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: 7/17/2018 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2018/1 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		The Southern Kansas Telephone Company, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 800
		(Number, street, rural route, apartment, or suite number) Clearwater, KS 67026-0800
		(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 unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
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)
1		

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

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	The Southern Kansas Telephone Company, Inc.	15
	Instructions: List each separate community served by the cable system. A "commu	
D	"a separate and distinct community or municipal entity (including unincorporated of	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	list will serve as a form of system identification hereafter kn
	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	home parks should be reported in parentheses below the
Served	identified city.	
Serveu		
	CITY OR TOWN	STATE
First	CLEARWATER	KANSAS
Community		
Commanity	LEON	KANSAS
	VIOLA	KANSAS
ld Rows as Necessary	ATLANTA	KANSAS
	BELLE PLAINE	KANSAS
	DEXTER	KANSAS
	BURDEN	KANSAS
	HOWARD	KANSAS
	GRENOLA	KANSAS
	MOLINE	KANSAS
	SEVERY	KANSAS
	PECK	KANSAS
	LONGTON	KANSAS
	SUMNER COUNTY	KANSAS
	CEDAR VALE	KANSAS
	SEDGWICK COUNTY	KANSAS

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							1-2E. PAGE
Name	The Southern Kansas Te		ompany	, Inc.					152
	SECONDARY TRANSMISSION								
E	In General: The information in sp			-	-	transmission se	rvice of the	cable	
	system, that is, the retransmissio	n of television	and radio	broadcasts by	y your sys	tem to subscribe	ers. Give inf	formation	
Secondary	about other services (including pa	, , ,	,		,		ose existing	g on the	
Transmission Service: Sub-	last day of the accounting period	·		,	, ,		o ovetom b	rokon	
scribers and	Number of Subscribers: Both down by categories of secondary								
Rates	each category by counting the nu								
	separately for the particular servi	ce at the rate in	ndicated-	-not the numb	er of sets	receiving servic	e).		
	Rate: Give the standard rate ch								
	unit in which it is generally billed. category, but do not include disco				y standard	rate variations	within a par	rticular rate	
	Block 1: In the left-hand block				es of seco	ndarv transmiss	on service	that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity s					• •	•		
	subscriber who pays extra for cal first set" and would be counted or					n the count und	er "Service	to the	
	Block 2: If your cable system h					ervice that are o	lifferent fror	n those	
	printed in block 1 (for example, ti	-		•					
	with the number of subscribers a	nd rates, in the	right-han	d block. A two	o- or three	-word descriptio	n of the ser	vice is	
	sufficient.			r				<u> </u>	
	BLU	OCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:		4 000	AA 4 50					
	Service to first set		1,663	\$24.50					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECO	ONDARY TRA	NSMISSIC	ONS: RATES					
Б	In General: Space F calls for rate				pect to all	your cable syste	m's service	es that were	
F	not covered in space E, that is, th								
Services	service for a single fee. There are furnished at cost or (2) services of		,		,		0()		
Other Than	amount of the charge and the unit								
Secondary	enter only the letters "PP" in the r	ate column.	-	-		-		· ·	
Fransmissions:	Block 1: Give the standard rate								
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip							Jill Ola	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		RY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			on: Non-resi			НВО		14.9
	• Pay cable	76.00	Motel	, hotel			SHOWT		14.9
	• Pay cable—add'l channel		Comr				CINEM		11.9
	Fire protection		• Pay c	able			HBO/CI	NEMAX	24.9
	•Burglar protection		-	able-add'l ch	annel			SUPER PAK	14.9
	Installation: Residential		· ·	protection				L CABLE	25.0
	First set			ar protection					
	 Additional set(s) 		Other se						
	• FM radio (if separate rate)		• Reco			50.00			
	• Converter		Disco			-			
				t relocation		50.00			
			• Move	to new addre	ess	50.00			

Name The South G PRIMARY TR In General: carried by yor FCC rules a 76.59(d)(2) a substitute pr Substitute pr Station was c • List the station was c basis. For fut Column 1: L multicast string VETA-2" ar Column 3: L educational (for independent) For the mea Column 4: C FCC. For Me	Ansmitters: In space G, iddour cable system and regulations and (4), 76.61(rogram basis, a Basis Stations specific FCC r the station her carried only or ation here, and urther informati- List each statio ream associate is the same on Give the chann For example, W Indicate in each station, by entra dent multicast) aning of these to Give the location	tentify every television station (including em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s : With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. I also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C. the case whether the station is a network si tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), oc terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 3.1	(1) stations carried only on a part the carriage of certain network progent (e)(2) and (4))]; and (2) certain state arried by your cable system on a sub- the Special Statement and Program d both on a substitute basis and all see page (v) of the general instruc- rogram services such as HBO, ES i-air designation. For example, reprised vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde or "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program m Log)—if the lso on some other ictions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
G Primary nsmitters: elevision Primary nsmitters: elevision Primary nsmitters: elevision Primary nsmitters: elevision Primary nsmitters: elevision Protect	RANSMITTERS: In space G, id our cable syste and regulations and (4), 76.61(rogram basis, a Basis Stations specific FCC r the station her carried <i>only</i> or ation here, and urther informatii List each statio ream associate is the same on Give the chann For example, V Indicate in each station, by ent dent multicast) aning of these to Give the locatio exican or Cana	TELEVISION tentify every television station (including em during the accounting period, except is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. nel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C. th case whether the station is a network s tering the letter "N" (for network), "N-M" (), "E" (for noncommercial educational), of terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 3.1	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a si- the Special Statement and Program d both on a substitute basis and al- see page (v) of the general instru- torogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station he community with which the station 3. TYPE OF STATION	t-time basis under grams [sections itations carried on a substitute program m Log)—if the lso on some other ictions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION WICHITA, KANSAS
 Carried by you FCC rules and 76.59(d)(2) as substitute provident of the substitute of substitute provident of the substitute of substitute provident of the s	our cable syste and regulations and (4), 76.61(rogram basis, a Basis Stations specific FCC r the station here carried <i>only</i> or ation here, and urther informatit List each statio ream associate is the same on Give the chann For example, W Indicate in eacl station, by entr dent multicast) aning of these to Give the location exican or Cana	em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations car rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis. also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the the form. hel number the FCC assigned to the tele WRC is channel 4 in Washington, D.C. the case whether the station is a network station terms, see page (iv) of the general instru on of each station. For U.S. stations, list adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER 3.1	(1) stations carried only on a part the carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st arried by your cable system on a si- the Special Statement and Program d both on a substitute basis and al- see page (v) of the general instru- torogram services such as HBO, ES -air designation. For example, rep- vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the station he community with which the station 3. TYPE OF STATION	t-time basis under grams [sections itations carried on a substitute program m Log)—if the lso on some other ictions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the on is identified. 4. LOCATION OF STATION WICHITA, KANSAS
Ars as Necessary Ars as Necessary KSNW-2 KSNW-3 KSNW-4 KPTS-D1 KPTS-D2 KPTS-D3 KAKE KAKE-2 KWCH KWCH-2 KSAS KSAS-2 KSAS-3 KSCW	LL SIGN	3.1	N	WICHITA, KANSAS
As as Necessary As as Necessary KSNW-3 KSNW-4 KPTS-D1 KPTS-D2 KPTS-D3 KAKE KAKE-2 KWCH KWCH-2 KSAS-3 KSAS-3 KSCW				
AS NECESSATY AS NECESSATY KSNW-4 KPTS-D1 KPTS-D2 KPTS-D3 KAKE KAKE-2 KWCH KWCH-2 KSAS KSAS-2 KSAS-3 KSCW		2.0	NI-M	WICHITA, KANSAS
KSNW-4 KPTS-D1 KPTS-D2 KPTS-D3 KAKE KAKE-2 KWCH KWCH-2 KSAS KSAS-2 KSAS-3 KSCW		3.2	IN-INI	
KPTS-D1 KPTS-D2 KPTS-D3 KAKE KAKE-2 KWCH KWCH-2 KSAS KSAS-2 KSAS-3 KSCW		3.3	N-M	WICHITA, KANSAS
KPTS-D2 KPTS-D3 KAKE KAKE-2 KWCH KWCH-2 KSAS KSAS-2 KSAS-3 KSCW		3.4	N-M	WICHITA, KANSAS
KPTS-D3 KAKE KAKE-2 KWCH KWCH-2 KSAS KSAS-2 KSAS-3 KSCW		8.1	E	WICHITA, KANSAS
KAKE KAKE-2 KWCH KWCH-2 KSAS KSAS-2 KSAS-3 KSCW		8.2	E-M	WICHITA, KANSAS
KAKE-2 KWCH KWCH-2 KSAS KSAS-2 KSAS-3 KSCW		8.3	E-M	WICHITA, KANSAS
KWCH KWCH-2 KSAS KSAS-2 KSAS-3 KSCW		10.1	N	WICHITA, KANSAS
KWCH-2 KSAS KSAS-2 KSAS-3 KSCW		10.2	N-M	WICHITA, KANSAS
KSAS KSAS-2 KSAS-3 KSCW		12.1	Ν	WICHITA, KANSAS
KSAS-2 KSAS-3 KSCW		12.2	N-M	WICHITA, KANSAS
KSAS-3 KSCW		24.1	Ν	WICHITA, KANSAS
KSCW		24.2	N-M	WICHITA, KANSAS
KSCW		24.3	N-M	WICHITA, KANSAS
		33.1	N	WICHITA, KANSAS
		33.2	N-M	WICHITA, KANSAS
кмтw		36.1	Ν	WICHITA, KANSAS
KMTW-2		36.2	N-M	WICHITA, KANSAS
KWCH-3		12.3	N-M	WICHITA, KANSAS
KSCW-3		33.3	N-M	WICHITA, KANSAS
KMTW-3		36.6	N-M	WICHITA, KANSAS

-	Period: 2018							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME O			/STEM: one Company, Inc.						SYSTEM ID#
		lelehi	one company, inc.						1522
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo	t every radio s vhose signals ctions Conce it is carried b monitoring, to prmation abou rm. dentify the call	station ca were ge rning Al y the sys be recei it the Co	arried on a separate and disc nerally receivable by your ca I-Band FM Carriage: Under stem whenever it is received a ved at the headend, with the opyright Office regulations on each station carried. on is AM or FM.	ble C at s	e system during opyright Office i the system's he ystem's FM ante	the accountin regulations, ar adend, and (2 enna, during c	ng perioo n FM sig 2) it can ertain si	d. Inal is generally be expected, tated intervals.	H Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	nal was electronically proces k mark in the "S/D" column. on (the community to which the the community with which the	he	e station is licen	sed by the FC			
		0/D		П			0/5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KFDI	FM	X	WICHITA, KANSAS						
·									

Accounting Perio	od: 2018/1						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	The Southern Kansas	Telephon	e Company,	Inc.				1522
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, identi	fy every no	nnetwork televis	ion program, broadcast by	a distant stat	ion, that you	ir cable syste	em carried on a
	substitute basis during the a	ccounting p	eriod, under spe	ecific present and former FC	C rules, regul	ations, or au	thorizations.	For a further
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	ir cable system	carry, on a substitute basi	s, any nonne	twork televi	sion progran	
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	e the progra	m
	log in block 2.		1 0	, ,			1 0	
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	5
	clear. If you need more spa				orogram") the	t during the		
	period, was broadcast by a			ision program ("substitute ur cable system substitute				
	under certain FCC rules, re	gulations, o	or authorization	s. See page (v) of the gene	eral instruction	ns for furthe	er information	
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.		dcast live ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broa	dcast statio	on's location (th	e community to which the	station is lice		FCC or, in	
	the case of Mexican or Can			community with which the tem carried the substitute			with the me	ath
	first. Example: for May 7 giv		when your sys		program. Use	numerais,	with the mor	101
			e substitute pro	gram was carried by your	cable system.	List the tim	nes accurate	ly
	to the nearest five minutes.	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. s	hould be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	was substituted for progra	mming that v	our evetom	was require	d
	to delete under FCC rules a							
	was substituted for program							
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	S	UBSTITUT	TE PROGRAM	1		AGE OCC		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. 1 FROM	TIMES — TO	DELETION
					·			
							<u> </u>	
								"
					·			
								"
			1					
								"
							<u></u> _	
1							_	

Accounting Period:	2018/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		Ş	SYSTEM ID#
	The Southern Kansas Telephone Company, Inc.			1522
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of I 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	n's secondary trans now to compute thi	smission servi s amount, see \$ 24	се
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 le: • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le: See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ss than \$527,600	\$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 th accounting period is \$52.00 Line 1. Royalty fee for accounting period	, , ,		
	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	nd 2	· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (bu			
	1. Base amount under statutory formula	263,800.00	_	
	2. Enter amount of gross receipts from space K	245,367.50	_	
	3. Subtract line 2 from line 1	18,432.50	-	
	4. Enter the amount of gross receipts from space K		245,367.50	
	5. Enter the amount from line 3		18,432.50	
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			1,134.68
	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		\$	1,134.68
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52	7,600)	
	1. Enter the amount of gross receipts from space K		_	
	2. Base amount under statutory formula	263,800.00	_	
	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)			
	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	16		
	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)	\$	1,134.68	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	1,154.68
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			ghts!

Accounting Period:	2018/1			FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: n Kansas Telephone Comp	any, Inc.	SYSTEM ID# 1522
M Channels	 to its subscribe 1. Enter the tol system carrie 2. Enter the tol on which the 	ers, and (2) the cable system's tal number of channels on whic ed television broadcast stations tal number of activated channe cable system carried televisior	s	21 257
N Individual to Be Contacted		t about this statement of accou		
for Further Information	Name	Donna Van Allen	Te	lephone 620-584-8351
	Address	112 S. Lee (Number, street, rural route, apar	ment, or suite number)	
		Clearwater, KS 6702 (City, town, state, zip)		
	Email		@sktcompanies.com Fax (optional)	
			Tax (Upuonar)	
0	CERTIFICATIO	N (This statement of account m	ust be certified and signed in accordance with Copyright Office regu	ulations)
Certification	• I, the undersig	ned, hereby certify that (Check o	ne, <i>but only one</i> , of the boxes.)	
	(Owi	ner other than corporation or p	artnership) I am the owner of the cable system as identified in line 1 of	f space B; or
	(Age	ent of owner other than corpora	tion or partnership) I am the duly authorized agent of the owner of the	e cable system as identified
			wner is not a corporation or partnership; or	-
		in line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified	d as owner of the cable system
	are true, comple		nereby declare under penalty of law that all statements of fact contained knowledge, information, and belief, and are made in good faith.	d herein
			X /s/William R. McVey	
			Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name: William R. McVey	
		Title:	Chief Financial Officer	
		(Inde of	fficial position held in corporation or partnership)	
		Date:	7-17-18	

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 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

unting Period: 2018/1	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Southern Kansas Telephone Company, Inc.	152
 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 	Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	
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