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 Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY

DATE RECEIVED AMOUNT
1/20/20201
\$
ALLOCATION NUMBER

Return completed workbook by email to:

coplicsoa@loc.gov

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))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
	-	Instructions:	
В		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.	28346
		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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
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)	
	1		
Privacy Act Notic	e: 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 Cunningham Communications, Inc. D Instructions: List each separate community served by the cable system. A "community" is the same as a "com" as separate and distinct community or municipal entity (including unincorporated community will serve as a form of as the "first community." Please use it as the first community on all future filings. Area Served Instructions: List each separate community or municipal entity (including unincorporated community will serve as a form of as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be repridentified city. First Citry OR TOWN Gommunity Citry OR TOWN Inscrete and properties such as hotels, apartments, condominiums, or mobile home parks should be repridentified city.	rporated areas and including single, system identification hereafter known
D "a separate and distinct community or municipal entity (including unincorporated communities within unincoldiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of 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 home parks should be repridentified city. First CITY OR TOWN Gommunity Scandia	rporated areas and including single, system identification hereafter known orted in parentheses below the STATE
Area Served identified city. First Community CITY OR TOWN	STATE
First Scandia	
First Scandia	
Community	
d Rows as Necessary A Rows	
A Rows as Necessary	

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID
Name								515	2834
	Cunningham Communi	cations, Inc							2004
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIE	ERS AND RA	TES				
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				-		liiose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ble system	, broken	
scribers and	down by categories of secondar			0 / 1		•			
Rates	each category by counting the n			0 , (,	charged	
	separately for the particular serv Rate: Give the standard rate of							e 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								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t					,	,.	, 0	
	with the number of subscribers a sufficient.	and rates, in th	e right-ha	nd block. A tw	/o- or thre	e-word descript	ion of the s	Service is	
		OCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT
	Residential:	SOBOCIVID			UATI		(VIOL	SOBSCINEINS	
	Service to first set		70	45.50					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	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 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								
Fransmissions: Rates	Block 1: Give the standard rat							were not	
Rales	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		DRY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		Installat	ion: Non-resi	dential				
	• Pay cable	10.25-51.75	• Mote	l, hotel			Expand	led Basic	####
	• Pay cable—add'l channel		• Com	mercial			Digital		14.9
	Fire protection		• Pay	cable			HD Plu		4.9
	•Burglar protection		-	cable-add'l cha	annel			Market Tier	11.4
	Installation: Residential		-	protection					
	First set			lar protection					
	 Additional set(s) 		Other se	•					
	• FM radio (if separate rate)			onnect		25.00			•••••••
	i minuale (il copulate rate)						1		
	• Converter		• Disc	onnect					
	· · · /			onnect et relocation		25.00			
	· · · /		• Outle		ess	25.00 25.00			

ccounting Period: 2	2020/2			FORM SA1-2E. PAGE 3					
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID					
	Cunningham Commu	nications, Inc.		2834(
	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	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting to e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations c illes, regulations, or authorizations:	t (1) stations carried only on a part-ti ne carriage of certain network progra (1(e)(2) and (4))]; and (2) certain stat arried by your cable system on a sub	ime basis under ams [sections tions carried on a ostitute program					
	• Do <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried <i>only</i> on a substitute basis.								
	• List the station here, and a basis. For further information Column 1: List each station	also in space I, if the station was carrie 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	see page (v) of the general instructi program services such as HBO, ESF	ons. N, etc. Identify each					
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community					
	Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these ter Column 4: Give the location	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), o rms, see page (iv) of the general instru- n of each station. For U.S. stations, list dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial education actions in the paper SA1-2 form. In the community to which the station	endent), "I-M" onal multicast). is licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KSNB	4	N	Superior, NE					
	KSNC	2	Ν	Great Bend, KS					
dd Rows as Necessary	KSNT	22	N	Topeka, KS					
	KFXL	4	N	Superior, NE					
	KSCW	33	Ν	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	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	Ν	Topeka, KS					

EGAL NAME OI								SYSTEM 28
	every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If 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 vive the station	y the sys be recei t the Co sign of e he statio ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 nna, during ca ge (v) of the g ystem as a se sed by the FC0) it can l ertain st eneral ii eparate a	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	
0,122 0.011		0,2		0.122 0.011	7 0. 1	0,2		

Accounting Perio	od: 2020/2						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.					28346
	SUBSTITUTE CARRIAG	E: SPECIA)G			
I		-	-			tion that you	r ochlo ovo	tom corriad on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					and general int			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did yoi	ur cable syster	m carry, on a substitute ba	isis, any noni	network tele	vision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" leave the	rest of this pa	age blank. If your answer i	s "Yes " vou i	must comple	ete the proc	ıram
		, iouvo uio		ige blank. It year anower t	5 105, you i	nuot oompie		jian
	log in block 2. 2. LOG OF SUBSTITUTI		Me					
	In General: List each subs			ate line. Lise abbreviation	s wherever p	ossible if th	oir moanin	n ie
	clear. If you need more spa				s wherever p		en meaning	J 15
				vision program ("substitute	e program") t	hat. during t	he account	ina
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	neral instruct	tions for furth	ner informa	tion.
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I l	ove Lucy"	or
	"NBA Basketball: 76ers vs.			() () () () () () () () () ()				
				er "Yes." Otherwise enter				
						censed by th	e FCC or	in
							, with the n	nonth
			5 5					
								ately
		Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	6:28:30 p.m.	should be	
								ine el
								ogram
						o ana regula		
								1
					WHE	N SUBSTIT	UTE	
Column 3: Give the call sign of the station broadcasting the substitute proportion of the community to which the case of Mexican or Canadian stations, if any, the community with which the column 5: Give the month and day when your system carried the substitut first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by yo to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for proto delete under FCC rules and regulations in effect during the accounting per was substituted for programming that your system was permitted to delete under ffect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S CALL SIGN 4. STATION'S LOCATION		CARRI	AGE OCCL	JRRED	7. REASON FOR			
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI	MES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
						-	-	
						-	_	
					·			
							_ 	
						-		
						-	_	
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							-	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S`	YSTEM ID# 28346
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	3,837.00 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 \$527,0	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 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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		nts!

Accounting Period:	2020/2			FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Cunningham Commu			SYSTEM ID# 28346
M Channels	 to its subscribers, and (2) 1. Enter the total number system carried television 2. Enter the total number on which the cable system 	2) the cable system's ter or of channels on which on broadcast stations er of activated channels stem carried television	3	15 17 85
N Individual to Be Contacted	INDIVIDUAL TO BE CC we can contact about th		ER INFORMATION IS NEEDED (Identify an individual to whom it.)	
for Further Information	Name Brer	nt Cunningham	Telepho	one 785-545-3215
	(Numb	Box 108, 220 W. er, street, rural route, apartr Elder, KS 6744 own, state, zip) brent@ctctelep	nent, or suite number)	3277
O Certification	I, the undersigned, here X (Owner other (Agent of own in line 1 of (Officer or pa in line 1 of I have examined the sta	eby certify that (Check of than corporation or p ner other than corpora f space B and that the of artner) I am an officer (f space B. atement of account and correct to the best of my (1986)] Typed or printeo Title:	ust be certified and signed in accordance with Copyright Office regulation one, but only one, of the boxes.) (artnership) I am the owner of the cable system as identified in line 1 of spination or partnership) I am the duly authorized agent of the owner of the ca- winer is not a corporation or partnership; or if a corporation) or a partner (if a partnership) of the legal entity identified are hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained here hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fact contained hereby hereby declare under penalty of law that all statements of fac	ace B; or ble system as identified s owner of the cable system
		Date:	1-20-21	

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	FORM SA1-2E. PAG
IL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	283
 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 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
x	Interest Assessme
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
x	Interest Assessm
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessme
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