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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting		Barcode Data Filing Period (optional - see instructions)							
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.	4980						
		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 us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(radinosi, silves, fural route, apartinent, 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 sufficiency of the fling, a determination that would be made by a court of law.

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

Accounting Period: 2	2024/1	
	[FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Great Plains Cable Television	4980
Aron	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated condiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 hotels.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Served	identified city.	
	CITY OR TOWN	STATE
First	McCook	Nebraska
Community	Trenton	Nebraska
Add Rows as Necessary		

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

4980

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.

BLC	OCK 1		BLOCK 2						
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE				
Residential:									
 Service to first set 	595	24.95	Broadcaster Fee	595	31.50				
 Service to additional set(s) 									
• FM radio (if separate rate)			HD Lease	174	4.95				
Motel, hotel									
Commercial			Converter Fees	122	4.95				
Converter									
Residential									
Non-residential									

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
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		

3	2024/1			FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM I							
IVAIIIE	Great Plains Cable Television										
	PRIMARY TRANSMITTERS	: TELEVISION									
G	•	dentify every television station (including	•	,							
		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									
Primary		(e)(2) and (4), or 76.63 (referring to 76.6	61(e)(2) and (4))]; and (2) certain s	tations carried on a							
Transmitters: Television		as explained in the next paragraph. s: With respect to any distant stations c	arried by your cable system on a s	ubstitute program							
		rules, regulations, or authorizations: ere in space G—but do list it in space I (t	he Special Statement and Program	n Log)—if the							
	station was carried only o	n a substitute basis.	,	•							
		I also in space I, if the station was carrie ion concerning substitute basis stations.									
	Column 1: List each station	on's call sign. <i>Do not</i> report origination p	orogram services such as HBO, ES	SPN, etc. Identify each							
	multicast stream associate "WETA-2" as the same or	ed with a station according to its over-then the form.	e-air designation. For example, re	port multistream							
	Column 2: Give the chan	nel number the FCC assigned to the tele	evision station for broadcasting over	er the air in its community							
		WRC is channel 4 in Washington, D.C. ch case whether the station is a network	station, an independent station, or	a noncommercial							
	educational station, by ent	tering the letter "N" (for network), "N-M"	(for network multicast), "I" (for inde	ependent), "I-M"							
		t), "E" (for noncommercial educational), terms, see page (iv) of the general instru	•	ational multicast).							
	Column 4: Give the locati	ion of each station. For U.S. stations, lis	t the community to which the statio								
	FCC. For Mexican or Can	adian stations, if any, give the name of t	he community with which the static	on is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	1. CALL SIGN KFXL	2. B'CAST CHANNEL NUMBER 15.1	3. TYPE OF STATION N	4. LOCATION OF STATION Lincoln, NE							
dd Rows as Necessary	KFXL	15.1	N	Lincoln, NE							
dd Rows as Necessary	KFXL	15.1 12.1	N E	Lincoln, NE Lincoln, NE							
dd Rows as Necessary	KFXL KUON KUON-EW	15.1 12.1 12.2	N E E-M	Lincoln, NE Lincoln, NE Lincoln, NE							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC	15.1 12.1 12.2 12.3	N E E-M E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC	15.1 12.1 12.2 12.3	N E E-M E-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN	15.1 12.1 12.2 12.3 10.1	E E-M E-M N	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB	15.1 12.1 12.2 12.3 10.1 4 4	E E-M E-M N I-M N	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior, NE							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB	15.1 12.1 12.2 12.3 10.1 4 4.2	E E-M E-M N I-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI	15.1 12.2 12.3 10.1 10.5 4 4.2 13.1	E E-M E-M N I-M N N-M N-M N	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior, NE Kearney,NE							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	15.1 12.1 12.2 12.3 10.1 10.5 4 4.2 13.1 13.3	E E-M E-M N N I-M N N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Kearney, NE Sioux City, Iowa							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI	15.1 12.2 12.3 10.1 10.5 4 4.2 13.1	E E-M E-M N I-M N N-M N-M N	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior, NE Kearney,NE							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	15.1 12.1 12.2 12.3 10.1 10.5 4 4.2 13.1 13.3	E E-M E-M N N I-M N N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior, NE Kearney,NE Sioux City, Iowa							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	15.1 12.1 12.2 12.3 10.1 10.5 4 4.2 13.1 13.3	E E-M E-M N N I-M N N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior, NE Kearney,NE Sioux City, Iowa							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	15.1 12.1 12.2 12.3 10.1 10.5 4 4.2 13.1 13.3	E E-M E-M N N I-M N N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior, NE Kearney,NE Sioux City, Iowa							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	15.1 12.1 12.2 12.3 10.1 10.5 4 4.2 13.1 13.3	E E-M E-M N N I-M N N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior, NE Kearney,NE Sioux City, Iowa							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	15.1 12.1 12.2 12.3 10.1 10.5 4 4.2 13.1 13.3	E E-M E-M N N I-M N N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior, NE Kearney,NE Sioux City, Iowa							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	15.1 12.1 12.2 12.3 10.1 10.5 4 4.2 13.1 13.3	E E-M E-M N N I-M N N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Superior, NE Kearney,NE Sioux City, Iowa							
dd Rows as Necessary	KFXL KUON KUON-EW KUON-EC KOLN KSNB KHGI KHGI KTIV	15.1 12.1 12.2 12.3 10.1 10.5 4 4.2 13.1 13.3	E E-M E-M N N I-M N N-M N-M N-M	Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Lincoln, NE Kearney, NE Sioux City, Iowa							

Accounting Period: 2024/1	FORM SA1-2E. PAGE 4.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Great Plains Cable Television	4980

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

4980

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).

CALLSION	AM or EM	S/D	LOCATION OF STATION T	CALLSION	ANA or ENA	6/D	LOCATION OF STATION
CALL SIGN	AIVI OI FIVI	טוט	LOCATION OF STATION	CALL SIGN	AIVI OI FIVI	3/1/	LOCATION OF STATION
	=						
	=						
	ı	l .	1	1	<u> </u>		I .

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

							1 01	RM SA1-2E. PAGE 5.				
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#				
Name	Great Plains Cable Te	levision						4980				
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log	Log broadcast by a distant station?											
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	must comp	olete the pro	ogram				
	log in block 2.											
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.											
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON											
	S	UBSTITUT	ΓE PROGRAM	1				7. REASON FOR				
	1. TITLE OF PROGRAM		3. STATION'S	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION				
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					
		2. LIVE?	3. STATION'S		CARRIA 5. MONTH	AGE OCC 6.	CURRED TIMES					

Accounting Period:	2024/1 FORM SA1-2E. PAGE (6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television 4986	
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)	\dashv
		-
	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	
	o. Interest charge. Enter the amount nom line 4, space Q, page o	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	_
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	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	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

U.S. Copyright Office

Accounting Period:	2024/1									FORM SA1	-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: able Television								SY	STEM ID# 4980
M Channels		ou must give (1) the number of c			•						
		number of channels on which the television broadcast stations								12	
	on which the ca	number of activated channels able system carried television brast services								109	
N Individual to Be Contacted		BE CONTACTED IF FURTHER about this statement of account.)		RMATION IS	S NEEDED	(Identify an ind	dividual to whor	n			
for Further Information	Name	Ryan Lentz						Telephone	402-456-6457	7	
	Address	P. O. Box 500 (Number, street, rural route, apartme	ent, or sui	ite number)							
		Blair, NE 68808 (City, town, state, zip)									
	Email	rlentz@gpcom.co	om				Fax (optiona	al)			
	CERTIFICATION	(This statement of account mus	t be cer	rtified and si	igned in acc	ordance with C	Copyright Office	regulations)			
Certification	• I, the undersigne	ed, hereby certify that (Check one	e, but oni	ly one , of the	e boxes.)						
	(Owne	er other than corporation or par	rtnershi	ip) I am the o	owner of the	cable system a	as identified in li	ne 1 of space B	3; or		
		t of owner other than corporation	_			-	ent of the owne	r of the cable s	ystem as identified		
		er or partner) I am an officer (if a line 1 of space B.	a corpor	ration) or a p	partner (if a p	artnership) of tl	he legal entity ic	lentified as own	er of the cable sys	tem	
		the statement of account and he e, and correct to the best of my kr on 1001(1986)]	-					ntained herein			
	1		X	/s/Nich	olas Holle	;			1		
					_	ne line above to uture" (e.g., /s/	certify this state John Smith)	ement.			
		Typed or printed r	name:	Nichol	as Holle						
			.	orate Cou		tnership)					
		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.

U.S. Copyright Office

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

counting Period: 2024/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
eat Plains Cable Television	4980
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. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions	Special Statement Concerning Gross Receipts Exclusion
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	
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	
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 (interest charge)	
* 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	

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.

U.S. Copyright Office

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