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						
2/7/2022	\$ ALLOCATION NUMBER						
21112022							

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))										
		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.	28348								
		T									
		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 unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp									
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 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.

Accounting Period:	2021/2	
	T	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Cunningham Communications, Inc.	28348
D	Instructions: List each separate community served by the cable system. A "co separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings.	ed communities within unincorporated areas and including single, discrete twill serve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or maity.	nobile home parks should be reported in parentheses below the identified
Served		
	CITY OR TOWN	STATE
First Community	Glen Elder	KS
Add Rows as Necessary		

Accounting Period: 2021/2
FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28348

Cunningham Communications, Inc.

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	89	50.50					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel							
Commercial							
Converter							
Residential							
Non-residential							
		1		1			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

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 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	10.25-51.75	Motel, hotel		Expanded Basic	#####
Pay cable—add'l channel		Commercial		Digital Basic	14.95
Fire protection		• Pay cable		HD Plus	4.99
•Burglar protection		Pay cable-add'l channel		Out of Market Tier	11.40
Installation: Residential		Fire protection			
• First set		Burglar protection			
Additional set(s)		Other services:			
FM radio (if separate rate)		Reconnect	25.00		
Converter		Disconnect			
		Outlet relocation	25.00		
		Move to new address	25.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Cunningham Communications, Inc.

PRIMARY TRANSMITTERS: TELEVISION

28348

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, except (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), 76.61

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 not 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 only 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. *Do not* 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 network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-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 to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

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
KSNT	22	N	Topeka, KS
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	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
KTKA	49	N	Topeka, KS
KTKACW+	49	N	Topeka, KS

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cunningham Communications, Inc.

28348

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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	l						
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	1 2224 6									
Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF (ADIE OVOT	EM.						FORM	M SA1-2E. PAGE 5.
Name	Cunningham Commun									SYSTEM ID# 28348
	SUBSTITUTE CARRIAGE	· SDECIA	I STATEMEN	T AND DECCEAM L)G					
 Substitute	UBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special					asis	any nonne	twork telev	ision nr	oaram	,
Statement and										
Program Log	broadcast by a distant station? Note: If your answer is "Yes," you must complete the program									NO n
		,		,		, ,			3	
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program									th y
	was substituted for program effect on October 19, 1976.	9,	,	- F						
					Т	WHE	N SUBST	ITLITE		
	S	JBSTITUT	E PROGRAM			WHEN SUBSTITUTE CARRIAGE OCCURRED 7. F			7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. FROM	TIMES	TO	DELETION
								_		
								_		
								_		
								_		
								_		
								_		
								_		
								_		

Accounting Period:	2021/2	FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID: 28348
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service amount, see	28,128.50 ross 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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	;263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137		
	1. Base amount under statutory formula	<u> </u>	
	Enter amount of gross receipts from space K	_	
	3. Subtract line 2 from line 1	_	
	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 \$52	7,600)	
	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	_	
	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		
	TEMOTEE TO METERMIT MINOE BUE		
Filing Fee and Total Remittance Due	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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period: 2	2021/2					FORM SA1-2E. PAGE 7.			
Name		WNER OF CABLE SYSTEM:				SYSTEM ID# 28348			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations								
	on which the	number of activated channel cable system carried television cast services	n broadca			85			
N Individual to Be Contacted		about this statement of accou		PRMATION IS NEEDED (Identify an ind	lividual to whom				
for Further Information	Name	Brent Cunningham			Telephone	785-545-3215			
	Address	PO Box 108, 220 W. M. (Number, street, rural route, apartin Glen Elder, KS 67446 (City, town, state, zip)	nent, or suite						
	Email	brent@ctcteleph	nony.tv		Fax (optional 785-545-327	77			
)	CERTIFICATION (This statement of account mu	ıst be certi	tified and signed in accordance with Co	pyright Office regulations)				
O Certification	• I, the undersigned	d, hereby certify that (Check on	ne, <i>but onl</i> y	ly one, of the boxes.)					
	X (Owner	other than corporation or pa	artnership	p) I am the owner of the cable system as	identified in line 1 of space E	3; or			
				artnership) I am the duly authorized ager not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified			
	į	in line 1 of space B.		ation) or a partner (if a partnership) of the		ner of the cable system			
		e, and correct to the best of my	-	clare under penalty of law that all stateme ge, information, and belief, and are made					
			X	/s/ Brent Cunningham					
				electronic signature on the line above to ce nature using an "/s/ signature" (e.g., /s/ Jol					
		Typed or printed	name:	Brent Cunningham					
		Title:	GM/VP	position held in corporation or partnership)					
		Date:			2-7-22				

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ounting Period: 202	:1/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNE	R OF CABLE SYSTEM:	SYSTEM ID#
nningham Com	munications, Inc.	28348
The Satellite Hom lowing sentence: "In determ service of scribers at the service of servic	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS ne Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- nining the total number of subscribers and the gross amounts paid to the cable system for the basic providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- nd amounts collected from subscribers receiving secondary transmissions pursuant to section 119." tion on when to exclude these amounts, see the note on page (vii) of the general instructions per SA1-2 form. Inting period, did the cable system exclude any amounts of gross receipts for secondary transmissions carriers to satellite dish owners?	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST AS		
·	te this worksheet for those royalty payments submitted as a result of a late payment or underpayment. In 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 Assessment
	x	_
Line O. Markinkali		_
Line 2 Multiply II	ne 1 by the interest rate* and enter the sum here	_
Line 3 Multiply li	xdays ne 2 by the number of days late and enter the sum here	
	x 0.00274	
	ne 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 rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please Licensing Division at (202) 707-8150 or licensing@loc.gov.	
	decimal equivalent of 1/365, which is the interest assessment for one day late.	
•	filing this worksheet covering a statement of account already submitted to the Copyright Office, please ner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID mu		
ID number First community s	served	
Accounting period		

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