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

OTATEM		FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:		
STATEMENT OF ACCOUNT for Secondary Transmissions by		DATE RECEIVED	AMOUNT	coplicsoa@loc.gov		
General instru	ems (Short Form) actions are located of this workbook	7/14/23	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))			
	2023/1	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	•	idiary of another corporation, give the full c	corporate		

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2023/1 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
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#
Name	Cunningham Communications, Inc.	333
D	Instructions: List each separate community served by the cable system. A "communit" "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including single, t will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho identified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First Community	Mankato	KS
d Rows as Necessary		

	1							FORM SA1							
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID 33						
	Cunningham Communications, Inc.														
Е	SECONDARY TRANSMISSION														
E	In General: The information in s	•		-		•									
Secondary	system, that is, the retransmission about other services (including p														
Transmission															
Service: Sub-	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														
scribers and	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														
Rates	each category by counting the n separately for the particular serv		•	0,0		•		s charged							
	Rate: Give the standard rate of					•	,	ge and the							
					ny standa	rd rate variatior	ns within a	particular rate							
		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	•		-		•									
	that applies to your system. Not														
	categories, that person or entity						•								
	subscriber who pays extra for ca					t in the count u	nder "Servi	ice 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 a	,.													
	sufficient.		DI 00	<u> </u>											
	BLU	DCK 1 NO. OF	-				BLOCK	NO. OF	[
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE						
	Residential:														
	Service to first set		151	54.50											
	Service to additional set(s)														
	• FM radio (if separate rate)														
	Motel, hotel														
	Commercial														
	Converter														
	Residential Non-residential														
	• Non-residential														
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISS	IONS: RATES	;										
F	In General: Space F calls for ra				•	• •									
•	not covered in space E, that is, t service for a single fee. There ar					,	,								
Services	5	•	-		•		0 (,							
Other Than	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,														
Secondary Fransmissions:	enter only the letters "PP" in the rate column.														
Rates	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	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) descrip														
		BLO	CK 1					BLOCK 2							
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEG	ORY OF SERVICE	RATE						
	Continuing Services:			ion: Non-resid	dential		_								
	• Pay cable	10.25-51.75		l, hotel				ded Basic	####						
	Pay cable—add'l channel		-	mercial			Digital		14.9						
	Fire protection		•Pay				HD Plu		4.99						
	•Burglar protection			cable-add'l cha	annel		Out of	Market Tier	11.40						
	Installation: Residential			protection											
	. First ast		1	lar protection											
	First set		0+h	minen											
	 Additional set(s) 			ervices:		25.00									
	• Additional set(s) • FM radio (if separate rate)		• Reco	onnect		25.00									
	 Additional set(s) 		• Reco • Disc	onnect onnect											
	• Additional set(s) • FM radio (if separate rate)		• Reco • Disc • Outle	onnect		25.00 25.00 25.00									

	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM						
Name	Cunningham Commu									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary nsmitters: elevision	 In General: In space G, identify every television station (including translator 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 are equalitons, 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, 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 (v) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, it the community with which the station is identified. 									
	FCC. For Mexican or Cana	4. LOCATION OF STATION								
	KSNB	2. B'CAST CHANNEL NUMBER 4	3. TYPE OF STATION	Superior, NE						
	KSNC	2	N	Great Bend, KS						
ws as Necessary	KSNC	22	N	Topeka, KS						
NS as Necessary	KFXL	4	N	Superior, NE						
	KSCW	33	N	Wichita, KS						
	KAKE	10	N	Wichita, KS						
	KBSH	7	Ν	Havs. KS						
	KBSH WIBW	7	N	Hays, KS Topeka, KS						
	WIBW	13	N	Topeka, KS						
	WIBW KOOD	13 9	N	Topeka, KS Bunker Hill, KS						
	WIBW KOOD KGIN	13 9 10	N E N	Topeka, KS Bunker Hill, KS Lincoln, NE						
	WIBW KOOD	13 9	N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE						
	WIBW KOOD KGIN KHGI	13 9 10 13	N E N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS						
	WIBW KOOD KGIN KHGI KAAS	13 9 10 13 18	N E N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO						
	WIBW KOOD KGIN KHGI KAAS KSHB	13 9 10 13 18 41	N E N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS						
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW	13 9 10 13 18 41 35	N E N N N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS						
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	13 9 10 13 18 41 35 43	N E N N N N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS						
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	13 9 10 13 13 18 41 35 43 49	N E N N N N N N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS						
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	13 9 10 13 13 18 41 35 43 49	N E N N N N N N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS						
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	13 9 10 13 13 18 41 35 43 49	N E N N N N N N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS						
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	13 9 10 13 13 18 41 35 43 49	N E N N N N N N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS						
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	13 9 10 13 13 18 41 35 43 49	N E N N N N N N N N N	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS						

Cunninghan	FOWNER OF (n Communi							SYSTEM I 3
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) in the basis of if for detailed info aper SA1-2 for Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Cc sign of e he static ion's sign g a check h's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (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 his point, see par ed by the cable s re station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC	2) it can ertain st eneral in 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	
		2.2		5		0.0		
						 		
						 		
						 		
						<u> </u>		
						 		
						<u> </u>		
						 		
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						1		

	d: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cunningham Commur	nications,	, Inc.					333
I	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a	tify every no accounting p	nnetwork televi period, under sp	<i>ision program,</i> broadcast b becific present and former F	y a <i>distant</i> sta FCC rules, reg	ulations, or au	uthorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	ist be included	in this log, see page (v) of	the general ins	structions in th	ne paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN	T CONCE	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did yo	ur cable syster	n carry, on a substitute ba	asis, any nonr	network telev	ision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	-				- "\/ "			
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you r	nust complet	e the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE					:		
	In General: List each subs clear. If you need more spa				s wherever p	ossible, li the	ir meaning	y is
				vision program ("substitut	e program") t	hat. during th	e account	tina
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I Lo	ove Lucy"	or
		m was broa		er "Yes." Otherwise enter				
				asting the substitute prog				
	the case of Mexican or Car			the community to which th			e FCC or,	IN
				stem carried the substitut			with the r	nonth
	first. Example: for May 7 gi	,				,		
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	or "P" if the	listed program	n was substituted for prog	ramming that	vour evetem	was real	uired
	to delete under FCC rules a							
	was substituted for program							- 3
	effect on October 19, 1976							
	SI		E PROGRAM	1		N SUBSTITI		7. REASON FOR
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	7. REASON FOR DELETION
		UBSTITUT		4. STATION'S LOCATION	CARRI	AGE OCCU	RRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCCUI 6. TIN	RRED IES	

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SI	STEM ID#
Name	Cunningham Communications, Inc.		333
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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.	ssion service mount, see	3,359.00 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 \$2 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.	63,800	
	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 t accounting period is \$52.00	his six-mon	
		<u>,</u>	
	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	-	
	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)	
	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	4 240 00	
	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 informati		nts!

Accounting Period:	2023/1														FOR	M SA1-2E. PAGE 7
Name		WNER OF CABLE SYSTEM:														SYSTEM ID: 333
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the ca	ou must give (1) the number of a and (2) the cable system's in number of channels on whic television broadcast stations number of activated channel able system carried television ast services	total numb ch the cable s els n broadcas	nber of ble 	of activ	vated c	hannels (during th	ne accor			ations			17	
N Individual to Be Contacted		BE CONTACTED IF FURTH bout this statement of account		ORMA	MATIO	N IS NE	EDED (I	dentify a	an indivi	ridual to w	vhom					
for Further Information	Name	Brent Cunningham									Tele	ephone	785-54	45-321	5	
	Address	PO Box 108, 220 W. (Number, street, rural route, apart Glen Elder, KS 6744 (City, town, state, zip)	rtment, or suit	suite nun	number)											
	Email	brent@ctctelep	phony.tv	/						Fax (optio	onal) 785-	-545-327	7			
O Certification	I, the undersigne X (Ownee (Agent in li (Office in li I have examined	(This statement of account m ad, hereby certify that (Check or r other than corporation or p c of owner other than corpor ine 1 of space B and that the or er or partner) I am an officer ine 1 of space B. I the statement of account and e, and correct to the best of m on 1001(1986)]	one, <i>but on</i> partnershi ration or pr owner is no (if a corpor d hereby de	only on hip) I a partne not a c poration declare	one, of I am th tnershi a corpo ion) or a lare und	the box ne owne (p) I am ration o a partne der pena	xes.) In of the c the duly a or partners er (if a par alty of law	able syst authorize ship; or thership	tem as i ed agen o) of the stateme	identified It of the ou	in line 1 o wner of th ity identifie	of space ne cable s	system a mer of th			
			Enter an	an elect	ectronic	signatu	unning re on the 's/ signatu	line abov		rtify this st nn Smith)	tatement.					
		Typed or printer Title: (Title of c	ed name: GM/VF	VP			ningha n or partne									
		Date:								7-12	2-23					

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.

unting Period: 2023/1	FORM SA1-2E. PAGE 8
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
ningham Communications, Inc.	33
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 Exclusion
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 Mailing Address Mailing Address	
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
×	—
Line 2 Multiply line 1 by the interest rate* and enter the sum here	—
xdays	
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	_
* 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.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
** 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.	
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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 th 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.