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 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

Α	ACCO	DUNTING 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.	33981
		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)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
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	Cunningham Communications, Inc.	33981
_	Instructions: List each separate community served by the cable system. A "comm	
D	"a separate and distinct community or municipal entity (including unincorporated	
	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo	u list will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobi	e home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Formoso	KS
Community		
·····,		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ARI E OVOTENA.							-2E. PAG
Name								515	3398
	Cunningham Communic	cations, inc.							0000
Е	SECONDARY TRANSMISSION			-	-				
	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	h blocks in spac	ce E cal	I for the number	er of subsc	ribers to the cal			
scribers and	down by categories of secondary								
Rates	each category by counting the n							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	ince 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 of								
	Block 2: If your cable system								
	printed in block 1 (for example, t								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tv	vo- or three	e-word descript	on of the s	ervice is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТИ	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	SUBSCIUD	LNG		UAII			SOBSCRIBERS	1.74
	Service to first set		20	43.45					
	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: RATE	S				
F	In General: Space F calls for rat	•	,		•	• •			
•	not covered in space E, that is, t service for a single fee. There ar								
Services	furnished at cost or (2) services	•			•		• • • •		
Other Than	amount of the charge and the ur								
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	• Mot	tel, hotel			Expand	ded Basic	102.
	 Pay cable—add'l channel 		• Cor	mmercial			Digital		14.
	Fire protection		• Pay	/ cable			HD Plu	S	4.
	 Burglar protection 		• Pay	/ cable-add'l cł	annel		Out of	Market Tier	10.
	Installation: Residential		• Fire	e protection					
	First set		• Bur	glar protection					
	 Additional set(s) 		Other s	services:					
	• FM radio (if separate rate)		• Red	connect		25.00			I
	• Converter		• Dis	connect					
			• Out	let relocation		25.00			
	1								
	1					23.00			

unting Period:	2019/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM II
	Cunningham Commu	inications, Inc.		3398
G Primary ransmitters: Television	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 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 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	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. s: With respect to any distant stations c ules, regulations, or authorizations: e in space G—but do list it in space I (the a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-the	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als , see page (v) of the general instruct program services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. t the community to which the station	time basis under tams [sections ations carried on a lostitute program Log)—if the to on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	N	Superior, NE
	KSNC	2	N	Great Bend, KS
ows as Necessary	KSNT	22	Ν	Topeka, KS
, , ,	KFXL	4	Ν	Superior, NE
	KSCW	33	Ν	Wichita, KS
	KAKE	10	Ν	Wichita, KS
	KBSH	7	Ν	Hays, KS
	WIBW	13	N	Topeka, KS
	KOOD	9	E	Bunker Hill, KS
	KGIN	10	Ν	Lincoln, NE
	KHGI	13	Ν	Kearney, NE
	KAAS	18	Ν	Salina, KS
	KSHB	41	Ν	Kansas City, MO
	кмтw	35	Ν	Wichita, KS
	КТМЈ	43	N	Topeka, KS
	КТКА	49	N	Topeka, KS
	KTKACW+	49	N	Topeka, KS

Accounting F	Period: 2019	/1					FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
Cunninghan	n Commun	ication	s, Inc.					33981
	t every radio s	station ca	arried on a separate and discrunce of the second seco					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried by monitoring, to ormation about rm. dentify the call State whether to f the radio stat this by placing Give the station	y the sys be recein to the Co sign of the the static ion's sig g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st jeneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	1		1					

Accounting Perio	od: 2019/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commun	ications,	Inc.					33981
	SUBSTITUTE CARRIAGI	: SPECIA		NT AND PROGRAM I O	G			
I I	In General: In space I, identi		-		-	ion that you	r cable syste	m carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in th	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork televis	sion progran	<u>ו</u>
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No'	, leave the	rest of this pag	e blank. If your answer is '	Yes," you mu	ist complete	e the program	n
	log in block 2.			2				
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst				wherever pos	sible, if thei	r meaning is	
	clear. If you need more spa			ows to the tables. sion program ("substitute	orogram") tha	t during the		
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorizations	s. See page (v) of the gene	eral instruction	ns for furthe	er information	ו.
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lo	ve Lucy" or	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute progra	m.			
	Column 4: Give the broat the case of Mexican or Can			e community to which the			FCC or, in	
	Column 5: Give the mon	th and day	when your sys	tem carried the substitute	program. Use	numerals, v	with the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carne	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. si	noula be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete unde	FCC fulles a	nu regulatio	ns m	
					r 1			1
						N SUBSTI		
		2. LIVE?	E PROGRAN 3. STATION'S		5. MONTH	AGE OCC 6. T		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
								'
							_	
							_	
							—	
								·
							_	
							_	
							_	
							_	
							_	

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 33981
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 servic s amount, see	e 5,029.60
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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
		\$	67.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	φ	07.00
	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:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	SYSTEM ID# 33981
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) 785-545-327	7
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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 B: (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 owner 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)]	stem as identified
	Date: 8-27-19	

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unting Period: 2019/1				FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:				SYSTEM
ningham Communications, Inc.				339
SPECIAL STATEMENT CONCERNING GROSS RECEIPT The Satellite Home Viewer Act of 1988 amended Title 17, section 111(lowing sentence: "In determining the total number of subscribers and the gross ar service of providing secondary transmissions of primary broadca scribers and amounts collected from subscribers receiving seco For more information on when to exclude these amounts, see the note located in the paper SA1-2 form.	d)(1)(A), of the Co mounts paid to the ast transmitters, th ndary transmission	pyright Act by adding the f cable system for the basic e system shall not include ns pursuant to section 119	c sub-	P Special Statemen Concerning Gros Receipts Exclusio
During the accounting period, did the cable system exclude any amoun made by satellite carriers to satellite dish owners?	ts of gross receipt	s for secondary transmissi	ions	
NO				
YES. Enter the total here and list the satellite carrier(s) below				
Name Name Name Name Name Name Name Name	ne ling Address			
You must complete this worksheet for those royalty payments submitte				
For an explanation of interest assessment, see page (viii) of the genera				Q
For an explanation of interest assessment, see page (viii) of the genera	I instructions locat			Q Interest Assessme
	I instructions locat			Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	Il instructions loca	ted in the paper SA1-2 for		Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the genera	Il instructions loca	ted in the paper SA1-2 for		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	Il instructions loca	ted in the paper SA1-2 for		Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	Il instructions loca	ted in the paper SA1-2 for	n. 	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	Il instructions loca	ted in the paper SA1-2 for xxx	n. 	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	Il instructions loca	ted in the paper SA1-2 for	n. 	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here Line 3 Multiply line 2 by the number of days late and enter the sum here	I instructions loca	ted in the paper SA1-2 for x	n. days 	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment Line 2 Multiply line 1 by the interest rate* and enter the sum here 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 	I instructions locat	ted in the paper SA1-2 for x x x x 0.00274 \$ (interest charg	m. days e)	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions locat	ted in the paper SA1-2 for x x x x 0.00274 \$ (interest charg	m. days e)	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions locat	xxxx 0.00274	m. days e)	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions locat	xxxxxxxxx 0.00274x 0.00274 _	m. e) ease ease	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions locat	xxxxxxxxx 0.00274x 0.00274 _	m. e) ease ease	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions locat	xxxxxxxxx 0.00274x 0.00274 _	m. e) ease ease	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions locat	xxxxxxxxx 0.00274x 0.00274 _	m. e) ease ease	Q Interest Assessm
 For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions locat	xxxxxxxxx 0.00274x 0.00274 _	m. e) ease ease	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general Line 1 Enter the amount of late payment or underpayment	I instructions locat	xxxxxxxxx 0.00274x 0.00274 _	m. e) ease ease	Q Interest Assessm

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