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	OUNTING PERIOD COVERED BY TH	S STATEMENT: (YYYY	//(Period))	
			I = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period					
В		Instructions: Give the full legal name of the owner of the cable s of the subsidiary, not that of the parent corporation		y of another corporation, give the full corpora	ate title
Owner		List any other name or names under which the owr	er conducts the business of the ca	able system.	
		If there were different owners during the accounting single statement of account and royalty fee payments of account accou			nit a
		Check here if this is the system's first filing. If not, e	enter the system's ID number assig	gned by the Licensing Division.	704
		LEGAL NAME OF OWNER/MAILING ADDRI	ESS OF CABLE SYSTEM		
		Great Plains Cable Television			
		BUSINESS NAME(S) OF OWNER OF CABLE	SYSTEM (IF DIFFERENT)		
			0.VOTEM		
		MAILING ADDRESS OF OWNER OF CABLE P. O. Box 500	SYSTEM		
		(Number, street, rural route, apartment, or suite number) Blair, NE 68008			
С		(City, town, state, zip) UCTIONS: In line 1, give any business or t already appear in space B. In line 2, give t			
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)			

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

DATE RECEIVED

**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.

## General instructions are located

4

in the first tab of this workbook

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

NJ	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Great Plains Cable Television	7
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 as the "first community." Please use it as the first community on all future filings.	nity" is the same as a "community unit" as defined in FCC rul communities within unincorporated areas and including sing
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Sutherland	Nebraska
Community	Hershey	Nebraska Nebraska
	Tryon iTV	
d Rows as Necessary		

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Great Plains Cable Tele	vision							70
Е	SECONDARY TRANSMISSION								
	In General: The information in s system, that is, the retransmission	-		-		-			
Secondary	about other services (including p								
Transmission	last day of the accounting period							C	
Service: Sub-	Number of Subscribers: Both						-		
scribers and Rates	down by categories of secondary each category by counting the n	•		•		•			
Rales	separately for the particular serv		-	•••		•	•	ns charged	
	Rate: Give the standard rate of							arge and the	
	unit in which it is generally billed			,	•	ard rate variatio	ns within	a particular rate	
	category, but do not include disc					aandari (tranam		rvice that apple	
	<b>Block 1:</b> In the left-hand block systems most commonly provide			-		•			
	that applies to your system. <b>Not</b>								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count ι	under "Sei	rvice to the	
	first set" and would be counted o	•			• • •	anning that a	ra diffarar	t from these	
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a					•			
	sufficient.	,	0			I			
	BLC	DCK 1 NO. OF	-				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:				_	_			
	<ul> <li>Service to first set</li> </ul>		163	24.95	Broadc	aster Fee		163	31.5
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		•				
F	not covered in space E, that is, t					•			
Services	service for a single fee. There and furnished at cost or (2) services		-		-		-		
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions:				•					
Rates	<b>Block 2:</b> List any services that listed in block 1 and for which a	• •			-	-			
	brief (two- or three-word) descrip		-		ISHEU. LISI				
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE		BLOCK 2 SORY OF SERVICE	RATE
	Continuing Services:	RAIE		ation: Non-res		RATE	CATEC	ORT OF SERVICE	RAIL
	Pay cable	16.95		tel, hotel	lacilla				
	Pay cable—add'l channel	12.95		mmercial			••••••		
	• Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	65.00		glar protection					
	Additional set(s)	65.00		services:					
	• FM radio (if separate rate)	00.00		connect		65.00			
						00.00			
	Converter		• ))0	connect					
	• Converter			connect		65.00			
	• Converter		• Ou	connect tlet relocation ve to new addr	955	65.00 65.00			

ccounting Period:				FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER C			SYSTEM ID
	Great Plains Cable T			70-
	PRIMARY TRANSMITTERS:	TELEVISION entify every television station (including		
G Primary Transmitters: Television	FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p d with a station according to its over-the	the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep- pr "E-M" (for noncommercial educa- inctions in the paper SA1-2 form. the community to which the station	rams [sections ations carried on a ubstitute program Log)—if the so on some other ctions. PN, etc. Identify each bort multistream r the air in its community a noncommercial pendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KNOP	2.1	N	North Platte, NE
	KHGI	13.1	N	Kearney, NE
	KHGI	13.3	I-M	
			<u>г-м</u>	
Add Rows as Necessary	KUON	12.1		Lincoln, NE
	KUON-EW	12.2	E-M	
	KUON -EC	12.3	E-M	
	KSNB	4.2	I-M	Superior, NE
	KNPL	10.1	N	North Platte, NE
	КШТ	11.1	Ν	North Platte, NE
		11.2	I-M	

EGAL NAME O								SYSTEM II
Great Plains	Cable Tele	evision						7
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S	it is carried by monitoring, to ormation abou rm. dentify the call state whether t	y the sys be receir It the Co I sign of e the statio	I-Band FM Carriage: Under of them whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM.	t the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain st jeneral ii	be expected, ated intervals. nstructions in the.	Primary Transmitters Radio
signal, indicate Column 4: O	this by placing Give the station	g a check n's locati	nal was electronically process < mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC	-		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		5/0	LOOKTION OF STATION			3/0	LOOATION OF STATION	
				·				
					·			
				·				

Accounting Perio	d: 2024/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SY	STEM:					SYSTEM ID#
Name	Great Plains Cable Te	levision						704
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	tify every no	onnetwork televi	<i>ision program,</i> broadcast b	y a <i>distant</i> stat	tion, that yo	ur cable sys	stem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	-			he general inst	ructions in	the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	T CONCEI	RNING SUBS	TITUTE CARRIAGE				
Statement and	<ul> <li>During the accounting pe</li> </ul>	riod, did yo	our cable syster	n carry, on a substitute ba	asis, any nonn	etwork tele	evision prog	Iram
Program Log	broadcast by a distant sta	ation?					YES	X NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	is "Yes," you n	nust compl	ete the pro	gram
	log in block 2.					•		-
	2. LOG OF SUBSTITUT	E PROGR	AMS					
	In General: List each subs		•		is wherever po	ossible, if th	neir meanin	g is
	clear. If you need more spa				······································	at during	the energy	ting
	period, was broadcast by a	•		vision program ("substitut our cable system substitu		-		-
	under certain FCC rules, re		•	-	•	•		
	Do not use general catego		ovies" or "bask	etball." List specific progr	am titles, for e	example, "I	Love Lucy"	' or
	"NBA Basketball: 76ers vs.		adaaat liya aat	er "Yes." Otherwise enter	"No."			
				casting the substitute prog				
		•		the community to which the	·	ensed by t	he FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		y when your sy	stem carried the substitut	e program. Us	se numeral	s, with the i	month
			ne substitute pr	ogram was carried by you	ır cable syster	n. List the t	times accur	rately
	to the nearest five minutes							
	stated as "6:00–6:30 p.m."	tor "D" if th	a liated program	n waa aubatitutad far pros	we we we in a the of	ver evete		uire d
	to delete under FCC rules			n was substituted for prog luring the accounting perio				
	was substituted for program			0 01	,			ogram
	effect on October 19, 1976	<b>.</b>						
	S	UBSTITUT	TE PROGRAM	1		N SUBSTI		7. REASON FOR
	S 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		7. REASON FOR DELETION
			3. STATION'S	1 4. STATION'S LOCATION	CARRI	AGE OCCI	JRRED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCI 6. T		

Accounting Period:	2024/1	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 704
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form.         Gross receipts from subscribers for secondary transmission service(s)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission service
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	r this six-month
	Line 1. Royalty fee for accounting period	··· <b>\$ 52.00</b>
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	···· <u>\$                                 </u>
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	,100)
	1. Base amount under statutory formula         \$ 263,800.00	<u> </u>
	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	<u> </u>
	3. Subtract line 2 from line 1	_
	4. Multiply line 3 by .01	

	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID # 76-1316/1049		
	<b>Important:</b> Your remittance must be in the form of an electronic payment payable to the Regist See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for		

Accounting Period:	2024/1		FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Great Plains Ca	able Television	704
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 a, 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	10 109
N Individual to Be Contacted		<b>BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Ryan Lentz       Telephone       4	02-456-6457
	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.) <b>Fr other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; o	or
		<b>t of owner other than corporation or partnership)</b> I am the duly authorized agent of the owner of the cable syst line 1 of space B and that the owner is not a corporation or partnership; or	tem 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 owner line 1 of space B.	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

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unting Period: 2024/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
at Plains Cable Television	70
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	-
<b>INTEREST ASSESSMENT</b> 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 Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
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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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 Assessme

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