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

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	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2024/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
ccounting 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 50 (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 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	(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.

AMOUNT

ALLOCATION NUMBER

\$

General instructions are located

A

in the first tab of this workbook

Cable Systems (Short Form)

FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED 8/16/2024

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Great Plains Cable Television	606
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future file	mmunity" is the same as a "community unit" as defined in FCC rules ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or midentified city.	
		STATE
First Community	Elgin	Nebraska Nebraska
Community	Neligh Oakdale	Nebraska
dd Rows as Necessary	Petersburg	Nebraska
du nows as necessary	Ewing	Nebraska

	1							FOI		2E. PAG
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						SYS	
	Great Plains Cable Tele	vision								606
Е	SECONDARY TRANSMISSION									
E	In General: The information in s	•		•		•				
Secondary	system, that is, the retransmissi about other services (including p					•				
Transmission	last day of the accounting period	. ,						ang on the		
Service: Sub-	Number of Subscribers: Both									
scribers and	down by categories of secondar	•		•		•				
Rates	each category by counting the n separately for the particular serv		-	•••		•	-	s charged		
	<b>Rate:</b> Give the standard rate of							ge and the		
	unit in which it is generally billed				ny standa	ard rate variation	ns within a	particular rat	te	
	category, but do not include disc									
	<b>Block 1:</b> In the left-hand block systems most commonly provide	•		•		•				
	that applies to your system. Not								i y	
	categories, that person or entity			-		-			al	
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the		
	first set" and would be counted o	•			• • •	sonvice that or	o difforant	from those		
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		-					٥r	
	with the number of subscribers a					•				
	sufficient.							( )		
	BLC	DCK 1 NO. OF	-				BLOCK	NO. OF	-	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIB	BERS	RAT
	Residential:		000	04.05	Dreede				226	24
	Service to first set		236	24.95	Broadc	aster Fee			236	31.
	• Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel Commercial									
	Converter									
	Residential									
	Non-residential									
	- Non-residential									
	SERVICES OTHER THAN SEC			SIONS: RATES	S					
F	In General: Space F calls for ra	te (not subscri	ber) info	rmation with re	spect to a	• •			ere	
F	<b>In General:</b> Space F calls for ran not covered in space E, that is, the space E is that is, the space E is the space E is the space E is the space B is the	te (not subscri hose services	ber) info that are	ormation with re or not offered in	espect to a combination	ion with any sec	ondary tra	nsmission	ere	
F	<b>In General:</b> Space F calls for ran not covered in space E, that is, the service for a single fee. There are	te (not subscri hose services re two exceptio	ber) info that are ons: you	ermation with re e not offered in do not need to	espect to a combination give rate	ion with any sec information cor	ondary tra	nsmission ) services	ere	
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	2024/1			SYSTEM
Name				60
	Great Plains Cable To			
	PRIMARY TRANSMITTERS:			
G	carried by your cable system	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part-ti	me basis under
Primary	_	e)(2) and (4), or 76.63 (referring to 76.6		-
Transmitters:		s explained in the next paragraph.		
Television		: With respect to any distant stations ca ules, regulations, or authorizations:	arried by your cable system on a su	ostitute program
		e in space G—but do list it in space I (th	he Special Statement and Program	Log)—if the
		also in space I, if the station was carried		
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p		
	multicast stream associated	d with a station according to its over-the	-	-
	"WETA-2" as the same on <b>Column 2</b> : Give the channel	the form. el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community
		/RC is channel 4 in Washington, D.C.	vision station for broadbasting over	
		case whether the station is a network	•	
		ring the letter "N" (for network), "N-M" ( , "E" (for noncommercial educational), c		
	For the meaning of these te	erms, see page (iv) of the general instru	uctions in the paper SA1-2 form.	
		n of each station. For U.S. stations, list	-	•
	FCC. For Mexican or Cana	dian stations, if any, give the name of the time of the stations of the state of th	ne community with which the station	is identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	κτιν	4.1	N	Sioux City, Iowa
	KTIV-LA	4.2	I-M	Sioux City, Iowa
d Rows as Necessary	KFXL	15.1	Ν	Lincoln, NE
	кнді	13.1	N	Kearney, NE
	KHGI	13.3	I-M	
	KSNB	4.1	Ν	Superior, NE
	KOLN	10.1	Ν	Lincoln, NE
		10.3	N-M	
		10.5	I-M	
	KUON	12.1	E	Lincoln, NE
	KUON-EW	12.2	E-M	Lincoln, NE
	KUON-EC	12.3	E-M	Lincoln, NE
			L - 171	
	KNEN	35.1		Norfolk, NE

EGAL NAME OF								SYSTEM I 60
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl					н
Teceivable if (1) on the basis of the or detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate <b>Column 4:</b> 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 e the static ion's sign g a check n's locati	<b>I-Band FM Carriage:</b> Under ( stem whenever it is received at ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process c 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 anto his point, see pa ed by the cable s he station is licen	eadend, and (2 enna, during c ige (v) of the g system as a se sed by the FC	2) it can ertain st general in eparate	be expected, ated 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	
5		0,0				0,0		
			·					
				·				
	<b>-</b>							
				·				
			·	·				
				·				
			·	·				

Accounting Perio	-		OTEM				FORM	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF Great Plains Cable Te		STEM:					SYSTEM ID# 6064
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
Substitute	<b>In General:</b> In space I, ident substitute basis during the a explanation of the programn	accounting p	period, under sp	pecific present and former F	CC rules, reg	ulations, or aut	thorization	s. For a further
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	• During the accounting pe	riod, did yo	ur cable syste	m carry, on a substitute ba	sis, any nonr	network tel <u>evi</u> s	sion progr	ram
Program Log	broadcast by a distant sta	ation?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you i	must complete	e the prog	Iram
	log in block 2. 2. LOG OF SUBSTITUT							
	period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs <b>Column 2:</b> If the progra <b>Column 3:</b> Give the call <b>Column 4:</b> Give the bro the case of Mexican or Call <b>Column 5:</b> Give the mo first. Example: for May 7 gi <b>Column 6:</b> State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please of every no a distant state egulations, ries like "m . Bulls." m was broat sign of the adcast state nadian state nth and day ve "5/7." tes when the . Example: ter "R" if the and regulate mming that	e add additiona onnetwork tele ation and that y or authorizatio ovies" or "bask adcast live, ent station broade ion's location ( ions, if any, the y when your sy he substitute pr a program car e listed program tions in effect o	I rows to the tables. evision program ("substitute your cable system substitute ns. See page (v) of the gen ketball." List specific progra ter "Yes." Otherwise enter " casting the substitute progra (the community to which the community with which the ystem carried the substitute rogram was carried by your rried by a system from 6:01 m was substituted for prog during the accounting perio	e program") t ted for the pro neral instruct am titles, for o "No." ram. e station is lid e program. U r cable syste 1:15 p.m. to 6 ramming that od; 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 letter "P" if the	e account another s er informa ove Lucy" e FCC or, with the n nes accura hould be was <i>requ</i> e listed pro	ing station tion. or in nonth ately
				Δ		N SUBSTITU AGE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM	I	3. STATION'S		5. MONTH AND DAY	6. TIM		DELETION
		103 01 110	OALL OIGH				10	
							••••••	
							•	
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Accounting Period:	2024/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 6064
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.	mission 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 for accounting period is \$52.00	<sup>.</sup> this 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	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ <b>52.00</b>
	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	··· <u> </u>	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	<ol> <li>Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)</li></ol>	<u>52.00</u> 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 Regis See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab fo		

Accounting Period:	2024/1		FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:	SYSTEM ID#
	Great Plains Ca	able Television	6064
M Channels	to its subscribers 1. Enter the total system carried t 2. Enter the total on which the ca	u must give (1) the number of channels on which the cable system carried television broadcast stations , and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations	13 109
N Individual to Be Contacted		<b>BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom bout this statement of account.)	
for Further Information	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)	
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.) e <b>r other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B;	; or
		t <b>of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable sys ine 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
		<b>er or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owne ine 1 of space B.	er of the cable system
		the statement of account and hereby declare under penalty of law that all statements of fact contained herein e, and correct to the best of my knowledge, information, and belief, and are made in good faith. 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.

inting Period: 2024/1	FORM SA1-2E. PAGE
NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
It Plains Cable Television	606
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	- - -
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. 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
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.         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.