

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: **Great Plains Cable Television** SYSTEM ID# **704**

I
Substitute Carriage: Special Statement and Program Log

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 broadcast by a distant station? YES NO

Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 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.

SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED		7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	
					—	
					—	
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Great Plains Cable Television	SYSTEM ID# 704
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K Gross Receipts	<p>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.</p> <div style="float: right; border: 1px solid black; padding: 5px;"> <p>\$ 93,566.09 (Amount of gross receipts)</p> </div> <p>IMPORTANT: You must complete a statement in space P concerning gross receipts.</p>
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L Copyright Royalty Fee	<p>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.</p> <p style="text-align: center;">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> <p>Line 1. Royalty fee for accounting period \$ 52.00</p> <p>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00</p> <p style="text-align: center;">BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</p> <p>1. Base amount under statutory formula \$ 263,800.00</p> <p>2. Enter amount of gross receipts from space K _____</p> <p>3. Subtract line 2 from line 1 _____</p> <p>4. Enter the amount of gross receipts from space K _____</p> <p>5. Enter the amount from line 3 _____</p> <p>6. Subtract line 5 from line 4 _____</p> <p>7. Multiply line 6 by .005 (enter figure here) _____</p> <p>8. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8 _____</p> <p style="text-align: center;">BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</p> <p>1. Enter the amount of gross receipts from space K _____</p> <p>2. Base amount under statutory formula \$ 263,800.00</p> <p>3. Subtract line 2 from line 1 _____</p> <p>4. Multiply line 3 by .01 _____</p> <p>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00</p> <p>6. Interest charge. Enter the amount from line 4, space Q, page 8 0.00</p> <p>7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 _____</p>
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FILING FEE AND TOTAL REMITTANCE DUE

Filing Fee and Total Remittance Due	<p>1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00</p> <p style="text-align: center;">EFT Trace # or TRANSACTION ID # 21CTX104913162769101</p> <p>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.</p>
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M Channels	<p>CHANNELS</p> <p>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 16</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 109</p>
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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 contact about this statement of account.)</p> <p>Name LeaAnn Quist Telephone 402-456-6434</p> <p>Address P. O. Box 500 <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Blair, NE 68808 <small>(City, town, state, zip)</small></p> <p>Email lquist@gpcom.com Fax (optional)</p>
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O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</p> <ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <p><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</p> <p><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</p> <p><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.</p> <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;"> X /s/Janelle Allison</p> <p style="text-align: center;"><small>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</small></p> <p>Typed or printed name: Janelle Allison</p> <p>Title: CFO & COO <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: August 29, 2019</p>
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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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Great Plains Cable Television

704

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 made by satellite carriers to satellite dish owners?

NO

YES. Enter the total here and list the satellite carrier(s) below. \$ _____

P

Special Statement Concerning Gross Receipts Exclusion

Name _____
Mailing Address _____

Name _____
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.

Line 1 Enter the amount of late payment or underpayment _____

x _____

Line 2 Multiply line 1 by the interest rate* and enter the sum here -

x _____ days

Line 3 Multiply line 2 by the number of days late and enter the sum here -

x 0.00274

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 _____

Q

Interest Assessment

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CONTROL #: 698

REMITTANCE #: 119144



Cable Worksheet

\$6,467.19	12	
Total amount of remittance	Number of SAs rec'd	Initials
<hr/>		
08/23/19	<input type="checkbox"/> Check	<input checked="" type="checkbox"/> EFT
Date of remittance	<input checked="" type="checkbox"/> FILING FEES	

Cable ID #	704	Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number
TC		11/15/19	1017186
		\$67.00	RIC

Space A Accounting Period			
	<input type="checkbox"/> January 1 - June 30, 20__	<input type="checkbox"/> July 1 - December 31, 20__	
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space B Owner			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space D Area Served			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space E Secondary Transission Service Subscribers: and Rates			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space G Primary Transmitters: Television			
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received	
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

Space H Primary Transmitters: Radio			
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact	

	Space I Substitute Carriage
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space K Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phoe call/Date/Contact
	Space M Channels
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space O Certification
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space Q Interest Assessment
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact