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 COPYRIGH	IT OFFICE USE ONLY	Beturn completed workboo by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	- <u>coplicsoa@loc.gov</u> For additional information,
General instructions are located in the first tab of this workbook	8/21/2017	ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting 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.	28347
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Cunningham Communications, Inc.	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number)	
		Glen Elder, KS 67446-9795 (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 is 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)	
		(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 sufficiency of the fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		
	Cunningham Communications, Inc.	28347
_	Instructions: List each separate community served by the cable system. A "communit	
D	"a separate and distinct community or municipal entity (including unincorporated cor	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis	t will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he	ome parks should be reported in parentheses below the
Served	identified city.	
		Ι
	CITY OR TOWN	STATE
First	Jamestown	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							A1-2E. PAG
Name	Cunningham Communio								2834
	SECONDARY TRANSMISSION				TEP				
E	In General: The information in s			-	-	rransmission s	ervice of th	ne cable	
—	system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period								
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							chargeu	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed	(Example: "\$2	20/mth"). Summarize a					
	category, but do not include disc								
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o	nce again und	er "Ser	vice to additiona	al set(s)."				
	Block 2: If your cable system I								
	printed in block 1 (for example, the								
	with the number of subscribers a sufficient.	nd rates, in the	e right-r	hand block. A tv	/o- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOCK	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SE	BVICE	NO. OF SUBSCRIBERS	RA
	Residential:	SUBSCRIB	EKO	NATE	CAT	LOOKT OF SE	NICE	SUBSCRIBERS	
	Service to first set		62	35.95					
			02	35.95					
	Service to additional set(s)								
	• 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 rat	•	,		•	• •			
•	not covered in space E, that is, the								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-			
ransmissions:	Block 1: Give the standard rat								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip				SHEU. LISU			i lotti ol a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA
	Continuing Services:			ation: Non-res					
	• Pay cable	8.50-47.00	• Mo	otel, hotel			Expand	ded Basic	86.
	• Pay cable—add'l channel			mmercial			Digital		14.
	Fire protection			y cable			HD Plu		4.
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection	-				
	• First set			rglar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		25.00			
	• Converter			sconnect		23.00			
				SCOTTICCL					
				that releast		AF AA			
				itlet relocation		25.00 25.00			

ounting Period: 2	2017/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF			SYSTEM ID:
	Cunningham Commu	•		28347
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, a: Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c les, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part-tir he carriage of certain network program 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a substi- the Special Statement and Program L d both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a fulfor network multicast), "I" (for independent or "E-M" (for noncommercial education program in the paper SA1-2 form. t the community to which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	N	Superior, NE
	KSNC	2	N	Great Bend, KS
d Rows as Necessary	KSNT	- 22	N	Topeka, KS
Thows as necessary	KFXL	4	N	Superior, NE
	KSCW	33	N	Wichita, KS
	KAKE	10	N	Wichita, KS
	KBSH	7	N	Hays, KS
	WIBW	13	N	Topeka, KS
	KOOD	9	E	Bunker Hill, KS
	KGIN		N	Lincoln, NE
	KHGI	13		
			<u>N</u>	Kearney, NE
	KAAS	18	N	Salina, KS
	KSHB	41	<u>N</u>	Kansas City, MO
	КМТW	35	<u>N</u>	Wichita, KS

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF Cunninghan								SYSTEM ID# 28347
Cuminghan			s, mc.					20347
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried b monitoring, to prmation about rm. dentify the call state whether the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under C stem 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. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain si leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			the community with which the			00, 11		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.					28347
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, ident		-		-	ion that you	ir cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of th	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBST	ITUTE CARRIAGE				
Special	During the accounting per	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork televis	<u>sion</u> progran	1 <u> </u>
Statement and Program Log	broadcast by a distant sta	tion?					YES	NO
Frogram Log	Note: If your answer is "No	" loovo tho	root of this pag	o blonk. If your onowor in	"Voo " vou mi			
	-	, leave the	rest of this pag	e blank. Il your answer is	res, you mu	ist complete	e the program	п
	log in block 2. 2. LOG OF SUBSTITUTE		Me					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible if thei	r meaning is	
	clear. If you need more spa				more religion		i mouning io	
				sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	ies like "mo	vies" or "baske	ball " List specific program	n titles for example	ample "I I o	ve Lucv" or	1.
	"NBA Basketball: 76ers vs.					p.o, . <u>-</u> o		
				"Yes." Otherwise enter "				
				sting the substitute progra e community to which the		nead by the	ECC or in	
	the case of Mexican or Can							
	Column 5: Give the mor	th and day	when your sys	tem carried the substitute	program. Use	numerals,	with the mor	nth
	first. Example: for May 7 give							
				gram was carried by your				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. si	noula be	
		er "R" if the	listed program	was substituted for progra	amming that y	our system	was require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	nd regulation	ons in	
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM		CARR	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM	TIMES — TO	DELETION
					-		<u>—</u>	
					-		<u> </u>	
							<u> </u>	
							_	
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							_ 	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 28347
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 s amount, see	of e 3,333.10
L 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 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. 	\$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	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	\$	52.00
	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 \$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)	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
]
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: 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 for more informat		hts!

Accounting remou.	: 2017/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: n Communications, Inc.	SYSTEM ID# 28347
M Channels	 to its subscribe Enter the to system carrie Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period.	14 83
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom ct about this statement of account.)	
for Further Information	Name	Brent Cunningham Telephone 785-5	545-3215
	Address	PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or sulte number) Glen Elder, KS 67446 (City, town, state, zip)	
	Email	brent@ctctelephony.tv Fax (optional) 785-545-3277	
O Certification	I, the undersig X (Ow (Age (Of I have examinare true, complete	ON (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) vner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or fficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein plete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (corporation 1001(1986)]	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Enter an electronic signature on the line above to certify this statement.	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	

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unting Period: 2017/1		FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
ningham Communications, Inc.		283
SPECIAL STATEMENT CONCERNING GROSS REC The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the g service of providing secondary transmissions of primary to scribers and amounts collected from subscribers receivin For more information on when to exclude these amounts, see the located in the paper SA1-2 form. During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners? NO	n 111(d)(1)(A), of the Copyright Act by adding the fol- ross amounts paid to the cable system for the basic proadcast transmitters, the system shall not include sub- g secondary transmissions pursuant to section 119." e note on page (vii) of the general instructions	P Special Statemen Concerning Gross Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	w	
Name	Name Mailing Address	
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments su		•
Line 1 Enter the amount of late payment or underpayment	general instructions located in the paper SA1-2 form.	L Interest Assessme
	x	L Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment	x re xdays	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum her	x re	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment 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 se Line 4 Multiply line 3 by 0.00274** and enter here	x - re - x	L L L L L L L L L L L L L L L L L L L
 Line 1 Enter the amount of late payment or underpayment 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 second secon	x	LA Interest Assessme
 Line 1 Enter the amount of late payment or underpayment 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 second sec	x	L L L L L L L L L L L L L L L L L L L
 Line 1 Enter the amount of late payment or underpayment 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 second sec	x	L L L L L L L L L L L L L L L L L L L
 Line 1 Enter the amount of late payment or underpayment 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 second sec	x	La Interest Assessme
 Line 1 Enter the amount of late payment or underpayment 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 set 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 b * To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensir ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of actist below the owner, address, first community served, ID number 	x	L L L L L L L L L L L L L L L L L L L
Line 1 Enter the amount of late payment or underpayment 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 se 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 b * To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensir ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of ac list below the owner, address, first community served, ID number	x	LA Interest Assessme
Line 1 Enter the amount of late payment or underpayment 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 se 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 b * To view the interest rate chart click on <i>www.copyright.gov/li</i> contact the Licensing Division at (202) 707-8150 or licensin ** This is the decimal equivalent of 1/365, which is the interest NOTE: If you are filing this worksheet covering a statement of ac list below the owner, address, first community served, ID number Owner Address	x	La Interest Assessme

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