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

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		
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 is 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 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.	33018
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated communicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	nunities within unincorporated areas and including single, discrete ve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h city.	ome parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	Belleville	KS
Community		
Add Rows as Necessary		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cunningham Communications, Inc.

33018

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		BLOCI	₹2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
Service to first set	365	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# 33018

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), 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
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#

FORM SA1-2E. PAGE 4.

Cunningham Communications, Inc.

33018

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
3, 122 01014	7 31 1 171	1		5. 122 51514	7 31 1 141		
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	1 2224 6									
Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF (ADIE OVOT	EM.						FOR	M SA1-2E. PAGE 5.
Name	Cunningham Commun									33018
	SUBSTITUTE CARRIAGE	· SDECIA	I STATEMEN	T AND DROGRAM I O)G					
 Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis	ion program, broadcast b	y a d	rules, regula	ations, or a	uthor	izations. I	For a further
Carriage:	1. SPECIAL STATEMENT									
Special	During the accounting peri				asis	any nonne	twork telev	/ision	nrogram	,
Statement and		•	cable system	carry, orr a substitute be	азіз,	arry riorinc	twork tolev		1	
Program Log	broadcast by a distant stat Note: If your answer is "No"		rest of this pag	e blank. If vour answer i	is "Y	'es." vou mı	ust comple		J YES e prograr	NO n
	log in block 2.	,		, , , , , , , , , , , , , ,		, ,			- 13	
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	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, recall to period, was broadcast by a under certain FCC rules, recall to period, was broadcast by a under certain FCC rules, recall to period, was general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the broad the case of Mexican or Canace Column 5: Give the monifirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. Stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." I was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio	m on a separa add additional ranetwork televion and that your authorizations vies" or "baske deast live, enterestation broadca on's location (thins, if any, the cowhen your system substitute proprogram carried isted program ons in effect du	ows to the tables. sion program ("substitut ur cable system substitut ur cable system substitut so. See page (v) of the getball." List specific program "Yes." Otherwise enter sting the substitute progree community to which the community with which the tem carried the substitute gram was carried by you and by a system from 6:0 was substituted for progring the accounting perior	te pruted energy "No gram he state prur castate prur castate prus castate pr	ogram") that for the program instruction titles, for ex tation is licer ation is ider ogram. Use table system is p.m. to 6:2 mming that yenter the let	at, during the constant of the	ne acordinate acordina	counting other stat formation Lucy" or CC or, in a the more accurated be seed programed to the country of the c	ion n. hth ly
	effect on October 19, 1976.				Т	WHE	EN SUBST	1711	TE	
	S	UBSTITUT	E PROGRAM				IAGE OCC			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	N	5. MONTH AND DAY		TIME		DELETION
								_		
								_		
								_		

Accounting Period:	2021/2	FORM SA	41-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID: 33018
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (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	3,069.50 pss 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	this 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	,100)	
	1. Base amount under statutory formula	<u>) </u>	
	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 \$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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
	TEMOTE ETAIL TOTAL REIMITTANGE SGE		
Filing Fee and Total Remittance	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 Reg See page i of the general instructions in the paper SA1-2 form for more informa		its!

Accounting Period: 2	2021/2				FORM SA1-2E. PAGE 7.
Name		WNER OF CABLE SYSTEM:			SYSTEM ID# 33018
M Channels	to its subscribers	s, and (2) the cable system's to number of channels on which		accounting period.	17
	2. Enter the total on which the c	number of activated channel cable system carried television cast services	on broadcast stations		85
N Individual to Be Contacted		BE CONTACTED IF FURTH about this statement of accou	HER INFORMATION IS NEEDED (Identify an in unt.)	ndividual 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 0	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 a	as identified in line 1 of space I	3; or
			ation or partnership) I am the duly authorized ag ne owner is not a corporation or partnership; or	ent of the owner of the cable s	system as identified
		e r or partner) I am an officer (i in line 1 of space B.	(if a corporation) or a partner (if a partnership) of t	he legal entity identified as own	ner of the cable system
		e, and correct to the best of my	hereby declare under penalty of law that all staten by knowledge, information, and belief, and are mad		
			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:	GM/VP itle of official position held in corporation or partnership)		
		Date:		2-7-22	

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counting Period: 2021/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nningham Communications, Inc.	3301
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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
INTEREST AGGEGGINERY	
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
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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