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
1/20/2021
\$
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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
	Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	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	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names 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	1 IDENTIFICATION OF CABLE SYSTEM:
	MAILING ADDRESS OF CABLE SYSTEM:
	2 (Number, street, rural route, apartment, or suite number)
	(City, town, state, zip code)
Privacy Act Notic	: 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Cunningham Communications, Inc.	28347
Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin Note: Entities and properties such as hotels, apartments, condominiums, or mo	ed communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter know gs.
CITY OR TOWN	STATE
Jamestown	KS
	Instructions: List each separate community served by the cable system. A "com "a separate and distinct community or municipal entity (including unincorporat discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that as the "first community." Please use it as the first community on all future filin, Note: Entities and properties such as hotels, apartments, condominiums, or mo identified city. CITY OR TOWN

	LEGAL NAME OF OWNER OF C							FORM SA1-	2E. PAGE		
Name								515	2834		
	Cunningham Communi	cations, Inc							2004		
_	SECONDARY TRANSMISSION	I SERVICE: SL	JBSCRI	BERS AND R	ATES						
E	In General: The information in s					y transmission s	service of t	he cable			
	system, that is, the retransmission										
Secondary Transmission	about other services (including plast day of the accounting period						those exist	ing on the			
Service: Sub-	Number of Subscribers: Bot	`		,	,	,	ble system	, broken			
scribers and	down by categories of secondar						•				
Rates	each category by counting the n		,	0,0			,	charged			
	separately for the particular server Rate: Give the standard rate of							te and the			
	unit in which it is generally billed										
	category, but do not include disc				ing etaniaa		• • • • • •				
	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 the	e ngnt-na	апа рюск. А і	wo- or thre	e-word descript	ion of the s	service is			
		DCK 1					BLOCK	2			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	000001110			0,111			000001100			
	Service to first set		47	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 a										
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the un		usually	oilled. If any r	ates are ch	narged on a vari	able per-pi	ogram basis,			
	enter only the letters "PP" in the Block 1: Give the standard rate		he cable	system for e	ach of the	applicable servi	ces listed.				
Secondary Fransmissions	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
Fransmissions: Rates	Block 2: List any services that	t your cable sy	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
Transmissions:	listed in block 1 and for which a	separate charg	je was m	ade or establ	•		vices in the				
Transmissions:	-	separate charg	je was m	ade or establ	•		vices in the				
Transmissions:	listed in block 1 and for which a	separate charg	je was m de the ra	ade or establ	•		vices in the	BLOCK 2			
Transmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate chargonic chargon	je was m de the ra CK 1 CATEG	ade or establ te for each. ORY OF SER	VICE			BLOCK 2 DRY OF SERVICE	RATE		
Transmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargotion and includ BLOC RATE	e was m de the ra CK 1 CATEG Installa	ade or establ te for each. ORY OF SER t ion: Non-res	VICE	these other ser	CATEGO	DRY OF SERVICE			
Transmissions:	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate chargotion and includ	e was m de the ra CK 1 CATEG Installa	ade or establ te for each. ORY OF SER	VICE	these other ser	CATEGO	DRY OF SERVICE	####		
Transmissions:	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	separate chargotion and includ BLOC RATE	de was m de the ra CK 1 CATEG Installa • Mote • Com	ade or establ te for each. ORY OF SER tion: Non-res el, hotel imercial	VICE	these other ser	CATEGO Expano Digital	DRY OF SERVICE led Basic Basic	#### 14.9		
Transmissions:	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 • Fire protection	separate chargotion and includ BLOC RATE	de was m de the ra CK 1 CATEG Installa • Mote • Com • Pay	ade or establ te for each. DRY OF SER tion: Non-res el, hotel imercial cable	VICE	these other ser	CATEGO Expano Digital HD Plu	DRY OF SERVICE led Basic Basic s	#### 14.9 4.9		
Transmissions:	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	separate chargotion and includ BLOC RATE	e was m de the ra CK 1 CATEG Installa • Mote • Com • Pay • Pay	ade or estable te for each. DRY OF SER tion: Non-res el, hotel imercial cable cable	VICE	these other ser	CATEGO Expano Digital HD Plu	DRY OF SERVICE led Basic Basic			
Transmissions:	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 • Fire protection • Burglar protection Installation: Residential	separate chargotion and includ BLOC RATE	e was m de the ra CK 1 CATEG Installa • Mote • Com • Pay • Pay • Fire	ade or estable te for each. DRY OF SER tion: Non-res el, hotel imercial cable cable-add'l cl protection	VICE idential	these other ser	CATEGO Expano Digital HD Plu	DRY OF SERVICE led Basic Basic s	#### 14.9 4.9		
Transmissions:	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 • Fire protection • Burglar protection Installation: Residential • First set	separate chargotion and includ BLOC RATE	e was m de the ra CK 1 CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burg	ade or estable te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection	VICE idential	these other ser	CATEGO Expano Digital HD Plu	DRY OF SERVICE led Basic Basic s	#### 14.9 4.9		
Transmissions:	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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargotion and includ BLOC RATE	e was m de the ra CK 1 CATEG Installa • Mote • Corr • Pay • Pay • Fire • Burç Other s	ade or estable te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection lar protection ervices:	VICE idential	RATE	CATEGO Expano Digital HD Plu	DRY OF SERVICE led Basic Basic s	#### 14.9 4.9		
Transmissions:	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 • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargotion and includ BLOC RATE	e was m de the ra CK 1 CATEG Installa • Mote • Com • Pay • Pay • Fire • Burg Other s • Rec	ade or estable te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection protection lar protection ervices: ponnect	VICE idential	these other ser	CATEGO Expano Digital HD Plu	DRY OF SERVICE led Basic Basic s	#### 14.9 4.9		
Transmissions:	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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate chargotion and includ BLOC RATE	e was m de the ra CK 1 CATEG Installa • Mota • Com • Pay • Pay • Fire • Burg Other s • Reco • Disc	ade or estable te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection protection protection ervices: onnect onnect	VICE idential	RATE 25.00	CATEGO Expano Digital HD Plu	DRY OF SERVICE led Basic Basic s	#### 14.9 4.9		
Transmissions:	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 • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate chargotion and includ BLOC RATE	e was m de the ra CK 1 CATEG Installa • Mote • Com • Pay • Fire • Burç Other s • Reco • Disot	ade or estable te for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l cl protection protection lar protection ervices: ponnect	VICE idential	RATE	CATEGO Expano Digital HD Plu	DRY OF SERVICE led Basic Basic s	### 14.9 4.9		

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	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • 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 also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network, "N-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community with which the station is licensed by the F						
	1. CALL SIGN	4. LOCATION OF STATION					
	KSNB	4	N	Superior, NE			
	KSNC	2	N	Great Bend, KS			
dd Rows as Necessary	KSNT	22	N	Topeka, KS			
tuu nows 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		N	Lincoln, NE			
	KHGI	13	N	Kearney, NE			
	KAAS	18	N	Salina, KS			
	KSHB	41	N	Kansas City, MO			
	KMTW	35	N	Wichita, KS			
	KTMJ	43	N	Topeka, KS			
	КТКА	49	Ν	Topeka, KS			
	KTKACW+	49	N	Topeka, KS			

Cunninghan			YSTEM: s, Inc.					SYSTEM 283
	every radio s	station 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 to the radio stat this by placing ive the station	y the sys be recein to the Co sign of e the static ion's sign g a chech n's location	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 pay ed by the cable s e station is licens	adend, and (2 enna, during co ge (v) of the g system as a se sed by the FC) 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	

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.					28347
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM I C	G			
I	In General: In space I, ident substitute basis during the a	ify every no	nnetwork televi	<i>ision program,</i> broadcast b	y a <i>distant</i> sta			
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any noni	network te	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" loovo tha	root of this no	ao blonk. If your onowor i	а "Vaa " манн	nuat aamr		
	,	, leave the	rescortins pa	ige blank. If your answer i	s res, your	nusi comp	iele lle ploé	Jian
	log in block 2. 2. LOG OF SUBSTITUTI		MS					
	In General: List each subs			ate line. Use abbreviation	s wherever p	ossible, if t	heir meaning	g is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
				vision program ("substitut				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progr	am titles, for e	example, "	Love Lucy"	or
	"NBA Basketball: 76ers vs.	Bulls."						
	Column 2: If the program	n was broa	dcast live, ent	er "Yes." Otherwise enter asting the substitute prog	"No."			
				the community to which the		censed bv	the FCC or.	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which th	e station is id	entified).		
		•	when your sy	stem carried the substitut	e program. U	se numera	ls, with the n	nonth
	first. Example: for May 7 gi		e substitute nr	ogram was carried by you	r cable syste	m List the	times accur	ately
	to the nearest five minutes.							atery
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		,			, and regu		
						N SUBST		
	S					AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
					11			

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 28347
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 transmis (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	3,195.00 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,	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:	2020/2				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF Cunningham Communi				SYSTEM ID# 28347
M Channels	 to its subscribers, and (2) t 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system 	e cable system's total number of channels on which the cable broadcast stations		scounting period.	17 85
N Individual to Be Contacted	we can contact about this s	atement of account.)	ATION IS NEEDED (Identify an in		
for Further Information		Cunningham		Telephone 78	5-545-3215
	(Number, s	< 108, 220 W. Main St. reet, rural route, apartment, or suite nu Ider, KS 67446 state, zip)	imber)		
	Email	brent@ctctelephony.tv		Fax (optional) 785-545-3277	
O Certification	 I, the undersigned, hereby X (Owner other that (Agent of owner in line 1 of sp (Officer or parting in line 1 of sp I have examined the stater 	certify that (Check one, <i>but only o</i> n corporation or partnership) I other than corporation or partn ice B and that the owner is not a er) I am an officer (if a corporation ice B. ent of account and hereby decla ict to the best of my knowledge, i	am the owner of the cable system nership) I am the duly authorized ag	as identified in line 1 of space B; o gent of the owner of the cable syste the legal entity identified as owner ements of fact contained herein	em as identified
		Enter an elec	5/ Brent Cunningham tronic signature on the line above to rre using an "/s/ signature" (e.g., /s/		
		Title: GM/VP	rent Cunningham		
		(Title of official position he	eld in corporation or partnership)	1-20-21	

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.

	FORM SA1-2E. PAG
L 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 Assessme
	_
x	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_ _ _
xdays	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here - - - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - - (interest charge) - (interest charge)	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
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Line 3 Multiply line 2 by the number of days late and enter the sum here	

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