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

STATEM	ENT	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	by email to:
		ansmissions by	DATE RECEIVED	AMOUNT	-
Cable Syste General instru in the first tab	ems (S	Short Form) are located	01/15/2018	\$ ALLOCATION NUMBER	coplicsoa@loc.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	_
Accounting Period		2017/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)	
T CHOQ					
В		Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		diary of another corporation, give the full co	rporate title
Owner		List any other name or names under whi	ch the owner conducts the business of th	he cable system.	
		If there were different owners during the single statement of account and royalty		he last day of the accounting period should s ing period.	
		Check here if this is the system's first film	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	61514
		LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
		Cunningham Communications, Inc			
		BUSINESS NAME(S) OF OWNER O)	
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
		PO Box 108, 220 W. Main Structure (Number, street, rural route, apartment, or suite			
		Glen Elder, KS 67446-979 (City, town, state, zip)	5		
	INSTR		ness or trade names used to iden	tify the business and operation of the	e system unless these
С				e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTE	M:		
	2	(Number, street, rural route, apartment, or suite	number)		

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.

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Cunningham Communications, Inc.	6151
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know e filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Downs	KS
Community		
Add Rows as Necessary		

	1						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	
	Cunningham Communi	cations, Inc						6151
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBE	RS AND RATES				
E	In General: The information in s	-		-	•			
Secondary	system, that is, the retransmission about other services (including p			•••	•			
Secondary Transmission	last day of the accounting period	, , ,	,	,		lilose exis	ang on the	
Service: Sub-	Number of Subscribers: Both	`			,	ble system	ı, broken	
scribers and	down by categories of secondar	y transmission	service. In	general, you can co	ompute the numb	er of subsc	ribers in	
Rates	each category by counting the n			0,1	•		charged	
	separately for the particular serv 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. Not categories, that person or entity			•	-			
	subscriber who pays extra for ca							
	first set" and would be counted of	once again unc	ler "Service	to additional set(s))."			
	Block 2: If your cable system	•						
	printed in block 1 (for example, t							
	with the number of subscribers a sufficient.	and rates, in th	e right-hand	DIOCK. A two- of tr	ree-word descrip	tion of the	service is	
		DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE CA	TEGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:							
	Service to first set		130	35.95				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC							
_	In General: Space F calls for ra	-			o all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t	hose services	that are not	offered in combina	ation with any sec	ondary trar	nsmission	
	service for a single fee. There are							
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		usually blie	eu. Il ally fales ale	charged on a var	iable hei-h	lografii basis,	
ransmissions:	Block 1: Give the standard rat		the cable sy	stem for each of th	e applicable servi	ces listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a brief (two- or three-word) descript		,		ist these other ser	vices in the	e form of a	
	bhei (two- of three-word) descrip							
		BLO				0.175.0	BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:	9 50 47 00		n: Non-residential		Expand	led Basic	86.
	• Pay cable	8.50-47.00	• Motel, h			Digital		14.9
	Pay cable—add'l channel Fire protection		Comme			HD Plu		4.9
	Fire protection		• Pay cal				3	4.3
	•Burglar protection Installation: Residential		Pay car Fire pro	ble-add'l channel				
	installation: Residential							
	• First set		Ű	protection				
	First set Additional set(s)		Other core	ices.				
	Additional set(s)		Other serv		25.00			
	Additional set(s)FM radio (if separate rate)		• Reconr	lect	25.00			
	Additional set(s)		• Reconr • Disconr	nect				
	Additional set(s)FM radio (if separate rate)		Reconr Disconr Outlet r	lect	25.00 25.00 25.00			

counting Period:	2017/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Cunningham Commu	nications, Inc.		61514
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary	carried by your cable system FCC rules and regulations i	ntify 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	t (1) stations carried only on a part-tir he carriage of certain network program	ne basis under ns [sections
ansmitters: elevision	substitute program basis, as Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations c les, regulations, or authorizations:		
	• Do not list the station here station was carried only on	e in space G—but do list it in space I (t a substitute basis.		
	basis. For further information Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations, a's call sign. <i>Do not</i> report origination d with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESPI	ons. N, etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channed	he form. el number the FCC assigned to the tele	.	
	Column 3: Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	(for network multicast), "I" (for indepen	ndent), "I-M"
	For the meaning of these te Column 4: Give the locatio	rms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station is	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
vs as Necessary	KSNT	22	Ν	Topeka, KS
	KFXL	4	N	Superior, NE
	KSCW	33	N	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	N	Kansas City, MO
	KMTW	35	N	Wichita, KS

Cunninghan	n Commun	ication	s, Inc.					SYSTEM
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of 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 abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recei t the Cc sign of e the 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 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 e 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 ii 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	

Accounting Perio							FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.					61514
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO)G			
	In General: In space I, ident	ifv every no	nnetwork telev	ision program broadcast b	v a distant sta	tion that vo	our cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of	the general in	structions ir	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	m carry, on a substitute ba	asis, any noni	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" loovo the	rest of this na	ae blank. If your answer i	e "Vee " vouu	must comp		
	,	, leave life		age blattk. It your allower	s res, your	must comp		Jian
	log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible if t	heir meanin	a is
	clear. If you need more spa				oo.o.o. p			9.0
				vision program ("substitut				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	ies like "mo	ovies" or "bask	etball " List specific progr	am titles for e	example "I	l ove Lucv"	or
	"NBA Basketball: 76ers vs.					onumpro, i	2010 200)	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		concod by	the ECC or	in
	the case of Mexican or Car							
				stem carried the substitut			ls, with the r	nonth
	first. Example: for May 7 gi							
	to the nearest five minutes.			ogram was carried by you				ately
	stated as "6:00–6:30 p.m."		a program can		1. 15 p.m. to t	.20.30 p.m		
	Column 7: Enter the lett			m was substituted for prog				
	to delete under FCC rules a							ogram
	was substituted for program effect on October 19, 1976	•	your system w	as permitted to delete un	der FCC rules	s and regul	ations in	
		•			11			1
						N SUBST		
	5			1		AGE OCC		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	FROM	— TO	
								·
							_	
							_	
							_	
							_	
] [
							_	
							_	
							_	
							_	

Accounting Period:	2017/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Cunningham Communications, Inc.		61514
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	3,688.10 ss receipts)
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 \$137,1		
	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	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 informati		nts!

Accounting Period:	2017/2					FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Communications, Inc.				SYSTEM ID# 61514
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	ou must give (1) the number o rs, and (2) the cable system's t al number of channels on which t television broadcast stations al number of activated channel cable system carried television cast services .	otal number of activated chan n the cable s broadcast stations	nnels during the ad	ccounting period.	14 83
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accour		DED (Identify an in		
for Further Information	Name	Brent Cunningham			Telephone 78	85-545-3215
	Address	PO Box 108, 220 W. (Number, street, rural route, apart Glen Elder, KS 6744 (City, town, state, zip)	ment, or suite number)			
	Email	brent@ctctelep	hony.tv		Fax (optional) 785-545-3277	
O Certification	I, the undersign X (Own (Ager in (Offic in the undersign	nt of owner other than corpora- line 1 of space B and that the o cer or partner) I am an officer (line 1 of space B. Ind the statement of account and te, and correct to the best of my	partnership) I am the owner or ation or partnership) I am the owner is not a corporation or p if a corporation) or a partner (i hereby declare under penalty	s.) f the cable system e duly authorized at artnership; or if a partnership) of of law that all state	as identified in line 1 of space B; gent of the owner of the cable sys the legal entity identified as owne ements of fact contained herein	stem as identified
			X /s/ Brent Cun Enter an electronic signature of Enter signature using an "/s/ s	on the line above to		
		Typed or printed Title: (Title of o	GM/VP			
		Date:			1-15-18	

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unting Period: 2017/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	615
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	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	_
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.	Q
	Q Interest Assessm
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	Q Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
	Q Interest Assessm
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