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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
07/17/2019	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		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)
C		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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)

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

The Souther Instructions: Lis "a separate and discrete unincol as the "first com	MEANS Telephone Company, Inc.  t each separate community served by the cable system. A "community distinct community or municipal entity (including unincorporated corporated areas)." 47 C.F.R. 76.5(dd). The first community that you I munity." Please use it as the first community on all future filings. Independent of properties such as hotels, apartments, condominiums, or mobile  CITY OR TOWN  CLEARWATER  BELLE PLAINE  BURDEN  CAMBRIDGE  CEDAR VALE  ATLANTA  DEXTER  ELK FALLS  GRENOLA  HOWARD  LATHAM  LEON  LONGTON  MOLINE  SEVERY  VIOLA  BUTLER COUNTY  COWLEY COUNTY	ommunities within unincorporated areas and including single list will serve as a form of system identification hereafter kno
Instructions: Lis "a separate and discrete unincol as the "first com Note: Entities al identified city.  First Community	t each separate community served by the cable system. A "community distinct community or municipal entity (including unincorporated corporated areas)." 47 C.F.R. 76.5(dd). The first community that you Inmunity." Please use it as the first community on all future filings. and properties such as hotels, apartments, condominiums, or mobile  CITY OR TOWN  CLEARWATER  BELLE PLAINE  BURDEN  CAMBRIDGE  CEDAR VALE  ATLANTA  DEXTER  ELK FALLS  GRENOLA  HOWARD  LATHAM  LEON  LONGTON  MOLINE  SEVERY  VIOLA  BUTLER COUNTY  COWLEY COUNTY	nity" is the same as a "community unit" as defined in FCC rule ommunities within unincorporated areas and including single list will serve as a form of system identification hereafter known home parks should be reported in parentheses below the STATE KANSAS
The separate and discrete unincol as the "first community"  "a separate and discrete unincol as the "first com Note: Entities al identified city.	distinct community or municipal entity (including unincorporated corporated areas)." 47 C.F.R. 76.5(dd). The first community that you I immunity." Please use it as the first community on all future filings. Independent of the properties such as hotels, apartments, condominiums, or mobile condo	ommunities within unincorporated areas and including single list will serve as a form of system identification hereafter know the home parks should be reported in parentheses below the STATE KANSAS
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First Community	CLEARWATER BELLE PLAINE BURDEN CAMBRIDGE CEDAR VALE ATLANTA DEXTER ELK FALLS GRENOLA HOWARD LATHAM LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS
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Community	BELLE PLAINE BURDEN CAMBRIDGE CEDAR VALE ATLANTA DEXTER ELK FALLS GRENOLA HOWARD LATHAM LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS
	BURDEN CAMBRIDGE CEDAR VALE ATLANTA DEXTER ELK FALLS GRENOLA HOWARD LATHAM LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS
Rows as Necessary	CAMBRIDGE CEDAR VALE ATLANTA DEXTER ELK FALLS GRENOLA HOWARD LATHAM LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS
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	ATLANTA DEXTER ELK FALLS GRENOLA HOWARD LATHAM LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS
	DEXTER ELK FALLS GRENOLA HOWARD LATHAM LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS
	ELK FALLS GRENOLA HOWARD LATHAM LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS
	ELK FALLS GRENOLA HOWARD LATHAM LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS
	GRENOLA HOWARD LATHAM LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS
	HOWARD  LATHAM  LEON  LONGTON  MOLINE  SEVERY  VIOLA  BUTLER COUNTY  COWLEY COUNTY	KANSAS
	LATHAM  LEON  LONGTON  MOLINE  SEVERY  VIOLA  BUTLER COUNTY  COWLEY COUNTY	KANSAS KANSAS KANSAS KANSAS KANSAS KANSAS KANSAS KANSAS KANSAS
	LEON LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS KANSAS KANSAS KANSAS KANSAS KANSAS KANSAS KANSAS
	LONGTON MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS KANSAS KANSAS KANSAS KANSAS KANSAS KANSAS
	MOLINE SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS KANSAS KANSAS KANSAS KANSAS
	SEVERY VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS KANSAS KANSAS KANSAS
	VIOLA BUTLER COUNTY COWLEY COUNTY	KANSAS KANSAS KANSAS
	BUTLER COUNTY COWLEY COUNTY	KANSAS KANSAS
	COWLEY COUNTY	KANSAS
		KANSAS
	CHAUTAQUA COUNTY	
	ELK COUNTY	KANSAS
	GREENWOOD COUNTY	KANSAS
	SEDGWICK COUNTY	KANSAS
	SUMNER COUNTY	KANSAS

Accounting Period: 2019/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

The Southern Kansas Telephone Company, Inc.

1522

# E

### Secondary Transmission Service: Subscribers and Rates

### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential:	OGBOOKIBEKO	TOTTE	OMEGGINI OF GENVICE	COBCONIBLINO	TOTIL	
Service to first set	690	\$31.00				
<ul> <li>Service to additional set(s)</li> </ul>						
FM radio (if separate rate)						
Motel, hotel						
Commercial						
Converter						
Residential						
Non-residential						

# F

### Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block** 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>	\$76.00	Motel, hotel		Ultimate	\$25.00
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Starz Super Pak	\$14.95
<ul> <li>Fire protection</li> </ul>		• Pay cable		Showtime Unlimited	\$14.95
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		NFL RedZone	\$59.99
Installation: Residential		Fire protection			
First set		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2019/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1522

The Southern Kansas Telephone Company, Inc.

PRIMARY TRANSMITTERS: TELEVISION

# G

### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KSNW	3.1	N	WICHITA, KANSAS
KSNW-2	3.2	N-M	WICHITA, KANSAS
KMTW-3	36.3	N-M	WICHITA, KANSAS
KSNW-4	3.4	N-M	WICHITA, KANSAS
KPTS-D1	8.1	E	WICHITA, KANSAS
KPTS-D2	8.2	E-M	WICHITA, KANSAS
KPTS-D3	8.3	E-M	WICHITA, KANSAS
KAKE	10.1	N	WICHITA, KANSAS
KAKE-2	10.2	N-M	WICHITA, KANSAS
KWCH	12.1	N	WICHITA, KANSAS
KWCH-2	12.2	N-M	WICHITA, KANSAS
KSAS	24.1	N	WICHITA, KANSAS
KSAS-2	24.2	N-M	WICHITA, KANSAS
KSAS-3	24.3	N-M	WICHITA, KANSAS
KSCW	33.1	N	WICHITA, KANSAS
KSCW-2	33.2	N-M	WICHITA, KANSAS
KMTW	36.1	N	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
KSCW-4	33.4	N-M	WICHITA, KANSAS

Accounting Period:	2019/1			FORM SA1-2E. PAGE 3.						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#						
Name	The Southern Kansas	1522								
	PRIMARY TRANSMITTERS:	TELEVISION								
Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channe of license. For example, Wi Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	In during the accounting period, exception effect on June 24, 1981, permitting (2)(2) and (4), or 76.63 (referring to 76.63 explained in the next paragraph. (2) With respect to any distant stations of les, regulations, or authorizations: (2) in space G—but do list it in space I (2) a substitute basis. (3) also in space I, if the station was carried in concerning substitute basis stations (2) call sign. Do not report origination I with a station according to its over-the her form. (4) In unmber the FCC assigned to the tele RC is channel 4 in Washington, D.C. case whether the station is a networking the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instrator of each station. For U.S. stations, list	g translator stations and low power telept (1) stations carried only on a part-ting the carriage of certain network program (61(e)(2) and (4))]; and (2) certain stationarried by your cable system on a substitute basis and also and the special Statement and Program Lower and both on a substitute basis and also and the special Statement and Program Lower and Early of the general instruction program services such as HBO, ESPN e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a reformetwork multicast), "I" (for independent "E-M" (for noncommercial education uctions in the paper SA1-2 form. It the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. I, etc. Identify each a multistream ne air in its community noncommercial odent), "I-M" nal multicast).						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

The Southern Kansas Telephone Company, Inc.

1522

### PRIMARY TRANSMITTERS: RADIO

**In General:** List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			WICHITA, KANSAS				
KFUI	FIVI	<del> </del>	WICHITA, KANSAS				
	<del> </del>	<del> </del> -					
	<del> </del>	<del> </del>					
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d: 2019/1						FOR	M SA1-2E. PAGE 5.				
			Inc.				SYSTEM ID# 1522				
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried or substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
During the accounting per	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program											
									9	URSTITUT	
1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S 5. MONTH 6. TIMES Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM — TO							DELETION				
	LEGAL NAME OF OWNER OF The Southern Kansas  SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN*  • During the accounting per broadcast by a distant sta  Note: If your answer is "No' log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	The Southern Kansas Telephon  SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every no substitute basis during the accounting prexplanation of the programming that mustained in the programming that programming the accounting period, did you broadcast by a distant station?  Note: If your answer is "No", leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRAIN General: List each substitute prograce clear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stationed recretain FCC rules, regulations, on Do not use general categories like "mo" "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broad Column 3: Give the call sign of the second of the second of the programming that stated as "6:00–6:30 p.m."  Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulation was substituted for programming that y effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	The Southern Kansas Telephone Company,  SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under spe explanation of the programming that must be included in  1. SPECIAL STATEMENT CONCERNING SUBST  • During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No", leave the rest of this pag log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional r Column 1: Give the title of every nonnetwork televi period, was broadcast by a distant station and that yo under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadca Column 4: Give the broadcast station's location (the the case of Mexican or Canadian stations, if any, the or Column 5: Give the month and day when your sys first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute pro to the nearest five minutes. Example: a program carrie stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system wa effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	The Southern Kansas Telephone Company, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LO In General: In space I, identify every nonnetwork television program, broadcast be substitute basis during the accounting period, under specific present and former fexplanation of the programming that must be included in this log, see page (v) of the substitute basis and station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the gel Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Column 3: Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "517."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:01 stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting periowas substituted for programming that your system was permitted to delete underfect on October 19, 1976.	The Southern Kansas Telephone Company, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, requexplanation of the programming that must be included in this log, see page (v) of the general inst  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnet broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you may be in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever poor clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") the period, was broadcast by a distant station and that your cable system substitute for the proyen under certain FCC rules, regulations, or authorizations. See page (v) of the general instruction on the season of the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the month and day when your system carried the substitute program. Us first. Example: for May 7 give "5/7."  Column 5: Give the month and day when your system carried by your cable system to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6: stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the lew as substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976.	The Southern Kansas Telephone Company, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that you substitute basis during the accounting period, under specific present and former FCC rules, regulations, or at explanation of the programming that must be included in this log, see page (v) of the general instructions in the substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televibroadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complet log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming or under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Lo Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the the case of Mexican or Canadian stations, if any, the community to which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, first. Example: for May 7 give "577."  Column 6: State the times when the substitute program was carried by your cable system. List the tin to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:	LEGAL NAME OF OWNER OF CABLE SYSTEM:  The Southern Kansas Telephone Company, Inc.  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable systes substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear, if you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substitute for the programming of another statunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community wh				

Accounting Period:	2019/1		FORM SA	A1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: The Southern Kansas Telephone Company, Inc.		S	YSTEM ID# 1522							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. \$ 164,236.00										
	IMPORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gro	-							
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 the space K is more than \$263,800 but less the See page (vi) of the general instructions located in the paper SA1-2 form for more information.	nan \$527,600 on.	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 accounting period is \$52.00  Line 1. Royalty fee for accounting period			0.00							
	Line O TOTAL DOVALTY FEE DAYADLE FOR ACCOUNTING BERIOD, Add Secretary	0									
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but m										
	Base amount under statutory formula	<u> </u>	100)								
	2. Enter amount of gross receipts from space K		<u>-</u>								
	3. Subtract line 2 from line 1	•	-								
	Enter the amount of gross receipts from space K		164,236.00								
	5. Enter the amount from line 3		99,564.00								
	6. Subtract line 5 from line 4		64,672.00								
	7. Multiply line 6 by .005 (enter figure here)	<u> </u>	\$	323.36							
	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		\$	323.36							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	t less than \$527	,600)								
	1. Enter the amount of gross receipts from space K	000 000 00	-								
	2. Base amount under statutory formula	263,800.00	-								
	3. Subtract line 2 from line 1		-								
	Multiply line 3 by .01      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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	\$	323.36								
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		\$	343.36							
	EFT Trace # or TRANSACTION ID #		]								
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form and the Excel ins										

Accounting Period:	2019/1									FOR	RM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Kansas Telephone Compa	any, Inc.								SYSTEM ID# 1522
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.  1. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.										
N Individual to Be Contacted		BE CONTACTED IF FURTHE		RMATION	IS NEEDED (Id	lentify an ind	dividual to wh	om			
for Further Information	Name	Donna Van Allen						Telephone	(620) 58	4-8351	
	Address	P.O. Box 800 (Number, street, rural route, apartm		ite number)							
	Email	(City, town, state, zip)	@sktcom	mnanies co	am.		Fay (ontion	nal)			
	Email donna.vanallen@sktcompanies.com Fax (optional)										
O Certification	<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>										
				electronic si	na Van Allen ignature on the li	ine above to		tement.	-		
		Typed or printed	name:	Donna	Van Allen						
					erations  poration or partner	rship)					
		Date:					7/17/	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 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

counting Period: 2019/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
e Southern Kansas Telephone Company, Inc.	1522
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."	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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