, if any, give the name of t	he community with which the statio	n is identified.					
	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					
dd Rows as Necessary	KUON-EW	12.2	E-M	Lincoln, NE					
	KUON-EC	12.3	E-M	Lincoln, NE					
	KOLN	10.1	N	Lincoln, NE					
		10.5	I-M						
	KSNB	4	<u>N</u>	Superior					
		4.2	N-M						
	KHGI	13.1	Ν	Kearney					
	KHGI	13.3	I-M						
	κτιν	4.2	N-M	Sioux City, Iowa					
	KFXL	15	N	Lincoln, NE					
	KMLF	30	I	Grand Island, NE					

LEGAL NAME OF Great Plains								SYSTEM II 49
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
Teceivable if (1) on the basis of the or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to ormation abour m. lentify the call tate whether t the radio stat this by placing tive the station	y the sys be recei t the Co sign of o he statio ion's sig a chech n's locati	I-Band FM Carriage: Under stem whenever it is received a ved at the headend, with the pyright Office regulations on the 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	It the system's h system's FM an this point, see p sed by the cable ne station is lice	eadend, and (2 tenna, during o age (v) of the g system as a se nsed by the FC	2) it can ærtain s general i eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL OIGH	AMOITM	0/0		OALL OIGH		0,0		
				·				
	=	=						
			·					
			·					
					1			
			·					
			·	·				

Name Substitute Carriage: Special Statement and Program Log	LEGAL NAME OF OWNER OF Great Plains Cable Te SUBSTITUTE CARRIAGE In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN • During the accounting per	Ievision E: SPECI/ ify every no accounting p ning that mu	AL STATEME	ision program, broadcast by	a distant sta		cable syst	SYSTEM ID# 4962
Substitute Carriage: Special Statement and Program Log	In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every no accounting p ning that mu	onnetwork telev period, under sp	ision program, broadcast by	a distant sta		cable syst	em carried on a
Substitute Carriage: Special Statement and Program Log	In General: In space I, ident substitute basis during the a explanation of the programm 1. SPECIAL STATEMEN	ify every no accounting p ning that mu	onnetwork telev period, under sp	ision program, broadcast by	a distant sta		cable syst	em carried on a
Carriage: Special Statement and Program Log			ist be included i	-	-			s. For a further
Statement and Program Log	 During the accounting per 	I CONCEP						
Program Log		riod, did yo	ur cable syster	m carry, on a substitute ba	sis, any nonr	network televis	sion progi	ram
	broadcast by a distant sta	ition?					YES	× NO
1	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust complete	e the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS							
1	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3 : Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please of every no distant sta egulations, ries like "m Bulls." m was broa sign of the adcast stat nadian stati nth and day ve "5/7." es when th . Example: ter "R" if the and regulat nming that	add additiona onnetwork tele ation and that y or authorizatio ovies" or "bask adcast live, ent station broadd ion's location (ions, if any, the y when your sy he substitute pr a program car e listed program	I rows to the tables. evision program ("substitute your cable system substitute ns. See page (v) of the ger ketball." List specific progra ter "Yes." Otherwise enter " casting the substitute progr (the community to which the e community with which the ystem carried the substitute rogram was carried by your rried by a system from 6:01 m was substituted for prograduring the accounting perio	e program") ti ed for the pro neral instruct am titles, for e 'No." am. e station is id e station is id e program. Us r cable system :15 p.m. to 6 ramming that d; enter the l	hat, during the ogramming of ions for furthe example, "I Lo censed by the entified). se numerals, m. List the tim 5:28:30 p.m. s t your system etter "P" if the	e account another s r informa ove Lucy" FCC or, with the n les accura hould be was <i>requ</i> listed pro	ing station tion. or in nonth ately
-	S		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE			7. REASON FOR		
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH AND DAY	6. TIM		DELETION
			ONLE OFON				10	
-								
-								
-								
-							••••••••	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM IC
Name	Great Plains Cable Television		496
K Bross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount y all amounts (gross receipts) paid to your cable system by subscribers for the system's secon (as identified in space E) during the accounting period. For a further explanation of how to co 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.	idary transmission servi mpute this amount, see	се
	IMPORTANT: You must complete a statement in space P concerning gross receipts.		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 c Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$ 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 LES	S	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you n accounting period is \$52.00	nust pay for this six-mont	h
	Line 1. Royalty fee for accounting period	······	
	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		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more t	han \$137,100)	
	1. Base amount under statutory formula 26	3,800.00	
	2. Enter amount of gross receipts from space K	7,425.17	
	3. Subtract line 2 from line 1	6,374.83	
	4. Enter the amount of gross receipts from space K	217,425.17	_
	5. Enter the amount from line 3	46,374.83	_
	6. Subtract line 5 from line 4	171,050.34	_
	7. Multiply line 6 by .005 (enter figure here)	_\$	855.25
	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	\$	855.25
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less	than \$527,600)	
	1. Enter the employed of group receipts from an equilibrium		
	1. Enter the amount of gross receipts from space K 2. Base amount under statutory formula	3,800.00	
	2. Base amount under statutory formula		
	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	0.00	-
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		_
	7. TOTAL ROTALITI FEE PATABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· · · · · · · · · · · · · · · · · · ·	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	855.25	_
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$	20.00	-
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	875.25
	EFT Trace # or TRANSACTION ID # 76-1316/	1049	

Accounting Period:	2024/1		FORM SA1-2E. PAGE 7.
	LEGAL NAME OF O	DWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains Ca	able Television	4962
M Channels	to its subscribers 1. Enter the total system carried t 2. Enter the total on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	13 109
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Ryan Lentz Telephon	ne 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)	
O Certification	• I, the undersigne	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	(Agent in li X (Office in li • I have examined	t of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 our line 1 of space B. I the statement of account and hereby declare under penalty of law that all statements of fact contained hereir e, and correct to the best of my knowledge, information, and belief, and are made in good faith. I an 1001(1986)]	e system as identified wner of the cable system

	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

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inting Period: 2024/1	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
It Plains Cable Television	496
 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 located in the paper SA1-2 form. 	P Special Statement Concerning Gross Receipts Exclusion
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 Name 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
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 Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	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 Assessment
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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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