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

STATEME	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
-	ry Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ctions are located of this workbook	8/7/2020	\$ ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	YY/(Period))	
	2020/1	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional -	Period 2 = July 1 - December 31 see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		ary of another corporation, give the full corpo	orate title
Owner	List any other name or names under which	h the owner conducts the business of the	e cable system.	
	If there were different owners during the single statement of account and royalty fe	<u> </u>	e last day of the accounting period should sub g period.	omit a
	Check here if this is the system's first filing	g. If not, enter the system's ID number as	signed by the Licensing Division.	29881
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		

		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 unless these 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	4	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 Office'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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Cunningham Communications, Inc.	<b>298</b> 8 <sup>4</sup>
D	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorp discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future	porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter know filings.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, c identified city.	or mobile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Jewell	KS
Community		
ld Rows as Necessary		
u nows as necessary		

	LEGAL NAME OF OWNER OF C						FORM SA1	TEM ID
Name	Cunningham Communi						010	2988
E	SECONDARY TRANSMISSION In General: The information in s				ary transmission	service of the	e cable	
	system, that is, the retransmissi							
Secondary	about other services (including p					those existin	g on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Bot	`	,	,	,	bla svetom k	orokon	
scribers and	down by categories of secondar	•				•		
Rates	each category by counting the n	•	-	•				
	separately for the particular serv	vice at the rate	indicated-not	the number of se	ets receiving ser	vice).	-	
	Rate: Give the standard rate of unit in which it is generally billed							
	category, but do not include disc					is within a pa		
	Block 1: In the left-hand block		•		condary transmi	ssion service	that cable	
	systems most commonly provide						0,	
	that applies to your system. <b>Not</b> 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, the number of subscribers				-	,.		
	with the number of subscribers a sufficient.	and rates, in th	e fight-hand bid	JCK. A two- of the	ee-word descrip	lion of the se	I VICE IS	
	BLO	OCK 1				BLOCK 2		-
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		TE CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:					-		
	Service to first set		74	45.50				
	<ul> <li>Service to additional set(s)</li> </ul>							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS	: RATES				
F	In General: Space F calls for ra	te (not subscril	ber) information	n with respect to	all your cable sy	stem's servic	es that were	
Г	not covered in space E, that is, t							
Services	service for a single fee. There as furnished at cost or (2) services	•		•		• • • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the							
Fransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha						vere not	
Ruico	listed in block 1 and for which a				-			
	brief (two- or three-word) descri	ption and inclue	de the rate for e	each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY C	OF SERVICE	RATE	CATEGOF	RY OF SERVICE	RATE
	Continuing Services:		Installation: N	Ion-residential				
	• Pay cable	10.25-51.75	<ul> <li>Motel, hote</li> </ul>	el		Expande		####
	Pay cable—add'l channel		Commercia	al		Digital B	asic	14.9
	Fire protection		<ul> <li>Pay cable</li> </ul>			HD Plus		4.9
	•Burglar protection		2	add'l channel		Out of M	arket Tier	11.4
	Installation: Residential		Fire protect					
	• First set		Burglar pro					
	Additional set(s)		Other service					
			<ul> <li>Reconnect</li> </ul>		25.00			
	• FM radio (if separate rate)							
	Converter		<ul> <li>Disconnec</li> </ul>	t				
	· · · /			t cation	25.00 25.00			

ounting Period:	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM ID
Humo	Cunningham Commu	inications, Inc.		2988
	PRIMARY TRANSMITTERS:	TELEVISION		
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 <b>Substitute Basis Stations</b> basis under specific FCC ru- Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further information <b>Column 1:</b> List each station 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	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st rried by your cable system on a si- ne Special Statement and Program I both on a substitute basis and al- see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each port multistream er the air in its community er a noncommercial pendent), "I-M" ttional 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	N	Great Bend, KS
d Rows as Necessary	KSNT	- 22	N	Topeka, KS
I ROWS as Necessary	KFXL	4	N	Superior, NE
	KSCW	33	N	Wichita, KS
	KAKE	10	N	Wichita, KS
	KBSH	7	N	
				Hays, KS
	WIBW	13	N	Topeka, KS
	KOOD	9	E	Bunker Hill, KS
	KGIN	10	Ν	Lincoln, NE
	KHGI	13	N	Kearney, NE
	KAAS	18	Ν	Salina, KS
	KSHB	41	Ν	Kansas City, MO
	кмтw	35	Ν	Wichita, KS
	ктмј	43	Ν	Topeka, KS
	КТКА	49	Ν	Topeka, KS
	KTKACW+	49	Ν	Topeka, KS
		I		

Cunninghan	F OWNER OF (							SYSTEM I 298
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether to the radio stat this by placing vive the station	y the sys be recei at the Co I sign of e the static ion's sign g a chech n's locatio	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 re station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral 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	
						5,6		

Accounting Perio	od: 2020/1						FORM	A SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.					29881
	SUBSTITUTE CARRIAG				G			
		-	-			tion that was		
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general in			
Special	1. SPECIAL STATEMEN							
Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network tele	ision prog	ram
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your onewor is "No	" loovo tha	root of this no	ao blank. If your anower i	- "Voo " vou v	must somals		
	Note: If your answer is "No	, leave life	rest of this pa	ige blank. If your answer i	s res, your	must comple	te the prog	Jiani
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if th	eir meaning	gis
	clear. If you need more spa					له سه سال سال		·
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re		,	5		0 0		
	Do not use general categor							
	"NBA Basketball: 76ers vs.					,	<b>,</b>	
				er "Yes." Otherwise enter				
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car							41-
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerais	, with the h	nonth
	. , , ,		e substitute pr	ogram was carried by you	r cable syste	m list the ti	mes accur	ately
	to the nearest five minutes.							atery
	stated as "6:00-6:30 p.m."		a program our					
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	t your syster	n was <i>requ</i>	ired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regula	tions in	
	effect on October 19, 1976	•						
						N SUBSTIT		7. REASON FOR
	3	1	E PROGRAM			AGE OCCL 6. TI		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
		100 01 110						
						-	-	
							-	
						-	-	
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							_	
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						-	-	
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		<b>_</b>	L				-	
1								
							-	
							-	

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 29881
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service mount, see	9,894.50
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 \$2 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 t accounting period is \$52.00	his six-mon	
	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 \$137,1	00)	
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: n Communications, Inc.	SYSTEM ID# 29881
<b>M</b> Channels	<ol> <li>to its subscribe</li> <li>1. Enter the to system carrie</li> <li>2. Enter the to on which the</li> </ol>	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. etal 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 t about this statement of account.)	
for Further Information	Name Address	PO Box 108. 220 W. Main St.	785-545-3215
		(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	I, the undersig     X     (Ow     (Age     (Of     i      I have examinare true, complete	IN (This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) Iner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 ow in line 1 of space B. ned 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. ction 1001(1986)]	system as identified vner of the cable system
		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: 8-7-20	

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unting Period: 2020/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	298
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 Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	_
Name 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 Interest Assessm
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 Assessme
	Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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