This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright General instructions are located Office Licensing Division at: 1/24/20 Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		Barcode Data Filing Period (optional - see instructions)	
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.	1461
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE STSTEM	
		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)	
L			

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.	1461
	Instructions: List each separate community served by the cable system. A "communi	
D	"a separate and distinct community or municipal entity (including unincorporated con	
-	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	t 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 mobile h	ome parks should be reported in parentheses below the
Served	identified city.	
oorrou		
	CITY OR TOWN	STATE
First	Cawker City	KS
Community		
Community		
Add Rows as Necessary		
		-

								FORM SA1	1-2E. PAGI
Name	LEGAL NAME OF OWNER OF C							313	146
	Cunningham Communio	cations, Inc.							171
E	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBE	RS AND RATES	s				
E	In General: The information in s								
Secondam	system, that is, the retransmission about other services (including p								
Secondary Transmission	last day of the accounting period					late must be t	nose existi	ng on the	
Service: Sub-	Number of Subscribers: Both					pers to the cal	ble system	broken	
scribers and	down by categories of secondary	, transmission	service. In g	general, you car	n compu	ite the numbe	er of subscr	ibers in	
Rates	each category by counting the n							charged	
	separately for the particular serv Rate: Give the standard rate c							o and the	
	unit in which it is generally billed								
	category, but do not include disc				landara		o wiann a p		
	Block 1: In the left-hand block				of secon	dary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity subscriber who pays extra for ca								
	first set" and would be counted of								
	Block 2: If your cable system					rvice that are	different fr	om those	
	printed in block 1 (for example, t								
	with the number of subscribers a	and rates, in the	e right-hand	block. A two- o	or three-	word descripti	ion of the s	ervice is	
	sufficient.	OCK 1					BLOCK	()	
		NO. OF					DLOOP	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATEG	SORY OF SE	RVICE	SUBSCRIBERS	RA
	Residential:		40-						
	Service to first set		135	43.45					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		NSMISSIO	NS' RATES					
-	In General: Space F calls for rat				ct to all y	our cable sys	tem's servi	ces that were	
F	not covered in space E, that is, t								
	service for a single fee. There ar			•			• • • •		
Services	furnished at cost or (2) services								
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually bille	ed. If any rates a	are char	ged on a varia	able per-pr	ogram basis,	
ransmissions:	Block 1: Give the standard rat		he cable sy	stem for each o	of the ap	plicable servio	ces listed.		
Rates	Block 2: List any services that	• •			-	• •			
	listed in block 1 and for which a				d. List the	ese other serv	vices in the	form of a	
	brief (two- or three-word) descrip	otion and includ	le the rate f	or each.		r	-		
		BLO	-					BLOCK 2	
	CATEGORY OF SERVICE	RATE		Y OF SERVICE		RATE	CATEG	ORY OF SERVICE	RAT
	Continuing Services:			n: Non-residen	ntial		-		400
	• Pay cable	10.25-51.25	• Motel, I					led Basic	102.
	Pay cable—add'l channel		• Comme				Digital		14.
	 Fire protection 		•Pay ca				HD Plu		4.
	•Burglar protection			ble-add'l channe	el		Out of	Market Tier	10.
	Installation: Residential		Fire pro						
	• First set		-	protection					
	 Additional set(s) 		Other serv						
			 Reconr 	poet		25.00			
	 FM radio (if separate rate) 		11000111	IECI		_0.00			
	• FM radio (if separate rate) • Converter		Discon			_0.00			
	· · · ,		Discon			25.00			

Name	LEGAL NAME OF OWNER O			SYSTEM ID 146
	Cunningham Commu			146
G Primary insmitters: elevision	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 here station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chanr of license. For example, V Column 3: Indicate in eac educational station, by ent (for independent multicast) For the meaning of these t	also in space I, if the station was carried ion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain st ried by your cable system on a su e Special Statement and Program both on a substitute basis and all ee page (v) of the general instruc- ogram services such as HBO, ES air designation. For example, rep ision station for broadcasting ove tation, an independent station, or or network multicast), "I" (for indep "E-M" (for noncommercial educa- tions in the paper SA1-2 form. he community to which the station	-time basis under rams [sections rations carried on a ubstitute program h Log)—if the so on some other ctions. SPN, etc. Identify each bort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n 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
		· · · · · · · · · · · · · · · · · · ·		
	KSNC	2	Ν	
Is Necessary	KSNC KSNT	2 22	N	Great Bend, KS
Necessary				Great Bend, KS Topeka, KS
Necessary	KSNT KFXL	22 4	N	Great Bend, KS Topeka, KS Superior, NE
Necessary	KSNT	22	N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS
lecessary	KSNT KFXL KSCW KAKE	22 4 33 10	N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS
Vecessary	KSNT KFXL KSCW KAKE KBSH	22 4 33 10 7	N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS
Necessary	KSNT KFXL KSCW KAKE KBSH WIBW	22 4 33 10	N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS
Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD	22 4 33 10 7 13 9	N N N N N N E	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS
Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN	22 4 33 10 7 13 9 10	N N N N N E N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE
5 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	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE
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 E N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS
s Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB	22 4 33 10 7 13 9 10 10 13 18 41	N N N N N N N N N N N N N N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO
5 Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW	22 4 33 10 7 13 9 10 10 13 18 41 35	N N N N N N E N N N N N N N N	Great Bend, KS 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
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 41 35 43	N N N N N N N N N N N N N N N N N N N	Great Bend, KS 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
is Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Great Bend, KS 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
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 41 35 43	N N N N N N N N N N N N N N N N N N N	Great Bend, KS 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
5 as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Great Bend, KS 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 KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS
vs as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS
ws as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N N N N N N N N N N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS

Accounting P							FORM	/I SA1-2E. PAGE 4.
								SYSTEM ID#
Cunninghan		Ication	s, inc.					1461
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S	it is carried by monitoring, to prmation abou rm. dentify the call state whether t	y the sys be recein t the Co sign of the station	I-Band FM Carriage: Under C stem 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	t the system's he system's FM ante this point, see pa	eadend, and (2 enna, during c ge (v) of the g	2) it can ertain si Jeneral i	be expected, ated intervals. nstructions in the.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a checl n's locati	k mark in the "S/D" column. on (the community to which the the community with which the	ne station is licen	sed by the FC			
		0.0				0 (5		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
							l	

Accounting Perio	od: 2019/2						FOR	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commun	ications,	Inc.					1461
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	3			
I I	In General: In space I, identi	-	-			ion. that vour	· cable svste	m carried on a
	substitute basis during the a							
Substitute	explanation of the programm				e general instr	uctions in the	e paper SA1	-2 form.
Carriage:	1. SPECIAL STATEMEN			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	ion program	1
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	the prograr	n
	log in block 2.			-	-			
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	In General: List each subst				wherever pos	sible, if their	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") tha	t during the	accounting	
	period, was broadcast by a							
	under certain FCC rules, re							۱.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lov	ve Lucy" or	
			dcast live, ente	r "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 mor	ith and day	when your sys	tem carried the substitute	program. Use	numerals, v	vith the mor	nth
	first. Example: for May 7 giv	/e "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 carri	ed by a system from 6:01:1	5 p.m. to 6:2	8:30 p.m. sn	iouid be	
	Column 7: Enter the letter			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 rules a	na regulatio	ns in	
								1
						N SUBSTI		
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCL 6. TI		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						-	-	
						_		
						_		
						-	_	
						-	_	
						-	_	
							_	

Accounting Period:	2019/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 1461
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 5,802.80
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 Foc and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: I Communications, Inc.	SYSTEM ID# 1461
M Channels	 to its subscribe 1. Enter the to system carrie 2. Enter the to on which the 	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. tal number of channels on which the cable ed television broadcast stations	17 85
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom at about this statement of account.)	
for Further Information	Name	Brent Cunningham Telephone 785-5	545-3215
	Address	PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number)	
		Glen Elder, KS 67446 (City, town, state, zip)	
	Email	brent@ctctelephony.tv Fax (optional) 785-545-3277	
O Certification	I, the undersig X (Own (Age (Off (Off) (I have examin are true, complete	N (This statement of account must be certified and signed in accordance with Copyright Office regulations) and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. end the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
		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: 1-23-20	

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unting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ningham Communications, Inc.	146
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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