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.

Γ

SA1-2E Short Form

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	by email to:	
	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@loc.gov
General instruc	ms (Short Form) ctions are located of this workbook	08/16/2018	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YYY/(Period))	
	2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		_		
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В			diary of another corporation, give the full con	rporate title
Owner	List any other name or names under wh	ich the owner conducts the business of th	ne cable system.	
		ne accounting period, only the owner on the fee payment covering the entire account	he last day of the accounting period should s	ubmit a
		ing. If not, enter the system's ID number a		28347
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM		
	Cunningham Communications, In	с.		
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT)	,	
	MAILING ADDRESS OF OWNER C PO Box 108, 220 W. Main	St.		
	(Number, street, rural route, apartment, or suit Glen Elder, KS 67446-975			
	(City, town, state, zip) INSTRUCTIONS: In line 1, give any bus	siness or trade names used to iden	tify the business and operation of the	system unless these
С	names already appear in space B. In lin			
System	1			
	MAILING ADDRESS OF CABLE SYSTE	EM:		
	2 Number, street, rural route, apartment, or suit	e number)		
	(City, town, state, zip code)			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Humo	Cunningham Communications, Inc.	2834
D	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future film	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knov gs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city.	bile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Jamestown	KS
Community		
Add Rows as Necessary		

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Cunningham Communi	cations, Inc).						2834
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND RAT	TES				
E	In General: The information in s	•		-		•			
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period	, , ,	,		,		those exist	ing on the	
Service: Sub-	Number of Subscribers: Bot	·		,	,	,	ble system	ı, broken	
scribers and	down by categories of secondar	y transmission	service.	In general, you	can con	pute the numb	er of subsc	ribers in	
Rates	each category by counting the n		•	0,1		•		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. Not								
	categories, that person or entity			•		-			
	subscriber who pays extra for ca								
	first set" and would be counted of	once again und	ler "Serv	ce 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 ngnt-na	and Diock. A lwc	- or the	e-word descrip		Service is	
	BLO	OCK 1	_				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		58	40.95					
	 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	-			pect to a	Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
	service for a single fee. There an								
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	uneu. Il arry late		largeu on a var	iable hei-h	logram basis,	
ransmissions:	Block 1: Give the standard rat	te charged by t							
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.								
	CATEGORY OF SERVICE	BLO RATE		ORY OF SERVI	<u>CE</u>	RATE	CATEO	BLOCK 2	RAT
	Continuing Services:	RAIE		tion: Non-resid		RATE	CATEGO	JRT OF SERVICE	RAI
	Pay cable	9.25-52.25		el, hotel	onnai		Expand	led Basic	96.
	Pay cable—add'l channel	0.20 02.20		mercial			Digital		14.
	• Fire protection			cable			HD Plu		4.
	•Burglar protection			cable-add'l cha	nnel			o Market Tier	10.
	Installation: Residential		· ·	protection					
	• First set			lar protection					
	Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		25.00			
									†
	Converter		- Diau	onnect					
	• Converter					25 00			
	• Converter		• Outl	onnect et relocation e to new addres	s	25.00 25.00			

Accounting Period:	2018/1			FORM SA1-2E. PAGE 3			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#			
	Cunningham Commu	nications, Inc.		28347			
G Primary Transmitters: Television	PRIMARY TRANSMITTERS: In General: In space G, ide carried by your cable syster FCC rules and regulations 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC rr • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on f Column 2: Give the channe of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these to Column 4: Give the locatio	TELEVISION TELEVISION antify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations of alles, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carried on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form. el number the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a network tring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instrin n of each station. For U.S. stations, lis	of (1) stations carried only on a part-tin the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESP 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. t the community to which the station i	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 endent), "I-M" onal multicast). s licensed by the			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	give the name of the community with which the station is identified. INEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION				
	KSNB	4	N	Superior, NE			
	KSNC	2	N	Great Bend, KS			
	KSNT	22	N	Topeka, KS			
Add Rows as Necessary	KSNI	4	N	Superior, NE			
	KIAL	33	N	Wichita, KS			
	KAKE	10	N				
		7	N	Wichita, KS			
	KBSH			Hays, KS			
	WIBW	13	N	Topeka, KS			
	KOOD	9	<u> </u>	Bunker Hill, KS			
	KGIN	10	N	Lincoln, NE			
	KHGI	13	N	Kearney, NE			
	KAAS	18	N	Salina, KS			
	KSHB	41	N	Kansas City, MO			
	кмтw	35	N	Wichita, KS			
	КТМЈ	43	N	Topeka, KS			
	KTKA	49	N	Topeka, KS			
	KTKACW+	49	<u>N</u>	Topeka, KS			

Cunninghan	F OWNER OF (n Commun							SYSTEM 28:
	t every radio s	tation 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 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abourts. Mentify the call tate whether to the radio stat this by placing sive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at 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 par ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can ertain st eneral ii eparate a	be expected, ated intervals. hstructions 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	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.					28347
	SUBSTITUTE CARRIAG				06			
I			-		-	tion that you	w aabla ava	tone convictions
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ine general in			<i>"</i> († 2 lonn.
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did yoi	ur cable syster	m carry, on a substitute ba	asis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" leave the	rest of this na	age blank. If your answer i	s "Yes " vou i	must comple	ete the proc	nram
	, , , , , , , , , , , , , , , , , , ,	, icuve the		ige blank. It your anower t	o 100, you i	nuot oompie		gram
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Lice abbreviation	s wherever n	occibla if th	oir moanin	a ie
	clear. If you need more spa				s wherever p			y 15
	· ·			vision program ("substitut	e program") t	hat. during t	he account	tina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming	of another	station
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I l	_ove Lucy"	or
	"NBA Basketball: 76ers vs.			······································	" b I _ "			
				er "Yes." Otherwise enter casting the substitute prog				
				the community to which the		censed by th	ne ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day	when your sy	stem carried the substitut	e program. U	se numerals	, with the r	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."							store of
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ografii
	effect on October 19, 1976	•				and regula		
		-						
					WHE	N SUBSTIT	UTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCL	JRRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						-	_	
							-	"
						-	-	
								"
						-	_	
						-	_	
						_	_	
							_ 	
						-	-	
] [
						-	-	
						_	-	
						-	-	
								1
						-	_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 28347
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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	3,814.40 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		
	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		
Elling Francis			
Filing Fee and Total Remittance Due	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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		nts!

	2018/1			FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Communications, Inc.		SYSTEM ID 28347
M Channels	to its subscriber 1. Enter the tota	s, and (2) the cable system's	of channels on which the cable system carried televisi total number of activated channels during the account th the cable	
	2. Enter the tota on which the c	I number of activated channel able system carried television	ls	85
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an individunt.)	al 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)	tment, or suite number)	
	Email	brent@ctctelep	phony.tv Fax	< (optional) 785-545-3277
O Certification	I, the undersign X (Own (Ager in (Offic in the undersign	ned, hereby certify that (Check er other than corporation or p nt of owner other than corpor line 1 of space B and that the cer or partner) I am an officer line 1 of space B. d the statement of account and te, and correct to the best of m	nust be certified and signed in accordance with Copyri one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system as ide ration or partnership) I am the duly authorized agent of owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the leg d hereby declare under penalty of law that all statements y knowledge, information, and belief, and are made in g	ntified in line 1 of space B; or f the owner of the cable system as identified gal entity identified as owner of the cable system s of fact contained herein
			X /s/ Brent Cunningham	
		Typed or printe	d name: Brent Cunningham	
		Title: (Title of o	GM/VP official position held in corporation or partnership)	
		Date:		8-15-18

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: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	283
 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 	P Special Stateme Concerning Gro Receipts Exclusi
made by satellite carriers to satellite dish owners? NO 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
~	
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	_
	_
x	-
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 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	-
x	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	

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 th 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.