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

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

A	ACC	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		
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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
Suntam	<b>—</b>	IDENTIFICATION OF CARLE SYSTEM.
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 Dariade	2021/2	
Accounting Period:	2021/2	
	1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Cunningham Communications, Inc.	30932
	Instructions: List each separate community served by the cable system. A "community"	
D	separate and distinct community or municipal entity (including unincorporated community unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	nities within unincorporated areas and including single, discrete
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the identified
Area	city.	
Served		
	CITY OR TOWN	STATE
First	Randall	KS
Community		
Add Rows as Necessary		
rida nons as riceessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cunningham Communications, Inc.

SYSTEM ID# 30932

# E

### 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		BLOCH	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	14	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.

	BLO	CK 1		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.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cunningham Communications, Inc.

SYSTEM ID# 30932

G

### Primary Transmitters: Television

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), 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 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	Е	Bunker Hill, KS
KGIN	10	N	Lincoln, NE
KHGI	13	N	Kearney, NE
KAAS	18	N	Salina, KS
КЅНВ	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#

30932

**Cunningham Communications, Inc.** 

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an

Н

**Primary** Transmitters: Radio

all-band basis whose signals were generally receivable by your cable system during the accounting period.

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.

- 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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Accounting Perio	<b>d: 2021/2</b>  LEGAL NAME OF OWNER OF (	ADIE OVOT	EM.				FOR	M SA1-2E. PAGE 5.
Name	Cunningham Commun							30932
	SUBSTITUTE CARRIAGE	· SDECIA	I STATEMEN	T AND DECCEAM I O	2			
Substitute	In General: In space I, identification in Substitute basis during the ac explanation of the programmi	y every non counting pe	network televisi	ion program, broadcast by cific present and former F0	a <i>distant</i> stati CC rules, regul	ations, or au	thorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special	During the accounting peri	od, did you	r cable system	carry, on a substitute bas	sis, any nonne	etwork televi	sion progran	ı
Statement and Program Log	broadcast by a distant stat	ion?	•	•	•		YES	NO
. rogram zog	· ·				"N/"		_	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	s "Yes," you m	ust complete	e tne prograi	n
	log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, requiver to the certain FCC rules, requiver to the program Column 2: If the program Column 3: Give the call significant to the case of Mexican or Canate Column 5: Give the monfirst. Example: for May 7 giver to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls."  n was broac sign of the s dcast static adian statio th and day e "5/7." es when the Example: a	m on a separaradd additional ranetwork televion and that your authorizations vies" or "baske deast live, enter station broadca on's location (the ns, if any, the cowhen your syst substitute program carried	sows to the tables. sion program ("substitute ur cable system substitutes. See page (v) of the ger tball." List specific program "Yes." Otherwise enter "sting the substitute program to community to which the community with which the term carried the substitute gram was carried by your ed by a system from 6:01 was substituted for program.	e program") the ed for the program instruction titles, for extends the station is lice a station is lice a program. Use cable system:15 p.m. to 6::	at, during the gramming of ons for furthe kample, "I Lo ensed by the ntified). e numerals, i. List the tim 28:30 p.m. s	e accounting fanother state information ove Lucy" or e FCC or, in with the mornes accurate thould be was require	tion n. nth ly
	was substituted for program effect on October 19, 1976.	•		0.				u
		UDOTITUT	T DDOOD AM		1 1	EN SUBSTI		7. DE 100N FOD
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S  CALL SIGN	4. STATION'S LOCATION	5. MONTH	RIAGE OCC 6. 1 FROM	URRED FIMES — TO	7. REASON FOR DELETION
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Accounting Period:	2021/2	FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	SYSTEM ID: 30932
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this apage (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.	nission service amount, see	<b>4,191.50</b> 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 the 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	_	
	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 \$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	_	
	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		
	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	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informa		hts!

Accounting Period: 2	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:			SYSTEM ID# 30932
<b>M</b> Channels	to its subscribers	s, and (2) the cable system's to number of channels on which	of channels on which the cable system carried total number of activated channels during the the cable	accounting period.	17
	2. Enter the total on which the c	number of activated channel cable system carried television cast services	els on broadcast stations		85
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an unt.)	individual to whom	
for Further Information	Name	Brent Cunningham		Telephone	785-545-3215
	Address	PO Box 108, 220 W. M. (Number, street, rural route, apartn Glen Elder, KS 67444 (City, town, state, zip)	ment, or suite number)		
	Email	brent@ctcteleph	hony.tv	Fax (optional 785-545-32	77
_	CERTIFICATION (	This statement of account mu	ust be certified and signed in accordance with	Copyright Office regulations)	
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne, but only one, of the boxes.)		
	X (Owner	other than corporation or pa	partnership) I am the owner of the cable system	as identified in line 1 of space	3; or
			ation or partnership) I am the duly authorized a ne owner is not a corporation or partnership; or	gent of the owner of the cable s	system as identified
		er or partner) I am an officer (in line 1 of space B.	if a corporation) or a partner (if a partnership) of	the legal entity identified as ow	ner of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all state by knowledge, information, and belief, and are ma		
			X /s/ Brent Cunningham		-
			Enter an electronic signature on the line above to Enter signature using an "/s/ signature" (e.g., /s/		
		Typed or printed	d name: Brent Cunningham		
		Title: (Tit	GM/VP tte of official position held in corporation or partnership)		
		Date:		2-7-22	

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.

ounting Period: 2021/	/2		FORM SA1-2E. PAGE 8.
AL NAME OF OWNER (	OF CABLE SYSTEM:		SYSTEM ID#
nningham Comm	unications, Inc.		30932
The Satellite Home lowing sentence:  "In determini service of proscribers and service of proscribers and for more information located in the paper.  During the accounting made by satellite care.	ing the total number of subscribers and the oviding secondary transmissions of primal amounts collected from subscribers recens on when to exclude these amounts, see SA1-2 form.	ection 111(d)(1)(A), of the Copyright Act by adding the segross amounts paid to the cable system for the base ary broadcast transmitters, the system shall not includiving secondary transmissions pursuant to section 1.2 the note on page (vii) of the general instructions any amounts of gross receipts for secondary transmissions	sic de sub- 19."  Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address	
INTEREST ASS	ESSMENT		
•	this worksheet for those royalty payments	s submitted as a result of a late payment or underpay the general instructions located in the paper SA1-2 fo	
For an explanation of	this worksheet for those royalty payments	the general instructions located in the paper SA1-2 fo	
For an explanation of	this worksheet for those royalty payments of interest assessment, see page (viii) of	the general instructions located in the paper SA1-2 fo	orm.
For an explanation of Line 1 Enter the an	this worksheet for those royalty payments of interest assessment, see page (viii) of mount of late payment or underpayment.	the general instructions located in the paper SA1-2 fo	orm.
For an explanation of Line 1 Enter the an	this worksheet for those royalty payments of interest assessment, see page (viii) of	the general instructions located in the paper SA1-2 fo	orm.
For an explanation of Line 1 Enter the and Line 2 Multiply line	this worksheet for those royalty payments of interest assessment, see page (viii) of mount of late payment or underpayment.  1 by the interest rate* and enter the sum	the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the general instruction in the gener	orm.
For an explanation of Line 1 Enter the and Line 2 Multiply line	this worksheet for those royalty payments of interest assessment, see page (viii) of mount of late payment or underpayment.	the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the paper SA1-2 for the general instructions located in the general instruction in the gener	Interest Assessment  days -
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