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

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

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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

 2/14/2023
 \$

 ALLOCATION NUMBER

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	Barcode Data Filing Period (optional - see instructions)
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
	S & T COMMUNICATIONS LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	PO BOX 99
	(Number, street, rural route, apartment, or suite number) BREWSTER, KS 67732-0099
	(City, town, state, zip)
С	<b>INSTRUCTIONS:</b> 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 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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
	S & T COMMUNICATIONS LLC	369891					
_	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated community)						
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discreunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "fi						
	community." Please use it as the first community on all future filings.						
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in parentheses below the identified					
Area Served	city.						
Serveu							
	CITY OR TOWN	STATE					
First	BREWSTER	KS					
Community	GOODLAND	KS					
	KANORADO	KS					
Rows as Necessary	WINONA	KS					
	COLBY	KS					
	OAKLEY	KS					
	GRINNELL	KS					

	LEGAL NAME OF OWNER OF C	ARI E SVOTEM						FORM SA1	TEM ID		
Name	S & T COMMUNICATIONS LLC										
Е	SECONDARY TRANSMISSION										
E	In General: The information in s			-		•					
Secondary	system, that is, the retransmission about other services (including particular services)										
Transmission	last day of the accounting period							ng on the			
Service: Sub-	, , , , , , , , , , , , , , , , , , , ,	<b>`</b>		,	,	,	ole system,	broken			
scribers and	<b>Number of Subscribers:</b> 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										
Rates	each category by counting the n	-						charged			
	separately for the particular serv Rate: Give the standard rate of							e and the			
	unit in which it is generally billed										
	category, but do not include disc						, within a p				
	Block 1: In the left-hand block					ondary transmis	sion servio	e that cable			
	systems most commonly provide										
	that applies to your system. Not			U U		0					
	categories, that person or entity						•				
	subscriber who pays extra for ca first set" and would be counted o					in the count un	der Servic	e to the			
	Block 2: If your cable system					service that are	different fr	om those			
	printed in block 1 (for example, t	•		-							
	with the number of subscribers a	and rates, in the	e right-h	nand block. A t	wo- or thre	e-word descripti	on of the s	ervice is			
	sufficient.				1		BLOCK	2			
		NO. OF					BLOCK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATI		
	Residential:				-				~		
	Service to first set		1,313	37.75	Basic			896 436	61.7		
	Service to additional set(s)					c Digital			74.7		
	• FM radio (if separate rate)					lue Pack		26	###1		
	Motel, hotel		10	37.75		Sngl/Dual/D		308	\$15-\$		
	Commercial		161	37.75		oom Rate + I	IDTA	26	7.0		
	Converter				College	)		1	####		
	Residential			\$0.00 - \$4.00							
	Non-residential		164	\$0.00 - \$4.00							
	SERVICES OTHER THAN SEC		NSMIS		9						
_	In General: Space F calls for ra					I your cable sys	tem's serv	ces that were			
F	not covered in space E, that is, t										
	service for a single fee. There a										
Services	furnished at cost or (2) services										
O(1) T1	amount of the charge and the ur		usually	/ billed. If any r	ates are ch	arged on a vari	able per-pr	ogram basis,			
Other Than	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.										
Other Than Secondary Transmissions:			he cabl	e system for e	ach of the a	applicable servi	es listed.				
Secondary		te charged by t		•				were not			
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by t t your cable sys separate charg	stem fu e was r	rnished or offe made or establ	red during	the accounting	period that				
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sys separate charg	stem fu e was r	rnished or offe made or establ	red during	the accounting	period that				
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by the charged by the cable system of the second secon	stem fu e was r e the ra	rnished or offe made or establ	red during	the accounting	period that				
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	te charged by the tyour cable system is separate charge of the type of type of type of the type of	stem fu e was r le the ra CK 1	rnished or offe made or establ	red during t ished. List	the accounting	period that vices in the	form of a	RATE		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te charged by ti t your cable sys separate charg btion and includ BLOC RATE	stem fu e was r le the ra CK 1 CATEC	rnished or offe made or establ ate for each.	red during ished. List	the accounting   these other serv	period that vices in the	form of a BLOCK 2	RATE		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te charged by ti t your cable sys separate charg btion and includ BLOC RATE	stem fu e was r e the ra CK 1 CATEC Install	rnished or offe made or establ ate for each.	red during ished. List	the accounting   these other serv	period that vices in the CATEGC	form of a BLOCK 2			
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te charged by ti t your cable sys separate charg btion and includ BLOC RATE	e was r e was r cK 1 CATEC Install • Mo	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res	red during ished. List	RATE	care of the of t	form of a BLOCK 2 DRY OF SERVICE	RATE 3.9 16.4		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te charged by ti t your cable sys separate charg btion and includ BLOC RATE	stem fu e was r le the ra CK 1 CATEC Install • Mo • Co	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res itel, hotel	red during ished. List	the accounting in these other service other	CATEGC	form of a BLOCK 2 ORY OF SERVICE	3.9 16.4		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that 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	te charged by ti t your cable sys separate charg btion and includ BLOC RATE	stem fu e was r e the ra CK 1 CATEC Install • Mo • Co • Pa	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial	red during ished. List VICE sidential	the accounting in these other service other	CATEGC Wire Ma HBO (In Starz/SI	form of a BLOCK 2 ORY OF SERVICE aintenance dividual)	3.9 16.4 14.4		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te charged by ti t your cable sys separate charg btion and includ BLOC RATE	stem fu e was r le the ra CK 1 CATEC Install • Mo • Co • Pa • Pa	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable	red during ished. List VICE sidential	the accounting in these other service other	CATEGC Wire Ma HBO (In Starz/SI Any 2 P	form of a BLOCK 2 DRY OF SERVICE aintenance idividual) how/Cinmx (INI	3.9 16.4 14.4 30.4		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection	te charged by ti t your cable sys separate charg btion and includ BLOC RATE	stem fu e was r le the ra CK 1 CATEC Installa • Mo • Co • Pa • Pa • Fire	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res atel, hotel mmercial y cable y cable-add'l cl	red during sished. List	the accounting in these other service other	CATEGO Wire Ma HBO (In Starz/SI Any 2 P Any 3 P	form of a BLOCK 2 DRY OF SERVICE aintenance dividual) how/Cinmx (INI remium Chann	3.9 16.4 14.4 30.4		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	te charged by ti t your cable sys separate charg otion and includ BLOC RATE	stem fu e was r e the ra CK 1 CATEC Install • Mo • Co • Pa • Far • Far • Bu	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l cl e protection	red during sished. List	the accounting in these other service other	CATEGO Wire Ma HBO (In Starz/SI Any 2 P Any 3 P	form of a BLOCK 2 DRY OF SERVICE aintenance idividual) how/Cinmx (INI remium Chann remium Chann	3.9 16.4 14.4 30.4 40.4		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that 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	te charged by ti t your cable sys separate charg otion and includ BLOC RATE	stem fu e was r e the ra CK 1 CATEC Install • Mo • Co • Co • Pa • Fire • Bu Other	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res ttel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior	red during sished. List	the accounting in these other service other	CATEGO Wire Ma HBO (In Starz/SI Any 2 P Any 3 P	form of a BLOCK 2 DRY OF SERVICE aintenance idividual) how/Cinmx (INI remium Chann remium Chann	3.9 16.4 14.4 30.4 40.4		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that 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 Installation: Residential • First set • Additional set(s)	te charged by ti t your cable sys separate charg otion and includ BLOC RATE	stem fu e was r le the ra CK 1 CATEC Install • Mo • Co • Pa • Fire • Bu Other • Re	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services:	red during sished. List	RATE 120.00	CATEGO Wire Ma HBO (In Starz/SI Any 2 P Any 3 P	form of a BLOCK 2 DRY OF SERVICE aintenance idividual) how/Cinmx (INI remium Chann remium Chann	3.9 16.4 14.4 30.4 40.4		
Secondary Transmissions:	Block 1: Give the standard rat Block 2: List any services that 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)	te charged by ti t your cable sys separate charg otion and includ BLOC RATE	stem fu e was r e the ra CK 1 CATEC Install • Mo • Co • Pa • Fird • Bui Other • Re • Dis	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l cl e protection rglar protectior services: connect	red during sished. List	RATE 120.00 120.00	CATEGO Wire Ma HBO (In Starz/SI Any 2 P Any 3 P	form of a BLOCK 2 DRY OF SERVICE aintenance idividual) how/Cinmx (INI remium Chann remium Chann	3.9 16.4 14.4 30.4 40.4		
Secondary ransmissions:	Block 1: Give the standard rat Block 2: List any services that 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)	te charged by ti t your cable sys separate charg otion and includ BLOC RATE	stem fu e was r e the ra CK 1 CATEC Install • Mo • Co • Pa • Fire • Bu • Bu • Bu • Bu • Bu • Bu • Bu • Bu	rnished or offe made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect sconnect	red during sished. List	RATE 120.00	CATEGO Wire Ma HBO (In Starz/SI Any 2 P Any 3 P	form of a BLOCK 2 DRY OF SERVICE aintenance idividual) how/Cinmx (INI remium Chann remium Chann	3.9 16.4 14.4 30.4 40.4		

Name	LEGAL NAME OF OWNER OF			SYSTEI 36					
	S & T COMMUNICATIO			JU:					
G Primary ansmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)( substitute program basis, as <b>Substitute Basis Stations:</b> V basis under specific FCC rule • Do <i>not</i> list the station here i station was carried <i>only</i> on a • List the station here, and als basis. For further information <b>Column 1:</b> List each station's multicast stream associated v "WETA-2" as the same on the <b>Column 2:</b> Give the channel of license. For example, WR <b>Column 3:</b> Indicate in each c educational station, by enterin (for independent multicast), "I For the meaning of these terr <b>Column 4:</b> Give the location	n 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 pasis under specific FCC rules, regulations, or authorizations: <sup>1</sup> 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. <sup>1</sup> 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 multicast), "I" (for independent), "I-M" for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). Column 4: Give the location of each station. For U.S. stations, list the community to which the st							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KLBY	4	N	COLBY, KS					
Rows as Necessary	KLBY KAKE-HD	<u>4</u> 21	<u>N</u>	COLBY, KS WICHITA, KS					
Rows as Necessary									
Rows as Necessary	KAKE-HD	21	N	WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS	21 19	N E	WICHITA, KS COLBY, KS					
Rows as Necessary	KAKE-HD KWKS KSAS	21 19 24	N E N	WICHITA, KS COLBY, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW	21 19 24 33	N E N N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK	21 19 24 33 8	N E N N N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNK-HD	21 19 24 33 8 45	N E N N N N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA	21 19 24 33 8 45 9	N E N N N N N N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS DENVER, CO					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD	21 19 24 33 8 45 9 19	N E N N N N N N N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD KBSL KSAS-HD	21 19 24 33 8 45 9 19 10	N E N N N N N N N N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD KBSL	21 19 24 33 8 45 9 19 10 24.1	N E N N N N N N N N N N N N N N N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD KBSL KSAS-HD KSAS My Network TV	21 19 24 33 8 45 9 19 10 24.1 24.2 16	N E N N N N N N N N N N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS WICHITA, KS WICHITA, KS HAYS, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD KBSL KSAS-HD KSAS My Network TV KOOD-HD KSCW-HD	21 19 24 33 8 45 9 19 10 24.1 24.2 16 33.1	N E N N N N N N N N N N N N E	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS WICHITA, KS WICHITA, KS HAYS, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD KBSL KSAS-HD KSAS-HD KSAS My Network TV KOOD-HD KSCW-HD DECADES	21 19 24 33 8 45 9 19 10 24.1 24.2 16 33.1 33.2	N E N N N N N N N N N N N E N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS WICHITA, KS WICHITA, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD KBSL KSAS-HD KSAS My Network TV KOOD-HD KSCW-HD DECADES ANTENNA TV	21 19 24 33 8 45 9 19 10 24.1 24.2 16 33.1 33.2 33.3	N E N N N N N N N N N N N N N N E N I-M E N I-M	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS GOODLAND, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD KBSL KSAS-HD KSAS-HD KSAS My Network TV KOOD-HD KSCW-HD DECADES ANTENNA TV ME TV	21 19 24 33 8 45 9 19 10 24.1 24.2 16 33.1 33.2 33.3 10.2	N E N N N N N N N N N N N N E N N I-M I-M I-M	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS GOODLAND, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD KBSL KSAS-HD KSAS-HD KSAS My Network TV KOOD-HD KSCW-HD DECADES ANTENNA TV ME TV KWCH STORM TEAM	21 19 24 33 8 45 9 19 10 24.1 24.2 16 33.1 33.2 33.3 10.2 12.2	N E N N N N N N N N N N N N N N E N N i-M i-M i-M i-M i-M	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNK-HD KUSA KWCH-HD KBSL KSAS-HD KSAS-HD KSAS-HD KSAS-HD KSCW-HD DECADES ANTENNA TV ME TV KWCH STORM TEAM StartTV	21 19 24 33 8 45 9 19 10 24.1 24.2 16 33.1 33.2 33.3 10.2 12.2 33.4	N E N N N N N N N N N N N N N N N N N N	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS GOODLAND, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					
Rows as Necessary	KAKE-HD KWKS KSAS KSCW KSNK KSNW-HD KUSA KWCH-HD KBSL KSAS-HD KSAS-HD KSAS My Network TV KOOD-HD KSCW-HD DECADES ANTENNA TV ME TV KWCH STORM TEAM	21 19 24 33 8 45 9 19 10 24.1 24.2 16 33.1 33.2 33.3 10.2 12.2	N E N N N N N N N N N N N N N N E N I-M E N I-M I-M I-M I-M	WICHITA, KS COLBY, KS WICHITA, KS WICHITA, KS MCCOOK, KS MCCOOK, KS WICHITA, KS DENVER, CO HUTCHINSON, KS GOODLAND, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS WICHITA, KS					

LEGAL NAME C								SYSTEM II 3698
	st every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					Н
receivable if (1 on the basis of For detailed inf paper SA1-2 for Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C	) it is carried b monitoring, to formation about orm. dentify the call State whether t f the radio stat e this by placing Give the station	y the sys be recein the Co sign of e he station ion's sign g a chech n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on the 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 this point, see pay ted by the cable s he station is licens	adend, and (2 anna, during ce ge (v) of the ge ystem as a se sed by the FC0	) it can l ertain sta eneral ir parate a	be expected, ated intervals. Instructions in the. And discrete	Primary Transmitters Radio
	<u> </u>							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KRDQ	FM		Colby, KS					
KCI	FM		Goodland, KS					
	1							
	1							

Accounting Perio	d: 2022/2						FORI	M SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	S & T COMMUNICATIO	NS LLC						369891
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG				
	In General: In space I, identi				a <i>distant</i> stati	on, that your	cable syster	n carried on a
	substitute basis during the a	ccounting p	eriod, under spe	cific present and former FC	C rules, regul	ations, or aut	thorizations.	For a further
Substitute	explanation of the programm	-			e general instr	uctions in the	e paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMENT							
Statement and	<ul> <li>During the accounting per</li> </ul>		ir cable system	carry, on a substitute basi	s, any nonne	twork televis	sion prograr	
Program Log	broadcast by a distant stat	ion?					YES	NO
	Note: If your answer is "No'	', leave the	rest of this pag	je blank. If your answer is '	"Yes," you m	ust complete	e the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa				wherever pos	ssible, if thei	r meaning i	5
				ision program ("substitute	program") tha	at, during the	e accounting	q
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	gramming of	another sta	ation
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		WIES OF DASKE	abali. List specific program	i uues, ioi ex	ampie, TLO	We Lucy of	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
		•		sting the substitute progra			500 ·	
	the case of Mexican or Can		· ·	e community to which the			FCC or, in	
				tem carried the substitute		,	with the mo	nth
	first. Example: for May 7 giv				-			
				gram was carried by your				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."		a program cam	ed by a system nom 0.01.	15 p.m. to 0.	20.30 p.m. s		
	Column 7: Enter the lette			was substituted for progra		•	•	
	to delete under FCC rules a							ram
	was substituted for program effect on October 19, 1976.		our system wa	is permitted to delete unde	er FCC rules a	and regulation	ons in	
								1
						N SUBSTI		7. REASON FOR
		2. LIVE?	E PROGRAM		5. MONTH	AGE OCCL	IMES	DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	
						<u>-</u>		
						-	_	
						-	_	
							_	
						<u>-</u>	<u> </u>	
							_	
							_	
						-	_	
							_	
						-	_	
							_	
						-	_	
							_	
1								

Accounting Period:	2022/2			FORM	6. SA1-2E. PAGE 6.					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#					
	S & T COMMUNICATIONS LLC				369891					
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatio 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	ystem's seo	condary transmis compute this an	ssion service nount, see \$ 44	<b>15,030.81</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 \$263,800 • 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.									
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt accounting period is \$52.00	y fee that yo	u must pay for th	is six-month						
	Line 1. Royalty fee for accounting period									
	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									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but mo	ore than \$137,1	00)						
	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 \$26	3,800 (but	less than \$527,	600)						
	1. Enter the amount of gross receipts from space K	\$	445,030.81							
	2. Base amount under statutory formula	\$	263,800.00							
	3. Subtract line 2 from line 1	\$	181,230.81							
	4. Multiply line 3 by .01		\$	1,812.31						
	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 .		\$	3,131.31					
	FILING FEE AND TOTAL REMITTANCE D	JE								
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,131.31						
Total Remittance Due	<ol> <li>Royaldy i ee Payable for Accounting Period (Iroin block 1, 2, or o, above)</li> <li>Filing Fee (See the instructions for more information on filing fee calculations) .</li> </ol>			20.00						
					]					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,151.31					
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1		-		hts!					

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CAI S & T COMMUNICATIONS L				SYSTEM ID# 369891
M Channels	to its subscribers, and (2) the 1. Enter the total number of ch	e cable system's total numl channels on which the cabl proadcast stations	s on which the cable system carried tele per of activated channels during the acco	ounting period.	21
	on which the cable system	n carried television broadca	ast stations		251
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can contact about this stat		RMATION IS NEEDED (Identify an indiv	vidual to whom	
for Further Information	Address PO BOX S	NA HICKERT 99, 320 KANSAS A'		Telephone 7	/85-694-2256
		et, rural route, apartment, or suite <b>FER, KS 67732-009</b> ite, zip)			
	Email c	christina.hickert@sttelco	m.com	Fax (optional 785-694-2750	
O Certification	I, the undersigned, hereby certii      (Owner other than compared by the second s	tify that (Check one, <i>but onl</i> , corporation or partnership ner than corporation or pa vace B and that the owner is a a man officer (if a corpora vace B. t of account and hereby dec t to the best of my knowledg	fied and signed in accordance with Copy ( one , of the boxes.) () I am the owner of the cable system as id rtnership) I am the duly authorized agent not a corporation or partnership; or tion) or a partner (if a partnership) of the le lare under penalty of law that all statemen le, information, and belief, and are made in /s/ Christina Hickert	lentified in line 1 of space B; o of the owner of the cable syst egal entity identified as owner ts of fact contained herein	tem as identified
	т	Enter sign Typed or printed name: Title: <b>CFO</b>	electronic signature on the line above to ceri ature using an "/s/ signature" (e.g., /s/ John Christina Hickert		

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: 2022/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
T COMMUNICATIONS LLC	36989
<ul> <li>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."     </li> <li>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.</li> <li>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?     </li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 2 Multiply line 1 by the interest rate* 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	
<ul> <li>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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.