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
	ENT OF ACCOUNT		HT OFFICE USE ONLY	by email to:
	ary Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	uctions are located of this workbook	7/14/23	\$	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
		1		
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of title of the subsidiary, not that of the pa		sidiary of another corporation, give the full co	orporate
Owner	List any other name or names under wh	ich the owner conducts the business of	the cable system.	
			the last day of the accounting period should	submit a
	single statement of account and royalty			29881
	Check here if this is the system's first fili	ing. If not, enter the system's ID number	r assigned by the Licensing Division.	
		NG ADDRESS OF CABLE SYSTEM	Λ	
			n	
	Cunningham Communications, In BUSINESS NAME(S) OF OWNER (т)	
			-,	
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	PO Box 108, 220 W. Main	St.		

 Image: Constrained and the system of the

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Numo	Cunningham Communications, Inc.	29881
D	Instructions: List each separate community served by the cable system. A "communit "a separate and distinct community or municipal entity (including unincorporated cor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single,
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Jewell	KS
Community		
d Rows as Necessary		
		•

	1							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS ⁻	TEM ID
	Cunningham Communi	cations, Inc).						2988
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND RA	TES				
E	In General: The information in s								
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including plast day of the accounting period	• • •			-		liiose exist	ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary	y transmission	service	. In general, yo	u can con	npute the numb	er of subsc	ribers in	
Rates	each category by counting the n		0	0,0		•	5	charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide								
	that applies to your system. Not categories, that person or entity			•		•			
	subscriber who pays extra for ca					0.	•		
	first set" and would be counted of								
	Block 2: If your cable system	-							
	printed in block 1 (for example, t					•	,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-r	hand block. A tv	/o- or thre	e-word descrip	tion of the s	service is	
		DCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	NO. OF		RATE
	Residential:	SUBSCRIB	ERO	NATE	CAT	EGORT OF SE	NICE	SUBSCRIBERS	TVA II
	Service to first set		53	54.50					
	Service to additional set(s)			54.50					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMIS	SIONS: RATE	S				
F	In General: Space F calls for ra	•	,		•				
	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the					-		-	
Transmissions:	Block 1: Give the standard rat			•					
Rates	Block 2: List any services that listed in block 1 and for which a								
	brief (two- or three-word) descrip						vices in the		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER	/ICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			ation: Non-resi					
	• Pay cable	10.25-51.75	• Mo	tel, hotel			Expand	led Basic	####
	• Pay cable—add'l channel		• Co	mmercial			Digital	Basic	14.9
	Fire protection		• Pa	y cable			HD Plu		4.9
	•Burglar protection		•Pa	, y cable-add'l ch	annel		Out of	Market Tier	11.4
	Installation: Residential		• Fire	e protection					
	• First set		• Bu	rglar protection					
	 Additional set(s) 			services:					
	• FM radio (if separate rate)		• Re	connect		25.00			
	• Converter		• Dis	connect					
				tlet relocation		25.00			
				lictrelocation					
				ve to new addre	ess	25.00			

	1			
Name				SYSTEM II 2988
	Cunningham Commu			230
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast). For the meaning of these to Column 4: Give the location	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. :: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	(1) stations carried only on a part- ne carriage of certain network program (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and also see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial education in the paper SA1-2 form. the community to which the station	E-time basis under grams [sections tations carried on a ubstitute program in Log)—if the so on some other ctions. SPN, etc. Identify each boort multistream er the air in its community a noncommercial pendent), "I-M" tional multicast). n is licensed by the
			3. TYPE OF STATION	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. LOCATION OF STATION
	KSNB	4		
	KSNC	·	2 N Great Bend, KS	
d Rows as Necessary				
ows as Necessary	KSNT	22	N	Topeka, KS
ows as Necessary	KSNT KFXL	22 4	N	Topeka, KS Superior, NE
ows as Necessary	KFXL KSCW			
ws as Necessary	KFXL	4	N	Superior, NE
ows as Necessary	KFXL KSCW	4 33	N N	Superior, NE Wichita, KS
ows as Necessary	KFXL KSCW KAKE	4 33 10	N N N	Superior, NE Wichita, KS Wichita, KS
ows as Necessary	KFXL KSCW KAKE KBSH	4 33 10 7	N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS
ows as Necessary	KFXL KSCW KAKE KBSH WIBW	4 33 10 7 13	N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS
tows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD	4 33 10 7 13 9	N N N N N E	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN	4 33 10 7 13 9 10	N N N N N E N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI	4 33 10 7 13 9 10 13	N N N N N E N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS	4 33 10 7 13 9 10 13 18	N N N N N E E N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB	4 33 10 7 13 9 10 13 18 41	N N N N N E N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW	4 33 10 7 13 9 10 13 18 41 35	N N N N N N N N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	4 33 10 7 13 9 10 13 18 41 35 43	N N N N N E N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N E N N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N E N N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N E N N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N E N N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS
Rows as Necessary	KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	4 33 10 7 13 9 10 10 13 18 41 35 43 49	N N N N N E N N N N N N N N N N N N N	Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS

all-band basis whose signals were generally receivable by your cable system during the accounting period. Prime 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, Prime Transm Transm	EGAL NAME OF								SYSTEM 298
 acceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, and 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. 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). 	n General: List	t every radio s	station ca	arried on a separate and discr					н
CALL SIGN AM or FM SID LOCATION OF STATION CALL SIGN AM or FM SID LOCATION OF STATION IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing sive the station	y the sys be recein the Co sign of e the static ion's sign g a check n's location	tem whenever it is received a ved at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	t the system's he system's FM ante this point, see par the by the cable s he station is licens	adend, and (2 enna, during c ge (v) of the g ystem as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
Interface									
Image: state s									
Image: section of the section of th									
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Image: Section of the section of th									
Image: Second									
Instruction <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>									
Image: Section of the section of th									
Image: series of the series									
Image: Second									
Image: Second									
Image: Second									

Accounting Perio	od: 2023/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commu	nications,	Inc.					29881
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
	In General: In space I, ident	-	-			tion that you	r cahle svst	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programn							
Carriage:	1. SPECIAL STATEMEN							
Special	 During the accounting per 	-			asis anv nonr	network telev	ision produ	ram
Statement and				n carry, on a cabolitato be	lolo, any nom			
Program Log	broadcast by a distant sta						YES	NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer i	s "Yes," you r	nust comple	te the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUT	E PROGRA	MS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							•
	period, was broadcast by a			vision program ("substitut our cable system substitu				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		ensed by th	e ECC or	in
	the case of Mexican or Car							
				stem carried the substitute			with the m	nonth
	first. Example: for May 7 gi							
				ogram was carried by you				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	•	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m. s	snould be	
			listed program	n was substituted for prog	ramming that	vour system	was requ	ired
	to delete under FCC rules							
	was substituted for prograr	mming that y	vour system w	as permitted to delete unit	der ECC rules	and regulat	ons in	
			your oyotoin n	as permitted to delete und		androgalat		
	effect on October 19, 1976					and rogalat		
	effect on October 19, 1976				11	Ũ		
		i.		·	WHE	N SUBSTIT	UTE	7. REASON FOR
		UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	7. REASON FOR DELETION
	S		E PROGRAM	·	WHE CARRI	N SUBSTIT	UTE RRED MES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	
	S	UBSTITUT	E PROGRAM 3. STATION'S	1	WHE CARRI, 5. MONTH	N SUBSTIT AGE OCCU 6. TIN	UTE RRED ⁄/ES	

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	STEM ID#
Name	Cunningham Communications, Inc.		29881
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 a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	3,417.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$: • 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-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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 \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		nts!

Accounting Period:	2023/1									FORM SA1-2E. F	PAGE 7
Name	LEGAL NAME OF OWNER O Cunningham Commun									SYSTE 2	EM ID# 29881
M Channels	CHANNELS Instructions: You must g to its subscribers, and (2)	. ,									
	1. Enter the total number system carried television									17	
	2. Enter the total number on which the cable syste and nonbroadcast servic	m carried television	broadcas							85	
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			ORMATION I	S NEEDED (Id	entify an in	dividual to who	m			
for Further Information	Name Brent	Cunningham						Telephone	785-545-32 ⁻	15	
	Address PO Bo (Number,	ox 108, 220 W. I street, rural route, apartr	Main S	St. uite number)							
		Elder, KS 6744 n, state, zip)	6								
	Email	brent@ctctelepl	hony.tv				Fax (optiona	al) 785-545-327	7		
	CERTIFICATION (This stat	ement of account mu	ust be ce	ertified and si	gned in accord	ance with (Copyright Office	e regulations)			
O Certification	• I, the undersigned, hereby	γ certify that (Check o	one, <i>but or</i>	only one, of the	e boxes.)						
	X (Owner other th	an corporation or p	artnersh	h ip) I am the c	owner of the cal	ble system	as identified in l	ine 1 of space	B; or		
		r other than corpora pace B and that the o					gent of the own	er of the cable :	system as identi	fied	
	(Officer or part in line 1 of s	t ner) I am an officer (i pace B.	if a corpo	oration) or a p	artner (if a partr	nership) of t	the legal entity i	dentified as ow	ner of the cable	system	
	 I have examined the state are true, complete, and con [18 U.S.C., Section 1001(1 	rect to the best of my							1		
			X	/s/ Brer	nt Cunningh	am					
					gnature on the lin an "/s/ signature			ement.			
		Typed or printed	l name:	Brent C	Cunninghan	n					
		Title: (Title of of	GM/V fficial positi	-	oration or partners	ship)					
		Date:					7-12-2	3			

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 fing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ningham Communications, Inc.	2988
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusior
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	
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x days Line 3 Multiply line 2 by the number of days late and enter the sum here - x 0.00274 x 0.00274	
x days Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
x	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - 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 - * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on www.copyright.gov/licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. 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.	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	

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