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 FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 8/21/2017 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/1 Period 1 = 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 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.	29881
		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 us 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)	
μ			

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.	29881
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.	communities within unincorporated areas and including single,
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	Jewell	KS
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							A1-2E. PAG
Name	Cunningham Communio	cations, Inc.	I						2988
	SECONDARY TRANSMISSION				TEP				
E	In General: The information in s			-	-	r transmission s	service of the	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								
	printed in block 1 (for example, the subscribers of								
	with the number of subscribers a sufficient.	ind rates, in the	e right-r	Iand DIOCK. A tv	/o- or three	e-word description	on of the s	ervice is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	CODOCIAD		TUTE	0,111			CODECITIDEITO	101
	Service to first set		99	35.95					
	Service to additional set(s)			00.00					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	3				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the space E is that is, the space E is the space of the space o								
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.	-	-		-		0	
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			nonn or a	
	CATEGORY OF SERVICE	BLO0 RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICI	E RAT
	Continuing Services:			ation: Non-res					
	• Pay cable	8.50-47.00	• Mc	otel, hotel			Expand	ded Basic	86.
	• Pay cable—add'l channel		• Co	mmercial			Digital		14.
	Fire protection		•Pa	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		_0.00			
	Convertor								
			• • • •	tlet relocation		25.00			
				tlet relocation	266	25.00 25.00			

counting Period: 2	2017/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Cunningham Commu			29881
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 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 basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channo 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> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (th 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 p d with a station according to its over-the	t (1) stations carried only on a part-tin he carriage of certain network program a(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction orogram services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal 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	Ν	Great Bend, KS
Rows as Necessary	KSNT	22	N	Topeka, KS
-	KFXL	4	Ν	Superior, NE
	KSCW	33	Ν	Wichita, KS
	KAKE	10	N	Wichita, KS
	KBSH	7	Ν	Hays, KS
	WIBW	13	N	Topeka, KS
	KOOD	9	E	Bunker Hill, KS
	KGIN	10	N	Lincoln, NE
	KHGI	13	N	Kearney, NE
	KAAS	18	N	Salina, KS
	KSHB	41	N	Kansas City, MO
	KMTW	35	N	Wichita, KS
			N	

Accounting F	Period: 2017	/1					FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
Cunninghan	n Commun	ication	s, Inc.					29881
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing Give the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem 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 the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i 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	
	Ι						I	

Accounting Perio	od: 2017/1						FOR	M SA1-2E. PAGE 5.
N	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commun	ications,	Inc.					29881
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion. that vour	· cable svste	m carried on a
-	substitute basis during the a	ccounting pe	eriod, under spe	cific present and former FC	C rules, regul	ations, or aut	thorizations.	For a further
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN							
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	1
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the program	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	program") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for further	r informatior	۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	ve Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, w	vith the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. sn		
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	r FCC rules a	na regulation	ns in	
					r 1			1
						IN SUBSTI		
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCCL 6. TI		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	_	
						_	_	
							_	
						-	-	
							_	
						-	_	
						-	_	

Accounting Period:	2017/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	*STEM ID 29881
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 servic s amount, see	of e ,307.80
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		
	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 Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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	ter of Copyrig	

Accounting Period:	2017/1					FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: Communications, Inc.				SYSTEM ID# 29881
M Channels	to its subscribers1. Enter the total system carried2. Enter the total on which the carried	s, and (2) the cable system's t I number of channels on which television broadcast stations I number of activated channel able system carried television	total numb h the cabl s broadcas		counting period.	14 83
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accourt		RMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name	Brent Cunningham			Telephone	785-545-3215
	Address	PO Box 108, 220 W. (Number, street, rural route, apart Glen Elder, KS 6744 (City, town, state, zip)	ment, or sui			
	Email	brent@ctctelep	hony.tv		Fax (optional) 785-545-327	7
O Certification	I, the undersigned X (Owned (Agentian (Offician in (Offician in I have examined	ed, hereby certify that (Check or er other than corporation or p t of owner other than corpora line 1 of space B and that the o er or partner) I am an officer (i line 1 of space B. I the statement of account and I e, and correct to the best of my	ne, <i>but onl</i> artnershij ation or pa owner is no if a corpora hereby dea	tified and signed in accordance with C y one, of the boxes.) b) I am the owner of the cable system as intnership) I am the duly authorized age it a corporation or partnership; or ation) or a partner (if a partnership) of the clare under penalty of law that all statem e, information, and belief, and are made	identified in line 1 of space B nt of the owner of the cable sy e legal entity identified as own ents of fact contained herein	vstem as identified
				/s/ Brent Cunningham electronic signature on the line above to nature using an "/s/ signature" (e.g., /s/	•	
		Typed or printed	d name:	Brent Cunningham		
		Title: (Title of c	GM/VI	on held in corporation or partnership)		
		Date:			8-18-17	

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lave

Inting Period: 2017/1			FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM
ningham Communications, Inc.			298
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section 1 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary bro scribers and amounts collected from subscribers receiving s For more information on when to exclude these amounts, see the n located in the paper SA1-2 form. During the accounting period, did the cable system exclude any am	11(d)(1)(A), of the C s amounts paid to th adcast transmitters, t econdary transmission ote on page (vii) of th	copyright Act by adding the fol- ne cable system for the basic the system shall not include sub- ons pursuant to section 119." he general instructions	P Special Statemen Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners?			
YES. Enter the total here and list the satellite carrier(s) below.		\$	
Name	Name Mailing Address		
INTEREST ASSESSMENT			
You must complete this worksheet for those royalty payments subn	nitted as a result of a	late payment or underpayment.	
	neral instructions loc		
For an explanation of interest assessment, see page (viii) of the ge	neral instructions loc		Q
Line 1 Enter the amount of late payment or underpayment			Interest Assessm
			Interest Assessm
		ated in the paper SA1-2 form.	Interest Assessm
Line 1 Enter the amount of late payment or underpayment		x	
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here		xday	
Line 1 Enter the amount of late payment or underpayment		xday	
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 sur		xday	
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 sur Line 4 Multiply line 3 by 0.00274** and enter here	n here	x day	
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 sur	n here	xday	
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 sur Line 4 Multiply line 3 by 0.00274** and enter here	n here	x day x day x day x 0.00274 \$ (interest charge)	
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