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

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	02/27/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
		-11	4

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting			
Period			
		Instructions:	
В		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. 30932	_
		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	
		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 number)	
		Glen Elder, KS 67446-9795 (City, town, state, zip)	
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С		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		
	2	(Number, street, rural route, apartment, or suite 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 sufficiency of the fing, a determination that would be made by a court of law.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Cunningham Communications, Inc.	30932
D Area	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora 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 filir Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter known gs.
Served		
	CITY OR TOWN	STATE
First	Randall	KS
Community	การและการการการการการการการการการการการการการก	
Add Rows as Necessary		
	การและการการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF CA								-2E. PAGE
Name								515	3093
	Cunningham Communic	cations, Inc.							0000
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RA	TES				
E	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						nose existi	ng on the	
Service: Sub-	Number of Subscribers: Both						ole system.	. broken	
scribers and	down by categories of secondary								
Rates	each category by counting the n							charged	
	separately for the particular serv							ic and the	
	Rate: Give the standard rate c unit in which it is generally billed								
	category, but do not include disc				ny stanuai		s within a p		
	Block 1: In the left-hand block	in space E, the	e form li	sts the categor	ies of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system I					service that are	different fr	rom those	
	printed in block 1 (for example, t								
	with the number of subscribers a	ind rates, in the	e right-h	and block. A tw	vo- or three	e-word descripti	on of the s	ervice is	
	sufficient.	DCK 1			1		BLOCK	()	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:		45	10.05					
	Service to first set		15	40.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	s				
-	In General: Space F calls for rat					l your cable sys	tem's servi	ices that were	
F	not covered in space E, that is, t								
Comisso	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usually	billed. If arry ra			abie pei-pi	ograffi basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				sned. List	inese other serv	lices in the	form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT
	Continuing Services:			ation: Non-res			UAILO		
	• Pay cable	9.25-52.25		tel, hotel			Expand	ded Basic	96.
	• Pay cable—add'l channel	0.20 02.20		mmercial			Digital		14.9
	Fire protection			y cable			HD Plu		4.9
	•Burglar protection		-	y cable-add'l ch	annel			S Market Tier	10.0
	Installation: Residential		-	e protection					
	First set			glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		25.00			
	• Converter			connect		23.00			
	Conventer			tlet relocation		25.00			
			• • • • • • • • • • • • • • • • • • •	uerrelocation		25.00			
			• 140	ve to new addr	000	25.00			

	2018/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	Cunningham Commu	unications, Inc.		3093
G Primary nsmitters: elevision	PRIMARY TRANSMITTERS: In General: In space G, idi carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ri • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann 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 location	TELEVISION entify every television station (including em during the accounting period, <i>except</i> 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 ca 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 carrier on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sul he Special Statement and Program d both on a substitute basis and also , see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep- or "E-M" (for noncommercial educati- uctions in the paper SA1-2 form. t the community to which the station	elevision stations) time basis under ams [sections tions carried on a bstitute program Log)—if the to on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	and community with which the station	4. LOCATION OF STATION
	KSNB	4	N	Superior, NE
	KSIND	4	IN	Superior, NE
	Kenc	2	N	Great Bond KS
••	KSNC	2	N	Great Bend, KS
as Necessary	KSNT	22	N	Topeka, KS
3s Necessary	KSNT KFXL	22 4	N N	Topeka, KS Superior, NE
as Necessary	KSNT KFXL KSCW	22 4 33	N N N	Topeka, KS Superior, NE Wichita, KS
is Necessary	KSNT KFXL KSCW KAKE	22 4 33 10	N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS
s Necessary	KSNT KFXL KSCW KAKE KBSH	22 4 33 10 7	N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS
: Necessary	KSNT KFXL KSCW KAKE KBSH WIBW	22 4 33 10 7 13	N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS
5 Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD	22 4 33 10 7 13 9	N N N N N E	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS
ıs Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN	22 4 33 10 7 13 9 10	N N N N N E N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE
as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI	22 4 33 10 7 13 9 10 10 13	N N N N N N E E N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE
is Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS	22 4 33 10 7 13 9 10 10 13 18	N N N N N N N N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS
as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB	22 4 33 10 7 13 9 10 10 13 18 18 41	N N N N N N N E N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO
s as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW	22 4 33 10 7 13 9 10 13 13 18 41 35	N N N N N N N E N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS
s as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	22 4 33 10 7 13 9 9 10 10 13 18 18 41 35 43	N N N N N N N N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS
rs as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KSSuperior, NEWichita, KSWichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KSTopeka, KS
vs as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	22 4 33 10 7 13 9 9 10 10 13 18 18 41 35 43	N N N N N N N N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS
ws as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS
vs as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KSSuperior, NEWichita, KSWichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KSTopeka, KS
ws as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KSSuperior, NEWichita, KSWichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KSTopeka, KS
ws as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS

Accounting F	Period: 2018	/2					FORM	/I SA1-2E. PAGE 4
								SYSTEM ID#
Cunninghan	n Commun	ication	s, Inc.					30932
all-band basis v Special Instruct receivable if (1) on the basis of For detailed info paper SA1-2 for	t every radio s whose signals ctions Conce it is carried b monitoring, to prmation abou rm.	station ca were ge rning AI y the sys be recei it the Co	arried on a separate and discr nerally receivable by your cat I-Band FM Carriage: Under of them whenever it is received a wed at the headend, with the opyright Office regulations on each station carried.	ble system during Copyright Office i it the system's he system's FM ante	the accountin regulations, ar adend, and (2 enna, during c	ig perioo n FM sig ?) it can ertain si	1. nal is generally be expected, ated intervals.	H Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether the radio stat this by placing Give the station	the static tion's sign g a check n's locati	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	ne station is licen	sed by the FC			
		0.0				0 (5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

Accounting Perio	d: 2018/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Cunningham Commun	ications,	Inc.					30932
	SUBSTITUTE CARRIAGI	: SPECIA		NT AND PROGRAM I O	G			
I	In General: In space I, identi	fy every nor	nnetwork televis	ion program, broadcast by	a distant stati			
	substitute basis during the a explanation of the programm							
Substitute Carriage:					e general insu		paper SAT	-2 101111.
Special	1. SPECIAL STATEMEN							_
Statement and	During the accounting per		r cable system	carry, on a substitute basi	s, any nonne	work televisi	- · ·	
Program Log	broadcast by a distant star	tion?					YES	NO
	Note: If your answer is "No'	, leave the i	rest of this pag	e blank. If your answer is '	'Yes," you mu	ist complete	the prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa				orogram") tha	t during the	accounting	
	period, was broadcast by a			sion program ("substitute ur cable system substitute				
	under certain FCC rules, re							
	Do not use general categor		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Lov	e Lucy" or	
	"NBA Basketball: 76ers vs.		logat liva anta	"Vaa" Othanuiga optar "N	lo."			
				"Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can							
			when your syst	tem carried the substitute	orogram. Use	numerals, w	ith the mor	nth
	first. Example: for May 7 giv		substitute pro	gram was carried by your o	nahle svetem	List the time	e accurate	hy .
	to the nearest five minutes.							'y
	stated as "6:00–6:30 p.m."	•						
				was substituted for progra				
	to delete under FCC rules a was substituted for program							am
	effect on October 19, 1976.	ining that y				ina rogalation		
	s	UBSTITUT	E PROGRAM	l		N SUBSTIT		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:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 30932
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission services amount, see	of e 3,890.25
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 • 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-month	
	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,	100)	
	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:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	SYSTEM ID 30932
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	17 85
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Brent Cunningham Telephone	785-545-3215
	Address PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number)	
	Glen Elder, KS 67446 (City, town, state, zip)	
	Email brent@ctctelephony.tv Fax (optional) 785-545-3277	7
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification	I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	
	 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owned in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	r of the cable system
	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: Brent Cunningham	
	Title: GM/VP (Title of official position held in corporation or partnership)	
	Date: 2-22-19	

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 fling, a determination that would be made by a court of lave

Inting Period: 2018/2			FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM
ningham Communications, Inc.			309
SPECIAL STATEMENT CONCERNING GROSS RECENT The Satellite Home Viewer Act of 1988 amended Title 17, section 11 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broad scribers and amounts collected from subscribers receiving set For more information on when to exclude these amounts, see the not located in the paper SA1-2 form.	11(d)(1)(A), of the Co amounts paid to the dcast transmitters, th econdary transmission ote on page (vii) of th	opyright Act by adding the fol- e cable system for the basic the system shall not include sub- ons pursuant to section 119." he general instructions	P Special Statemer Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any amo made by satellite carriers to satellite dish owners?	bunts of gross receip	ts for secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below			
	Name		
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments subm		late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the gen			
· · · · · · · · · · · · · · · · · · ·	eral instructions loca	ated in the paper SA1-2 form.	
Line 1 Enter the amount of late payment or underpayment		ated in the paper SA1-2 form.	Interest Assessm
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