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	IT OFFICE USE ONLY	by email to:
for Seconda	ary Tra	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste General instru in the first tab	ictions	are located	08/16/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCO	DUNTING PERIOD COVERED E	BY THIS STATEMENT: (YY	YY/(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 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	submit a
		Check here if this is the system's first filing			30932
		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				tify the business and operation of the e system, if different from the address	5
System	1	IDENTIFICATION OF CABLE SYSTEM:	, , , , , , , , , , , , , , , , , , , ,		
		MAILING ADDRESS OF CABLE SYSTEM:			
	2	(Number, street, rural route, apartment, or suite nu			
		(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 ID:
Name	Cunningham Communications, Inc.	3093
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	Randall	KS
Community		
dd Rows as Necessary		

	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS ⁻	TEM IC
	Cunningham Communi	cations, Inc	:.						3093
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RA	TES				
E	In General: The information in s	-		-		•			
Secondary	system, that is, the retransmission								
Secondary Transmission	about other services (including p last day of the accounting period						linose exisi	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondar	y transmission	service.	In general, you	can con	npute the numb	er of subsc	ribers in	
Rates	each category by counting the n			0,1		•	5	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 "Serv	ice to additiona	l 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 lw	o- or thre	e-word descrip	lion of the s	service is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		14	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	-				all your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t					,	,		
. .	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		usualiy	blice. If any fat			abic pei-p	logiani 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 brief (two- or three-word) description				ned. List	these other ser	vices in the	e form of a	
	bhei (two- of three-word) descrip		Je lile la	le ioi each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEGO	ORY OF SERVICE	RAT
	Continuing Services:	0.25 52.25		tion: Non-resid	aentiai		Expand	led Basic	96.
	• Pay cable	9.25-52.25		el, hotel			Digital		90.3 14.9
	Pay cable—add'l channel Fire protection			mercial			HD Plu		4.9
	Fire protection Burglar protection		,	cable	nnol			s Market Tier	4.
			,	cable-add'l cha					10.0
	- ·		• - 110	protection					
	Installation: Residential		. Dure						
	Installation: Residential • First set			lar protection					
	Installation: Residential • First set • Additional set(s)		Other s	lar protection		25.00			
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Rec	Jar protection ervices: onnect		25.00			
	Installation: Residential • First set • Additional set(s)		Other s • Rec • Disc	plar protection ervices: onnect onnect					
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)		Other s • Reco • Disc • Outl	Jar protection ervices: onnect	55	25.00 25.00 25.00			

Accounting Period: 2	2018/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Cunningham Commu	nications, Inc.		30932
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(c substitute program basis, a Substitute Basis Stations basis under specific FCC ru- • 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 the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these to Column 4: Give the location	entify 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 c les, regulations, or authorizations: a in space G—but do list it in space I (f a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	t (1) stations carried only on a part-tin he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stat 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 t 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 indent), "I-M" onal multicast). 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
Add Rows as Necessary	KSNT	22	N	Topeka, KS
Add Rows as Necessary	KFXL	4	N	Superior, NE
	KSCW	33	N	Wichita, KS
	KAKE	10	N	Wichita, KS
	KBSH	7	N	Hays, KS
	WIBW	, 13	N	Topeka, KS
	KOOD	9	E	Bunker Hill, KS
	KGIN	10	N	Lincoln, NE
	KHGI	13	N	Kearney, NE
	KAAS	18	N	Salina, KS
	KSHB	41	<u>N</u>	Kansas City, MO
	KMTW	35	N	Wichita, KS
	KTMJ	43	N	Topeka, KS
	KTKA	49	Ν	Topeka, KS
	KTKACW+	49	N	Topeka, KS

EGAL NAME OF								SYSTEM I 309
	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 isignal, 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 Commu	nications,	Inc.					30932
	SUBSTITUTE CARRIAG				00			
			-		-			
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the program							
Carriage:					and general in			
Special	1. SPECIAL STATEMEN							
Statement and	• During the accounting pe		ur cable syster	n carry, on a substitute ba	asis, any noni		vision prog	
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must comple	ete the prog	gram
	log in block 2.					•		
	2. LOG OF SUBSTITUT		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 ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.			etball. List specific progra		example, i		01
			dcast live, ent	er "Yes." Otherwise enter	"No."			
				asting the substitute prog				
				the community to which th			he FCC or,	in
	the case of Mexican or Car	hadian stati	ons, if any, the	stem carried the substitute	e station is id	entified).	with the r	nonth
	first. Example: for May 7 gi		when your sy		e program. O	se numerai	s, with the r	nonun
			e substitute pr	ogram was carried by you	ir cable syste	m. List the t	imes accur	ately
	to the nearest five minutes							,, ,
	stated as "6:00-6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules was substituted for program							ogram
	effect on October 19, 1976	0	your system w			s and regule		
					11			
						N SUBSTI		
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCCI		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						·		
							_	
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							_	
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1								
							_	

Accounting Period:	2018/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Cunningham Communications, Inc.		30932
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	3,566.45 iss receipts)
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.	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 that you must pay for accounting period is \$52.00	this 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 informat		hts!

Accounting Period:	2018/1				FORM SA1-2E. PAGE 7
Name		NER OF CABLE SYSTEM: mmunications, Inc.			SYSTEM ID# 30932
M Channels	to its subscribers, and 1. Enter the total nu	and (2) the cable system's umber of channels on which	of channels on which the cable system carried te total number of activated channels during the ac th the cable	scounting period.	17
	on which the cable	umber of activated channe e system carried television t services	n broadcast stations		85
N Individual to Be Contacted		E CONTACTED IF FURTH out this statement of accou	HER INFORMATION IS NEEDED (Identify an ind int.)	dividual to whom	
for Further Information	Name B	Brent Cunningham		Telephone 785-5	45-3215
	G	PO Box 108, 220 W. Aumber, 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 (Owner of (Agent of in line) (Officer of in line) I have examined the 	hereby certify that (Check other than corporation or p f owner other than corpor e 1 of space B and that the or partner) I am an officer e 1 of space B. He statement of account and and correct to the best of m	nust be certified and signed in accordance with C one, <i>but only one</i> , of the boxes.) partnership) I am the owner of the cable system a ration or partnership) I am the duly authorized ag owner is not a corporation or partnership; or (if a corporation) or a partner (if a partnership) of t d hereby declare under penalty of law that all state by knowledge, information, and belief, and are mad	as identified in line 1 of space B; or gent of the owner of the cable system a the legal entity identified as owner of the ements of fact contained herein	
			X /s/ Brent Cunningham Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/	-	
		Typed or printe			
		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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	309
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 Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
	Interest Assessm
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