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

STATEMI	ΕΝΤ	OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda	ary Tr	ansmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@loc.gov</li> </ul>
Cable Syste General instru in the first tab	ictions	s are located	01/15/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACC	OUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(Period))	
		2017/2	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 th of the subsidiary, not that of the parent co		liary of another corporation, give the full co	rporate title
Owner		List any other name or names under which	the owner conducts the business of th	e cable system.	
		If there were different owners during the a single statement of account and royalty fee		ne last day of the accounting period should s ing period.	submit a
		Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	1461
		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 nu			
		Glen Elder, KS 67446-9795 (City, town, state, zip)			
С		RUCTIONS: In line 1, give any business already appear in space B. In line 2			
System	1	IDENTIFICATION OF CABLE SYSTEM:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	Number, street, rural route, apartment, or suite nu	mber)		

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 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 fling, a determination that would be made by a court of law.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Namo	Cunningham Communications, Inc.	140
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you I as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including single, ist will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile lidentified city.	nome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Cawker City	KS
Community		
Add Rows as Necessary		

								FORM SA1-			
Name	LEGAL NAME OF OWNER OF C							515	TEM II 14(		
	Cunningham Communi	cations, Inc							14		
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCRIE	SERS AND R	ATES						
E	In General: The information in s	-		-		•					
Secondary	system, that is, the retransmission about other services (including particulation)										
Transmission	last day of the accounting period										
Service: Sub-	Number of Subscribers: Both	•				,	ble system	n, broken			
scribers and	down by categories of secondar	•				•					
Rates	each category by counting the n			• • •		•		s charged			
	separately for the particular server Rate: Give the standard rate of							ne and the			
	unit in which it is generally billed										
	category, but do not include disc				,						
	Block 1: 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					0,	•				
	first set" and would be counted of										
	Block 2: If your cable system	•		,							
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in the	e right-ha	ind block. A tv	vo- or thre	e-word descript	tion of the	service is			
		OCK 1					BLOCK	(2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RA		
	Residential:	SUBSCRIB	EKS	RAIE	CAT	EGORT OF SEI	<b>NICE</b>	SUBSCRIBERS	KA		
	Service to first set		152	35.95							
	Service to additional set(s)		132	55.35							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA		IONS: RATE	s						
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were			
F	not covered in space E, that is, t					,	,				
<b>O</b>	service for a single fee. There and	•			•		• •	,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
	amount of the charge and the u		usually i	med. If any re		larged on a var	abic pei-p	rogram 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.								
Secondary ransmissions:		te charged by t									
Secondary	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sy	stem furn	ished or offer	ed during	the accounting	period that				
Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sys separate charg	stem furn ge was m	ished or offer ade or establi	ed during	the accounting	period that				
Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sys separate charg	stem furn ge was m	ished or offer ade or establi	ed during	the accounting	period that				
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	te charged by t t your cable sy separate charg ption and includ BLO	stem furr ge was m de the rat CK 1	ished or offer ade or establi e for each.	ed during shed. List	the accounting these other ser	period that	e form of a BLOCK 2			
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by t t your cable system separate chargo ption and inclue	stem furr ge was m de the rat CK 1 CATEG0	ished or offer ade or establi e for each. DRY OF SER	ed during shed. List	the accounting	period that	e form of a	RAT		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furr ge was m de the rat CK 1 CATEGO Installat	ished or offer ade or establi e for each. DRY OF SER ion: Non-res	ed during shed. List	the accounting these other ser	period that vices in the CATEGO	e form of a BLOCK 2 DRY OF SERVICE			
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by t t your cable sy separate charg ption and includ BLO	stem furn ge was m de the rat CK 1 CATEG( Installat • Mote	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel	ed during shed. List	the accounting these other ser	period that vices in the CATEGO Expand	e form of a BLOCK 2 DRY OF SERVICE	86.		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote • Com	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial	ed during shed. List	the accounting these other ser	period that vices in the CATEGO Expand Digital	e form of a BLOCK 2 DRY OF SERVICE ded Basic Basic	RAT 86.		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furn ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable	ed during shed. List VICE idential	the accounting these other ser	period that vices in the CATEGO Expand	e form of a BLOCK 2 DRY OF SERVICE ded Basic Basic	86.		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch	ed during shed. List VICE idential	the accounting these other ser	period that vices in the CATEGO Expand Digital	e form of a BLOCK 2 DRY OF SERVICE ded Basic Basic	86. 14.		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	ished or offer ade or establi e for each. DRY OF SER ion: Non-res il, hotel mercial cable cable-add'l ch protection	ed during shed. List VICE idential	the accounting these other ser	period that vices in the CATEGO Expand Digital	e form of a BLOCK 2 DRY OF SERVICE ded Basic Basic	86. 14.		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furr ge was m de the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'l ch protection lar protection	ed during shed. List VICE idential	the accounting these other ser	period that vices in the CATEGO Expand Digital	e form of a BLOCK 2 DRY OF SERVICE ded Basic Basic	86. 14.		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furr ge was m de the rat CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	ished or offer ade or establi e for each. DRY OF SER ion: Non-res I, hotel mercial cable cable-add'I ch protection lar protection ervices:	ed during shed. List VICE idential	RATE	period that vices in the CATEGO Expand Digital	e form of a BLOCK 2 DRY OF SERVICE ded Basic Basic	86. 14.		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Recc	ished or offer ade or establi e for each. DRY OF SER ion: Non-res il, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	ed during shed. List VICE idential	the accounting these other ser	period that vices in the CATEGO Expand Digital	e form of a BLOCK 2 DRY OF SERVICE ded Basic Basic	86. 14.		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other so • Reco • Disc	ished or offer ade or establi e for each. DRY OF SER ion: Non-res el, hotel mercial cable cable-add'I ch protection lar protection lar protection ervices: onnect	ed during shed. List VICE idential	RATE 25.00	period that vices in the CATEGO Expand Digital	e form of a BLOCK 2 DRY OF SERVICE ded Basic Basic	86. 14.		
Secondary ransmissions:	Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te charged by t t your cable sy separate charg otion and includ BLO RATE	stem furr ge was m de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other so • Reco • Disc	ished or offer ade or establi e for each. DRY OF SER ion: Non-res il, hotel mercial cable cable-add'I ch protection lar protection ervices: onnect	ed during shed. List VICE idential	RATE	period that vices in the CATEGO Expand Digital	e form of a BLOCK 2 DRY OF SERVICE ded Basic Basic	86. 14.		

unting Period:	2017/2			FORM SA1-2E. PAGE 3.					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	Cunningham Commu	nications, Inc.		1461					
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable syste FCC rules and regulations	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th b(2) and (4) or 76 63 (or forming to 76 6	t (1) stations carried only on a part-til he carriage of certain network program	me basis under ms [sections					
Primary ansmitters: Felevision	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program								
	<ul> <li>basis under specific FCC rules, regulations, or authorizations:</li> <li>Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.</li> </ul>								
	basis. For further information <b>Column 1:</b> List each station	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	see page (v) of the general instruction or ogram services such as HBO, ESP	ons. N, etc. Identify each					
	"WETA-2" as the same on	d with a station according to its over-the the form. el number the FCC assigned to the tele							
	<b>Column 3:</b> Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"					
	For the meaning of these te <b>Column 4:</b> Give the location	"E" (for noncommercial educational), c erms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i	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					
ws as Necessary	KSNT	22	N	Topeka, KS					
astreeessary	KFXL	4	N	Superior, NE					
	KSCW	33	Ν	Wichita, KS					
	KAKE	10	Ν	Wichita, KS					
	KBSH	7	Ν	Hays, KS					
	WIBW	13	Ν	Topeka, KS					
	KOOD	9	E	Bunker Hill, KS					
	KGIN	10	N	Lincoln, NE					
	KHGI	13	Ν	Kearney, NE					
	KAAS	18	Ν	Salina, KS					
	KSHB	41	Ν	Kansas City, MO					
	кмтw	35	N	Wichita, KS					

EGAL NAME OF								SYSTEM I 14
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a for detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou m. lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process 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 e station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	
				L				

Accounting Peric							FOR	VI SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Cunningham Commur	nications,	, Inc.					1461
	SUBSTITUTE CARRIAG							
1			-		-			4
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	<ul> <li>During the accounting per</li> </ul>				isis, any noni	network tele	evision prog	ram
Statement and Program Log	broadcast by a distant sta		,			Γ	YES	NO
Program Log	-							
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must compl	ete the proo	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. Llas abbraviation	o whore or o	aasibla if th	oir moonin	- io
	In General: List each subs clear. If you need more spa				s wherever p		ieir meaning	y is
	· ·			vision program ("substitute	e program") t	hat, during	the account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for furt	her informa	tion.
	"NBA Basketball: 76ers vs.		JVIES OF DASK	etball. List specific progra		example, i	Love Lucy	01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
	the case of Mexican or Car			the community to which the			he FCC or,	IN
	Column 5: Give the mor	nth and day	when your sy	stem carried the substitute	e program. U	se numeral	s, with the r	nonth
	first. Example: for May 7 gi	ve "5/7."						
				ogram was carried by you				ately
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0"	1:15 p.m. to t	5:28:30 p.m.	. snould be	
		er "R" if the	e listed prograr	n was substituted for prog	ramming that	t your syste	m was requ	iired
	to delete under FCC rules	and regulat	ions in effect o	luring the accounting perio	od; enter the	letter "P" if t	he listed pr	
	was substituted for program		your system w	as permitted to delete und	der FCC rules	s and regula	ations in	
	effect on October 19, 1976							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCC	URRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
							_	
							_	
							_	
								·
							_	
							_	
							_	
							_	

Accounting Period:	2017/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 1461
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	3,649.20 ss receipts)
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 \$2 • 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
	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 \$137,10	00)	
	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 Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
240	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 informati		hts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	SYSTEM ID# 1461
M Channels	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.         1. Enter the total number of channels on which the cable system carried television broadcast stations         2. Enter the total number of activated channels on broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	14 83
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Brent Cunningham Telephone 785-	545-3215
	Address PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446 (City, town, state, zip)	
	Email brent@ctctelephony.tv Fax (optional) 785-545-3277	
O Certification	<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)</li> <li>I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.)</li> <li>X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.</li> <li>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)]</li> <li>X /s/ Brent Cunningham</li> <li>Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</li> </ul>	
	Typed or printed name: Brent Cunningham Title: (Title of official position held in corporation or partnership)	
	Date: 1-15-18	

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 fling, a determination that would be made by a court of law.

unting Period: 2017/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	14
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address 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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
*	—
x	_
x         Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
	-
xdays	- - -
x       days         Line 3 Multiply line 2 by the number of days late 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       \$	-
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	-
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       \$	-
x	-
x	-
x	-
x	
x	
x	
x	
x	

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