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	INT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instruc	ctions are located of this workbook	8/7/2020	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	2020/1	1	Period 2 = July 1 - December 31	
Accounting Period				
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		ry of another corporation, give the full corp	porate title
Owner	List any other name or names under which	n the owner conducts the business of the o	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. ber, street, rural route, apartment, or suite number) Glen Elder, KS 67446-9795

		(City, town, state, zip)
С		CUCTIONS: 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:
	1	
		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 suffciency of the fling, a determination that would be made by a court of law.

Return completed workbook

61514

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Cunningham Communications, Inc.	61514
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 known 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
First	CITY OR TOWN Downs	STATE KS
Community		
Add Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM IC 6151
	Cunningham Communi	cations, Inc							0151
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBE	RS AND RAT	ES				
E	In General: The information in s	-		-	-				
Secondary	system, that is, the retransmission about other services (including particular services)								
Secondary Transmission	last day of the accounting period						lilose exis	ung on the	
Service: Sub-	Number of Subscribers: Both	•				,	ble system	n, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n			•••		•	•	s charged	
	separately for the particular serv Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed								
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					0.	•		
	first set" and would be counted of	once again und	ler "Service	to additional s	set(s)."				
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t						,		
	with the number of subscribers a sufficient.	and rates, in the	e right-hand	I DIOCK. A LWO-	orunree	e-word descrip	tion of the	Service is	
		OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	GORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				-		-		
	Service to first set		108	45.50					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
									I
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra not covered in space E, that is, t								
-	service for a single fee. There a								
Services	furnished at cost or (2) services								
			usually hill	od If any rate	a ara ah	arged on a var	iable per-p	rogram basis,	
Other Than	amount of the charge and the ur		usually bill	eu. Il ally fale:	s are un				
Secondary	enter only the letters "PP" in the	rate column.		-		-	ices listed		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate	rate column. te charged by t	he cable sy	stem for each	of the a	applicable serv		t were not	
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	he cable sy stem furnis ge was mac	rstem for each ned or offered e or establishe	of the a during t	applicable serv he accounting	period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	rate column. te charged by t t your cable sys separate charg	he cable sy stem furnis ge was mac	rstem for each ned or offered e or establishe	of the a during t	applicable serv he accounting	period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	the cable sy stem furnis ge was mac de the rate	rstem for each ned or offered e or establishe	of the a during t	applicable serv he accounting	period that		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable sy separate charg ption and includ	he cable sy stem furnis ge was mac de the rate CK 1	rstem for each ned or offered e or establishe	of the a during t ed. List	applicable serv he accounting	period that vices in the	e form of a	RAT
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by t t your cable system separate charge ption and inclue BLOO	the cable sy stem furnis ge was mac de the rate CK 1 CATEGOF	rstem for each ned or offered e or establishe for each.	of the a during t ed. List f	applicable serv he accounting these other se	period that	e form of a BLOCK 2 DRY OF SERVICE	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable system separate charge ption and inclue BLOO	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel,	estem for each ned or offered e or establishe for each. RY OF SERVIC n: Non-reside hotel	of the a during t ed. List f	applicable serv he accounting these other se	period that vices in the CATEGO Expand	e form of a BLOCK 2 DRY OF SERVICE ded Basic	###
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	the cable system furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm	estem for each ned or offered e or establishe for each. TY OF SERVIC n: Non-reside hotel ercial	of the a during t ed. List f	applicable serv he accounting these other se	period that vices in the CATEGO Expand Digital	e form of a BLOCK 2 ORY OF SERVICE ded Basic Basic	### 14.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	the cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca	estem for each ned or offered e or establishe for each. CY OF SERVIC n: Non-reside hotel ercial ble	of the a during t ed. List	applicable serv he accounting these other se	CATEGO Digital HD Plu	e form of a BLOCK 2 ORY OF SERVICE ded Basic Basic S	### 14.9 4.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca	estem for each ned or offered e or establishe for each. CY OF SERVIC n: Non-reside hotel ercial ble ble-add'l chan	of the a during t ed. List	applicable serv he accounting these other se	CATEGO Digital HD Plu	e form of a BLOCK 2 ORY OF SERVICE ded Basic Basic	### 14.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr	estem for each ned or offered e or establishe for each. <u>RY OF SERVIC</u> n: Non-reside hotel ercial ble ble-add'l chan otection	of the a during t ed. List	applicable serv he accounting these other se	CATEGO Digital HD Plu	e form of a BLOCK 2 ORY OF SERVICE ded Basic Basic S	### 14.9 4.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla	estem for each ned or offered e or establishe for each. <u>AY OF SERVIC</u> n: Non-reside hotel ercial ble ble-add'I chan otection	of the a during t ed. List	applicable serv he accounting these other se	CATEGO Digital HD Plu	e form of a BLOCK 2 ORY OF SERVICE ded Basic Basic S	### 14.9 4.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pri • Burgla Other ser	estem for each ned or offered e or establishe for each. CY OF SERVIC n: Non-reside hotel ercial ble ble-add'I chan otection protection rices:	of the a during t ed. List	Pplicable serv he accounting these other se RATE	CATEGO Digital HD Plu	e form of a BLOCK 2 ORY OF SERVICE ded Basic Basic S	### 14.9 4.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pr • Burgla Other serv • Recon	estem for each ned or offered e or establishe for each. CY OF SERVIC n: Non-reside hotel ercial ble ble-add'l chan otection protection vices: nect	of the a during t ed. List	applicable serv he accounting these other se	CATEGO Digital HD Plu	e form of a BLOCK 2 ORY OF SERVICE ded Basic Basic S	### 14.9 4.9
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. te charged by t t your cable sy separate charg bition and includ BLO0 RATE	he cable sy stem furnis ge was mad de the rate CK 1 CATEGOF Installatio • Motel, • Comm • Pay ca • Pay ca • Fire pri • Burgla Other ser	estem for each ned or offered e or establishe for each. CY OF SERVIC n: Non-reside hotel ercial ble ble-add'l chan otection protection vices: nect	of the a during t ed. List	Pplicable serv he accounting these other se RATE	CATEGO Digital HD Plu	e form of a BLOCK 2 ORY OF SERVICE ded Basic Basic S	### 14.9 4.9
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ccounting Period:	2020/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O			SYSTEM ID#
	Cunningham Commu	nications, Inc.		61514
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: 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 ru- • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associated "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)	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-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 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- pr "E-M" (for noncommercial educati	ime basis under ams [sections tions carried on a ostitute program Log)—if the o on some other ions. PN, etc. Identify each ort multistream the air in its community a noncommercial endent), "I-M"
	FCC. For Mexican or Cana	n of each station. For U.S. stations, lis dian stations, if any, give the name of t	he community with which the station	is identified.
	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
Add Rows as Necessary	KSNT	22	N	Topeka, KS
	KFXL	4	Ν	Superior, NE
	KSCW	33	N	Wichita, KS
	KAKE	10	Ν	Wichita, KS
	KBSH	7	Ν	Hays, KS
	WIBW	13	Ν	Topeka, KS
	KOOD	9	E	Bunker Hill, KS
	KGIN	10	N	Lincoln, NE
	KHGI	13	Ν	Kearney, NE
	KAAS	18	Ν	Salina, KS
	KSHB	41	Ν	Kansas City, MO
	KMTW	35	N	Wichita, KS
	KTMJ	43	N	Topeka, KS
	КТКА	49	N	Topeka, KS
	KTKACW+	49	N	Topeka, KS

Cunninghan	OWNER OF O							SYSTEM 618
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a checl n's locatio	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 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 le 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	
						-		
							·	
							·	

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.					61514
	SUBSTITUTE CARRIAG			NT AND PROGRAM I C)G			
I	In General: In space I, ident	ify every no	nnetwork telev	<i>ision program,</i> broadcast b	y a <i>distant</i> sta			
Substitute	substitute basis during the a explanation of the programm							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 	-			asis, any non	network te	levision prog	ram
Statement and Program Log	broadcast by a distant sta	tion?					YES	NO
i rogram Eog	Note: If your answer is "No		rost of this pr	ao blank. If your answor i	s "Vos " vou	nust comr		
	log in block 2.	, leave the	rescortins pa	ge blank. If your answer i	s res, you	must comp	piere rue bioĉ	Jian
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa Column 1: Give the title			vision program ("substitut	e program") t	hat. durinc	the account	ina
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pr	ogrammin	g of another :	station
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		JVIES OF DASK	letball. List specific progra		example,	I LOVE LUCY	0I
	Column 2: If the program	m was broa	dcast live, ent	er "Yes." Otherwise enter	"No."			
				casting the substitute prog the community to which th		consod by	the ECC or	in
	the case of Mexican or Car							
	Column 5: Give the mor	nth and day		stem carried the substitut			als, with the n	nonth
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	ır cahla sveta	m list the	times accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."	"D" : (()						. ,
	to delete under FCC rules			n was substituted for prog				
	was substituted for program							Syram
	effect on October 19, 1976							
						N SUBST		7. REASON FOR
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCO		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
]	[_	
							_	
							_	
						[
						+		
							_	
							_	
					· ·			

Accounting Period:	2020/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 61514
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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	9,663.85 ss receipts)
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.	63,800	
	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 \$137,10		
	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 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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2020/1		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: n Communications, Inc.	SYSTEM ID# 61514
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. otal number of channels on which the cable ed television broadcast stations	17 85
N Individual to Be Contacted	we can contac	TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom of about this statement of account.)	705 515 0015
for Further Information	Name Address	Brent Cunningham Telephone PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446	e 785-545-3215
	Email	(City, town, state, zip) brent@ctctelephony.tv Fax (optional) 785-545-32	277
O Certification	I, the undersig X (Ow (Age (Of I have examinare true, comp	(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 of in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained here blete, and correct to the best of my knowledge, information, and belief, and are made in good faith. (ction 1001(1986)) 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)	e B; or e system as identified owner of the cable system
		Typed or printed name: Brent Cunningham Title: GM/VP (Title of official position held in corporation or partnership)	
		Date: 8-7-20	

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 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.

unting Period: 2020/1	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	615
 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 Statemer 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessm
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