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.

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## SA1-2E Short Form

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	by email to:
	ary Transmissions by	DATE RECEIVED	AMOUNT	<ul> <li>coplicsoa@loc.gov</li> </ul>
General instru	ems (Short Form) actions are located of this workbook	08/16/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2018/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional	- see instructions)	
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	n the owner conducts the business of th	e cable system.	
	If there were different owners during the a single statement of account and royalty fe		ne last day of the accounting period should s ng period.	
	Check here if this is the system's first filing	. If not, enter the system's ID number a	ssigned by the Licensing Division.	30502
	LEGAL NAME OF OWNER/MAILING	GADDRESS OF CABLE SYSTEM		
	Cunningham Communications, Inc.			
	BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER OF			
	PO Box 108, 220 W. Main S (Number, street, rural route, apartment, or suite no			
	Glen Elder, KS 67446-9795 (City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names 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 n	umber)		
	(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 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Numo	Cunningham Communications, Inc.	3050
D	Instructions: List each separate community served by the cable system. A "community a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know s.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	oile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Concordia	KS
Community		
Add Rows as Necessary		

	1							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID
	Cunningham Communi	cations, Inc							3050
-	SECONDARY TRANSMISSION	I SERVICE: SU	JBSCR	IBERS AND RA	TES				
Е	In General: The information in s								
0	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						those exist	ing 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	u can con	npute the numb	er of subsc	ribers in	
Rates	each category by counting the n		-				-	charged	
	separately for the particular serv Rate: Give the standard rate of							no and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc	• •			Try Stariua		is within a		
	Block 1: In the left-hand block				ies of sec	condary transmi	ssion servi	ce that cable	
	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								
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	iers of services	s that in	clude one or mo	ore secon	dary transmissi	ons), list th	em, together	
	with the number of subscribers a	and rates, in the	e right-ł	and block. A tw	o- or thre	e-word descrip	tion of the s	service is	
	sufficient.						BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		000	40.05					
	Service to first set		862	40.95					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
			Nemie		•				
_	SERVICES OTHER THAN SEC In General: Space F calls for rai	-				all vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t				-	• •			
	service for a single fee. There an		,		0		0.	/	
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any ra	tes are ci	narged on a var	iable per-p	rogram basis,	
ransmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	t your cable sy	stem fu	mished or offere	ed during	the accounting	period that	were not	
	listed in block 1 and for which a	•	•		shed. List	these other ser	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEC	GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-resi	dential				
	• Pay cable	9.25-52.25	• Mo	tel, hotel				led Basic	96.5
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial			Digital		14.9
	Fire protection		• Pay	/ cable			<b>HD Plu</b>	S	4.9
	<ul> <li>Burglar protection</li> </ul>		• Pay	y cable-add'l ch	annel		Out of	Market Tier	10.0
	Installation: Residential		• Fire	e protection					
	First set		• Bur	glar protection					
	<ul> <li>Additional set(s)</li> </ul>		Other	services:					[
	• FM radio (if separate rate)		• Re	connect		25.00			
	• Converter		• Dis	connect					
			• Ou	tlet relocation		25.00			
				tlet relocation ve to new addre	ess	25.00 25.00			

			FORM SA1-2E. PAGE 3
NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
ningham Commu	nications, Inc.		30502
ARY TRANSMITTERS: neral: In space G, ide d by your cable system ules and regulations i (d)(2) and (4), 76.61(e tute program basis, and itute Basis Stations under specific FCC ru- toot list the station here and as carried only on the station here, and a For further information ast stream associated A-2" as the same on tan nn 2: Give the channel nnse. For example, W nn 3: Indicate in each tional station, by ented dependent multicast), e meaning of these ted	TELEVISION entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca- ules, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-ti- ne carriage of certain network progra a(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub- he Special Statement and Program L d both on a substitute basis and also see page (v) of the general instructi- orogram services such as HBO, ESP e-air designation. For example, repo evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for indepen- or "E-M" (for noncommercial education uctions in the paper SA1-2 form.	evision stations) 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).
	dian stations, if any, give the name of t         2. B'CAST CHANNEL NUMBER	-	
B	4	N	Superior, NE
C -	2	N	Great Bend, KS
T	22	<u>N</u>	Topeka, KS
	4	N	Superior, NE
W -	33	N	Wichita, KS
E	10	N	Wichita, KS
H	7	N	Hays, KS
N	13	N	Topeka, KS
D	9	E	Bunker Hill, KS
1	10	N	Lincoln, NE
<u> </u>	13	N	Kearney, NE
S	18	N	Salina, KS
B	41	N	Kansas City, MO
W	35	N	Wichita, KS
J	43	N	Topeka, KS
A	49	N	Topeka, KS
ACW+	49	N	Topeka, KS

EGAL NAME OF								SYSTEM   305
	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 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 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	?) it can ertain st eneral i	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	od: 2018/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.					30502
	SUBSTITUTE CARRIAG				06			
I			-		-	tion that you	r ochlo ovo	tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				Jere general in			
Special						activery tele	vision prog	rom
Statement and	During the accounting per		ui cable syster	in carry, on a substitute ba	isis, any nom			
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	ete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if th	eir meaning	g is
	clear. If you need more spa							
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.					, in the second s		
				er "Yes." Otherwise enter				
				casting the substitute prog				
				the community to which th			ne FCC or,	in
	the case of Mexican or Car	nth and day	ons, il any, the when your sy	stem carried the substitut	e station is id	se numerals	with the r	nonth
	first. Example: for May 7 gi		when your by				, what the r	lionari
			e substitute pr	ogram was carried by you	r cable syste	m. List the t	mes accur	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."	or "D" if the	listed program	n waa aubatitutad far araa	romming the			vino d
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							ogram
	effect on October 19, 1976	•	<i>jeu</i> . <i>eje</i> u			, and regula		
						N SUBSTI		
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCL		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– TO	
						-	_	
							_	"
								"
						-	-	
								"
						-	-	
					] [			
								"
						-	-	
						-	-	
							-	
						-	-	
								1

Accounting Period:	2018/1			FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#
Name	Cunningham Communications, Inc.				30502
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatic 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 re	ystem's se on of how to	condary transm o compute this a	ission service amount, see	<b>1,021.00</b> oss 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 I Use block 3 if the amount of gross receipts in space K is more than \$137,100 I See page (vi) of the general instructions located in the paper SA1-2 form for more i	but less than nformation	an \$527,600 I.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	(,100 OR I	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00 Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K	\$	211,021.00		
	3. Subtract line 2 from line 1	\$	52,779.00		
	4. Enter the amount of gross receipts from space K		. \$ 2	211,021.00	
	5. Enter the amount from line 3		. \$	52,779.00	
	6. Subtract line 5 from line 4		<b>\$</b> 1	158,242.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	791.21
	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		\$	791.21
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,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)		\$	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 DU	F			
		_			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	791.21	
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			\$	811.21
	Important: Your remittance must be in the form of an electronic payı See page i of the general instructions in the paper SA1		-		hts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Communications, Inc.			SYSTEM ID# 30502
M Channels	to its subscribers 1. Enter the total	number of channels on which	of channels on which the cable system carried tele total number of activated channels during the acc h the cable	counting period.	17
	2. Enter the total on which the ca	number of activated channe able system carried television	ls		85
<b>N</b> Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of accou	HER INFORMATION IS NEEDED (Identify an indi nt.)	ividual to whom	
for Further Information	Name	Brent Cunningham		Telephone 785-54	45-3215
	Address	PO Box 108, 220 W. (Number, street, rural route, apar 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 undersigned     X     (Owne     (Agenting     (Office     in 1     I have examined	ed, hereby certify that (Check <b>r other than corporation or</b> p <b>t of owner other than corpor</b> ine 1 of space B and that the <b>er or partner)</b> I am an officer ine 1 of space B. I the statement of account and e, and correct to the best of m	nust be certified and signed in accordance with Co one, <i>but only one</i> , of the boxes.) <b>partnership)</b> I am the owner of the cable system as <b>ration or partnership)</b> I am the duly authorized age owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of the d hereby declare under penalty of law that all statem y knowledge, information, and belief, and are made	s identified in line 1 of space B; or ent of the owner of the cable system a e legal entity identified as owner of th nents of fact contained herein	
			X /s/ Brent Cunningham Enter an electronic signature on the line above to ce Enter signature using an "/s/ signature" (e.g., /s/ Jo		
		Typed or printe	d name: Brent Cunningham		
		Title: (Title of o	GM/VP official position held in corporation or partnership)		
		Date:		8-15-18	

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unting Period: 2018/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	305
<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</li> </ul>	P Special Statemer Concerning Gros Receipts Exclusio
made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	
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	La Interest Assessme
	La Interest Assessme
Line 1 Enter the amount of late payment or underpayment	La Interest Assessm
	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Land Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Land Interest Assessm
Line 1 Enter the amount of late payment or underpayment	La Interest Assessm
Line 1 Enter the amount of late payment or underpayment	LA Interest Assessm
Line 1 Enter the amount of late payment or underpayment	La Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Landon Carlos Ca
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Lander La
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	La Interest Assessm
Line 1 Enter the amount of late payment or underpayment	La Interest Assessm
Line 1 Enter the amount of late payment or underpayment	La Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Landerest Assessm
Line 1 Enter the amount of late payment or underpayment	Landerest Assessm

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