

REMITTANCE #: 104497

CONTROL #: 27799



cable worksheet

Total Amount of Remittance: \$ 1,106.87
 Number of SAs Rec'd: 2
 Initials: MJK
 Date of Remittance: 7/30/12
 check MO EFT

Improper Remittance Letter Sent / / Proper Rem. Rec'd / / Date of Rem. / /

CABLE ID #: 27799
 Examined by: [Signature] Reviewed by: _____ Date Examination Completed: 11/8/12 Allocation Number: 919270
 Amount/Initials: VP \$ 1,054.87

SPACE A ACCOUNTING PERIOD

January 1—June 30, 12 2012 July 1—December 31, 12
 Letter sent Information received
 Accepted Phone call/Data/Contact

SPACE B OWNER

Letter sent Information received
 Accepted Phone call/Data/Contact

SPACE D AREA SERVED

RECEIVED JUL 30 2012 LICENSING DIVISION

Letter sent Information received
 Accepted Phone call/Data/Contact

SPACE E SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Letter sent Information received
 Accepted Phone call/Data/Contact

SPACE G PRIMARY TRANSMITTERS: TELEVISION

KSAS - T' KADE - ICAKE
 KOD - E'

Letter sent Information received
 Accepted Phone call/Data/Contact

SPACE H PRIMARY TRANSMITTERS: RADIO

Accepted Phone call/Data/Contact

**SPACE I
SUBSTITUTE
CARRIAGE**

Letter sent Information received
 Accepted Phone call/Date/Contact

**SPACE J
PART-TIME
CARRIAGE
LOG**

(2AS only)

Letter sent Information received
 Accepted Phone call/Date/Contact

**SPACE K
GROSS
RECEIPTS**

Letter sent Information received
 Accepted Phone call/Date/Contact

**SPACE L
COPYRIGHT
ROYALTY
FEE**

Fee should be \$ Refund request to Fiscal
 Letter sent Info/Add'l Fee received
 Accepted Phone call/Date/Contact

**SPACE M
CHANNELS**

Letter sent Information received
 Accepted Phone call/Date/Contact

**SPACE O
CERTIFICATION**

Letter sent Information received
 Accepted Phone call/Date/Contact

**SPACE P
STATEMENT OF
GROSS
RECEIPTS**

Letter sent Information received
 Accepted Phone call/Date/Contact

**SPACE Q
INTEREST
ASSESSMENT**

Letter sent Info/Add'l Fee received
 Accepted Phone call/Date/Contact

**IF YOU ARE FILING FOR A PRIOR ACCOUNTING PERIOD,
CONTACT THE LICENSING DIVISION FOR THE CORRECT FORM.**

**SA1-2
Short Form**

STATEMENT OF ACCOUNT
*for Secondary Transmissions
by Cable Systems (Short Form)*

General instructions are at the
end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
	\$ 1,054.87 ^D ^{PL} 1,054.87
	ALLOCATION NUMBER
	919270

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries,
see page ii of the general
instructions.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: JANUARY 1 - JUNE 30, 2012																							
B Owner	<p>Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.</p> <p>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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p><i>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.</i></p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM:</p> <div style="text-align: center;">  27799 2012/1 SA 2 </div> <p>GOLDEN BELT TELEPHONE ASSOCIATION INC PO BOX 229 RUSH CENTER, KS 67575-0229</p>																							
C System	<p>Instructions: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p> <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">1</td> <td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3">MAILING ADDRESS OF CABLE SYSTEM:</td> </tr> <tr> <td></td> <td colspan="3">..... (Number, street, rural route, apartment, or suite number)</td> </tr> <tr> <td></td> <td colspan="3">..... (City, town, state, zip)</td> </tr> </table>				1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM:			 (Number, street, rural route, apartment, or suite number)			 (City, town, state, zip)						
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2	MAILING ADDRESS OF CABLE SYSTEM:																							
 (Number, street, rural route, apartment, or suite number)																							
 (City, town, state, zip)																							
D Area Served	<p>Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the <i>first community on all future filings</i>.</p> <p>Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 25%;">CITY OR TOWN</th> <th style="width: 25%;">STATE</th> <th style="width: 25%;">CITY OR TOWN</th> <th style="width: 25%;">STATE</th> </tr> </thead> <tbody> <tr> <td>RUSH CENTER</td> <td>KS</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">SEE ATTACHED FOR LIST OF ALL TOWNS</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table>				CITY OR TOWN	STATE	CITY OR TOWN	STATE	RUSH CENTER	KS			SEE ATTACHED FOR LIST OF ALL TOWNS			
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

GOLDEN BELT TELEPHONE ASSOCIATION INC, PO BOX 229 27799

Name

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.

E

Secondary
Transmission
Service:
Subscribers
and Rates

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
• Service to first set	2837	13.95/mo			
• Service to additional set(s)					
• FM radio (if separate rate)					
Motel, hotel					
Commercial					
Converter					
• Residential					
• Nonresidential					

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.

F

Services
Other Than
Secondary
Transmissions:
Rates

BLOCK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential	
• Pay cable up to 10.95/mo		• Motel, hotel	Digital Basic 10.95/mo
• Pay cable—add'l channel		• Commercial	Digital Movies 12.95/mo
• Fire protection		• Pay cable	Digital Spanish 13.95/mo
• Burglar protection		• Pay cable—add'l channel	
Installation: Residential		• Fire protection	
• First set		• Burglar protection	
• Additional set(s)		Other Services:	
• FM radio (if separate rate)		• Reconnect	
• Converter		• Disconnect	
		• Outlet relocation	
		• Move to new address	

D. AREA SERVED:

RUSH CENTER	KS	
ST JOHN	KS	
ALEXANDER	KS	
BEÉLER	KS	
BISON	KS	
BROWNELL	KS	
BAZINE	KS	
BURDETT	KS	
GARFIELD	KS	
OTIS	KS	
TIMKEN	KS	
ROZEL	KS	
UTICA	KS	
LEWIS	KS	
LEIBENTHAL	KS	
NESS CITY	KS	
RANSOM	KS	
SCHOENCHEN	KS	1/12-5/12
MCCRACKEN	KS	
ALBERT	KS	
PAWNEE ROCK	KS	
LACROSSE	KS	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GOLDEN BELT TELEPHONE ASSOCIATION INC, PO BOX 229 27799
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G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement 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 basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do *not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each station separately; for example WETA-simulcast).


Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page iv of the general instructions.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNC ✓	2	N	GREAT BEND, KS
KSAS ✓	4	N	WICHITA, KS
KBSH ✓	7	N	HAYS, KS
KOOD	9	N	BUNKER HILL, KS
KADE	10	N	WICHITA, KS
WGN	11	N	CHICAGO, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM: GOLDEN BELT TELEPHONE ASSOCIATION INC, PO BOX 229 27799	Name
<p>GROSS RECEIPTS</p> <p>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 (vi) of the general instructions.</p> <ul style="list-style-type: none"> • Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ▶ <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24pt; margin: 0;">K</p> <p style="margin: 0;">Gross Receipts</p> </div>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="margin: 0;">\$ 237,387.00</p> <p style="margin: 0; font-size: 10pt;">(Amount of gross receipts)</p> </div>	
<p>COPYRIGHT ROYALTY FEE</p> <p>Instructions: To compute the royalty fee you owe:</p> <ul style="list-style-type: none"> • 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 <p>See page (vi) of the general instructions for more information.</p>	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p style="font-size: 24pt; margin: 0;">L</p> <p style="margin: 0;">Copyright Royalty Fee</p> </div>
<p>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</p>	
<p>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</p>	
Line 1. Royalty fee for accounting period	\$ 52.00
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$
<p>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</p>	
1. Base amount under statutory formula	\$263,800
2. Enter amount of gross receipts from space K	237,387
3. Subtract line 2 from line 1	26,413
4. Enter the amount of gross receipts from space K	237,387
5. Enter the amount from line 3	26,413
6. Subtract line 5 from line 4	210,974
7. Multiply line 6 by .005 (enter figure here)	\$ 1054.87
8. Interest charge. Enter the amount from line 4, space Q, page 8	\$ -0-
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$ 1054.87
<p>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</p>	
1. Enter the amount of gross receipts from space K	\$
2. Base amount under statutory formula	\$263,800
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)	\$1,319
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	\$
<p>IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i>. See page i of the general instructions for more information.</p>	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: GOLDEN BELT TELEPHONE ASSOCIATION INC, PO BOX 229 27799
M Channels	<p>CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations. 6</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 52</p>
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can write or call about this statement of account.)</p> <p>Name..... Krista Steinert Telephone 785-372-4236 <small>(Area code)</small></p> <p>Address..... PO Box 229 <small>(Number, street, rural route, apartment, or suite number)</small> Rush Center, KS 67575-0229 <small>(City, town, state, zip)</small></p> <p>Email (optional) Fax (optional).....</p>
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or <input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B. <ul style="list-style-type: none"> • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] <p style="text-align: center;">  Handwritten signature: <u>James A Jecha</u> </p> <p style="text-align: center;"> Typed or printed name: James A Jecha President </p> <p style="text-align: center;"> Title: _____ <small>(Title of official position held in corporation or partnership)</small> </p> <p style="text-align: center;"> Date: 7/27/12 </p>

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LEGAL NAME OF OWNER OF CABLE SYSTEM: GOLDEN BELT TELEPHONE ASSOCIATION INC, PO BOX 229 27799	Name
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<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>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."</p> <p>For more information on when to exclude these amounts, see the note on page (vi) of the general instructions.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width:50%; padding: 2px;">Name</td> <td style="width:50%; padding: 2px;">Name</td> </tr> <tr> <td style="padding: 2px;">Mailing address</td> <td style="padding: 2px;">Mailing address</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> <tr> <td style="padding: 2px;">.....</td> <td style="padding: 2px;">.....</td> </tr> </table>	Name	Name	Mailing address	Mailing address	<p style="font-size: 2em; font-weight: bold;">P</p> <p style="text-align: center; font-weight: bold;">Special Statement Concerning Gross Receipts Exclusions</p>
Name	Name								
Mailing address	Mailing address								
.....								
.....								

<p>INTEREST ASSESSMENT</p> <p>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 (vii) of the general instructions.</p> <p>Line 1. Enter the amount of late payment or underpayment \$ _____</p> <p style="text-align: right; margin-right: 100px;">x _____ %</p> <p>Line 2. Multiply line 1 by the interest rate* and enter the sum here _____</p> <p style="text-align: right; margin-right: 100px;">x _____ days</p> <p>Line 3. Multiply line 2 by the number of days late and enter the sum here _____</p> <p style="text-align: right; margin-right: 100px;">x .00274</p> <p>Line 4. Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6 \$ _____</p> <p style="text-align: right; margin-right: 100px;">(interest charge)</p> <p style="font-size: 0.8em; margin-top: 10px;">* 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@loc.gov.</p> <p style="font-size: 0.8em;">**This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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.</p> <p>Owner</p> <p>Address</p> <p>ID number</p> <p>First community served</p> <p>Accounting Period</p>	<p style="font-size: 2em; font-weight: bold;">Q</p> <p style="text-align: center; font-weight: bold;">Interest Assessment</p>
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*NOT ADMITTED IN VA

Writer's Direct Dial
(703) 584-8665
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August 6, 2012

Licensing Division
Copyright Office
Library of Congress
101 Independence Ave., SE
Washington, D. C. 20557



Re: SA1-2 2012/1
Golden Belt Telephone Association, Inc.

Rush Center, Kansas, *et al.*
Offerle, Kansas

Dear Sir or Madame:

On behalf of Golden Belt Telephone Association, Inc. submitted herewith are the company's Statements of Account (Forms SA1-2) for cable television system secondary transmissions at the communities referenced above for the period January 1 through June 30, 2012. Royalty fees totaling \$1,106.87 have been paid electronically.

Should any inquiry be necessary concerning this matter, please contact the undersigned.

Very truly yours,

A handwritten signature in cursive script that reads "Pamela L. Gist".

Pamela L. Gist