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 COPYRIGHT	T OFFICE USE ONLY	Return completed workbool 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	08/27/2019	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/1 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 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
		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	(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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name		30502
	Cunningham Communications, Inc.	
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile he identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Concordia	KS
Community		
Add Rows as Necessary		
Add notio as necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								010	3050
	Cunningham Communic	auons, inc							
Е	SECONDARY TRANSMISSION			-	-				
<b>B</b>	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	blocks in spa	ce E cal	ll for the numbe	er of subsc	ribers to the cal			
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed								
	category, but do not include disc	ounts allowed	for adva	ance payment.	-				
	Block 1: In the left-hand block								
	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 o	nce again und	er "Serv	vice to addition	al set(s)."				
	Block 2: If your cable system I	-		•					
	printed in block 1 (for example, the printed in block 1)								
	with the number of subscribers a sufficient.	ind rates, in the	e ngnt-n	Iand DIOCK. A tv	vo- or three	e-word descripti	on of the s	ervice is	
		DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	NO.			RAT
	Residential:	SUBSCIE	LING	IVAL	UA11			SUBSCRIBERS	
	Service to first set		798	43.45					
	Service to additional set(s)			-010					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	s				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a								
	brief (two- or three-word) descrip								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:		Installa	ation: Non-res	idential				
	Pay cable	10.25-51.25	• Mo	tel, hotel			Expand	ded Basic	102.5
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Co	mmercial			Digital		14.9
	Fire protection		• Pa	y cable			HD Plu	S	4.9
			• Pav	y cable-add'l ch	nannel		Out of	Market Tier	10.6
	•Burglar protection			,					
	•		-	e protection					
	•Burglar protection		• Fire						
	•Burglar protection Installation: Residential		• Fire • Bui	e protection					
	•Burglar protection Installation: Residential • First set		• Fire • Bui Other	e protection rglar protection		25.00			
	•Burglar protection Installation: Residential • First set • Additional set(s)		• Fire • Bui • Bui • Re	e protection rglar protection <b>services:</b>		25.00			
	<ul> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Fire • Bui • Bui • Re • Re • Dis	e protection rglar protection <b>services:</b> connect		25.00 25.00			

	2019/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
	Cunningham Commu			3050
G Primary nsmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in each educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	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. <b>s:</b> With respect to any distant stations ca- ules, 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 sub he Special Statement and Program I 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 indepo- or "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station	ime basis under ams [sections tions carried on a bostitute program Log)—if the p 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	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	N	Superior, NE
		····		Oupo
	IKSNC	2	N	Great Bend. KS
s as Necessary	KSNC KSNT	2	N	Great Bend, KS Topeka, KS
as Necessary	KSNC KSNT KFXL	2 22 4	N N N	Topeka, KS
is Necessary	KSNT	22	N	Topeka, KS Superior, NE
3s Necessary	KSNT KFXL	22 4	N N	Topeka, KS Superior, NE Wichita, KS
s Necessary	KSNT KFXL KSCW KAKE	22 4 33	N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS
: Necessary	KSNT KFXL KSCW	22 4 33 10	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	Topeka, KS Superior, NE Wichita, KS Wichita, KS
s Necessary	KSNT KFXL KSCW KAKE KBSH	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
s Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD	22 4 33 10 7 13	N N N N N N	Topeka, KS         Superior, NE         Wichita, KS         Wichita, KS         Hays, KS         Topeka, KS         Bunker Hill, KS         Lincoln, NE
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
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 N N N	Topeka, KS         Superior, NE         Wichita, KS         Wichita, KS         Hays, KS         Topeka, KS         Bunker Hill, KS         Lincoln, NE         Kearney, NE
as 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 E 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	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         Wichita, KS
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         Topeka, KS
s as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	22 4 33 10 7 13 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, KSSuperior, NEWichita, KSWichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KSTopeka, KS
s as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 13 18 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
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 13 18 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 13 18 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
ows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 13 18 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
ows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 13 18 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

Accounting F							FORM	/I SA1-2E. PAGE 4
LEGAL NAME OF Cunninghan								SYSTEM ID: 30502
<b>J</b>			-, -					
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
receivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call state whether is the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	at the system's he system's FM ante this point, see pa sed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	2) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			on (the community to which the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	d: 2019/1						FOR	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#
Name	Cunningham Commun	ications, I	nc.					30502
	SUBSTITUTE CARRIAGE	E: SPECIAI		NT AND PROGRAM LO	G			
	In General: In space I, identi	fv everv noni	network televis	ion program. broadcast by	a distant stati	on, that your o	able svste	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that must	be included in	this log, see page (v) of the	e general instru	uctions in the p	paper SA1-	2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting period</li> </ul>	od, did your	cable system	carry, on a substitute basi	s, any nonnet	work televisio	on program	
Program Log	broadcast by a distant stat	tion?					YES	NO
	Note: If your answer is "No'	leave the re	est of this pag	e blank. If your answer is '	'Yes " vou mu	ist complete tl	he progran	n
	log in block 2.	, 10010 010 1	oor of the pag		roo, you me		no program	
	2. LOG OF SUBSTITUTE	PROGRAM	MS					
	In General: List each subst			te line. Use abbreviations	wherever pos	sible, if their n	neaning is	
	clear. If you need more spa							
	<b>Column 1:</b> Give the title period, was broadcast by a			sion program ("substitute				ion
	under certain FCC rules, re							
	Do not use general categori							
	"NBA Basketball: 76ers vs.			"N/a a " Other states and a "N	1 - 2			
				"Yes." Otherwise enter "N sting the substitute progra				
				e community to which the		nsed by the F	CC or, in	
	the case of Mexican or Can	adian station	is, if any, the o	community with which the	station is iden	tified).		
	first. Example: for May 7 giv		when your syst	tem carried the substitute	program. Use	numerals, wit	th the mon	th
			substitute pro	gram was carried by your	cable system.	List the times	s accuratel	v
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."		- 4 - 4					-1
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							
	effect on October 19, 1976.							
						N SUBSTITU	ITE	
	s	UBSTITUTE	E PROGRAM			AGE OCCU		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	-	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
						_		
						_		
						_	_	
						_		
		-						
						_		
						_		

Accounting Period:	2019/1		FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.		S	WSTEM ID# 30502
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and th all amounts (gross receipts) paid to your cable system by subscribers for the syste (as identified in space E) during the accounting period. For a further explanation of 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 receipt	em's secondary tra f how to compute t	nsmission servio his amount, see	6,926.65
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 I • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I See page (vi) of the general instructions located in the paper SA1-2 form for more infor	ess than \$527,600		
	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 accounting period is \$52.00 Line 1. Royalty fee for accounting period			
	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	· · · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	out more than \$13	7,100)	
	1. Base amount under statutory formula	263,800.00	)	
	2. Enter amount of gross receipts from space K	206,926.6	5	
	3. Subtract line 2 from line 1	56,873.3	5	
	4. Enter the amount of gross receipts from space K		206,926.65	
	5. Enter the amount from line 3		56,873.35	
	6. Subtract line 5 from line 4		<u> </u>	
	7. Multiply line 6 by .005 (enter figure here)			750.27
	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			750.27
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	(but less than \$5	27,600)	
			, ,	
	1. Enter the amount of gross receipts from space K		_	
	2. Base amount under statutory formula	263,800.00	<u>)</u>	
	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) $\ldots \ldots$	\$	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	nd 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)	<b>\$</b>	750.27	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	<u>\$</u>	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	770.27
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			ghts!

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	SYSTEM ID# 30502
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	17
	and nonbroadcast services	
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) 785-545-32	77
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)	,
O Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.	ner of the cable system
	<ul> <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>	
	X /s/ Brent Cunningham	-
	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: 8-27-19	

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

unting Period: 2019/1			FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM
ningham Communications, Inc.			305
SPECIAL STATEMENT CONCERNING GROSS RECE The Satellite Home Viewer Act of 1988 amended Title 17, section 7 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary bro scribers and amounts collected from subscribers receiving s For more information on when to exclude these amounts, see the r located in the paper SA1-2 form.	11(d)(1)(A), of the Copy as amounts paid to the ca adcast transmitters, the s econdary transmissions tote on page (vii) of the g	right Act by adding the fol- able system for the basic system shall not include sub- pursuant to section 119." general instructions	P Special Statemen Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any an made by satellite carriers to satellite dish owners?	iounts of gross receipts f	or secondary transmissions	
YES. Enter the total here and list the satellite carrier(s) below.	\$		
Name	NameMailing Address		
<b>INTEREST ASSESSMENT</b> You must complete this worksheet for those royalty payments subr For an explanation of interest assessment, see page (viii) of the ge			Q
Line 1 Enter the amount of late payment or underpayment			Interest Assessm
	····· _	x	Interest Assessm
Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here	····· _		Interest Assessm
		x xdays _	Interest Assessm
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