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

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	by email to:	
		ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
Cable Syste General instru in the first tab	uctions	are located	1-18-24	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY	'YY/(Period))	
		2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optiona	I - see instructions)	
Accounting Period					
B Owner		the subsidiary, not that of the parent corp List any other name or names under which	oration. In the owner conducts the business of the accounting period, only the owner on the owner	he last day of the accounting period should su	
		Check here if this is the system's first filing	g. If not, enter the system's ID number a	assigned by the Licensing Division.	1461
		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 PO Box 108, 220 W. Main S (Number, street, rural route, apartment, or suite n	t.		
		Glen Elder, KS 67446-9795 (City, town, state, zip)			
С				ntify the business and operation of the e system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:		·	
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(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 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.

Return completed workbook

Accounting Period:	2023/2	FORM SA1-2E. PAGE 1b.				
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Cunningham Communications, Inc.	1461				
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated 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 "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First Community	Cawker City	KS				
Add Rows as Necessary						

	LEGAL NAME OF OWNER OF C							FORM SA1	TEM ID
Name	Cunningham Communic							010	146
Е	SECONDARY TRANSMISSION In General: The information in s					rransmission s	ervice of th	e cable	
—	system, that is, the retransmission			-	•				
Secondary	about other services (including p	ay cable) in sp	ace F, n	ot here. All the	facts you	state must be t			
Transmission	last day of the accounting period Number of Subscribers: Both						lo ovotom	brokon	
Service: Sub- scribers and	down by categories of secondary						<b>,</b> ,		
Rates	each category by counting the nu								
	separately for the particular serv								
	<b>Rate:</b> Give the standard rate clunit in which it is generally billed.	-	-	•			-		
	category, but do not include disc	· · ·	,		ly standard		, within a pa		
	Block 1: In the left-hand block			•					
	systems most commonly provide								
	that applies to your system. <b>Note</b> categories, that person or entity			Ũ		•			
	subscriber who pays extra for ca						•		
	first set" and would be counted o	0			( )				
	Block 2: If your cable system h								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.		, ngini ni						
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:				0,				
	Service to first set		100	58.50					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECO		NSMISS	IONS: RATES					
F	In General: Space F calls for rat								
•	not covered in space E, that is, the service for a single fee. There are								
Services	furnished at cost or (2) services	•			•		0 ( )		
Other Than			usually l	billed. If any ra	tes are cha	arged on a varia	able per-pro	ogram basis,	
Secondary Transmissions:	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed								
Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> 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	tion and includ	e the rat	e for each.			1		
	BLOCK 1					BLC			
		BLO							
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	RATE	CATEG	tion: Non-res		RATE			
	Continuing Services: • Pay cable	1	CATEG Installa • Mot	tion: Non-res		RATE	Expand	led Basic	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	CATEG Installa • Mot • Cor	i <b>tion: Non-res</b> el, hotel nmercial		RATE	Expano Digital	led Basic Basic	134.5 14.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Cor • Pay	<b>ition: Non-res</b> el, hotel nmercial r cable	idential	RATE	Expand Digital HD Plu	led Basic Basic s	134.5 14.9 4.9
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay	i <b>tion: Non-res</b> rel, hotel nmercial r cable r cable-add'l ch	idential	RATE	Expand Digital HD Plu	led Basic Basic	134.5 14.9
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res rel, hotel nmercial cable cable-add'l ch protection	<b>idential</b> nannel	RATE	Expand Digital HD Plu	led Basic Basic s	134.5 14.9 4.9
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	i <b>tion: Non-res</b> rel, hotel nmercial r cable r cable-add'l ch	<b>idential</b> nannel	RATE	Expand Digital HD Plu	led Basic Basic s	134.5 14.9 4.9
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-res rel, hotel nmercial cable cable-add'l ch protection glar protection	<b>idential</b> nannel	RATE	Expand Digital HD Plu	led Basic Basic s	134.5 14.9 4.9
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	<b>idential</b> nannel		Expand Digital HD Plu	led Basic Basic s	134.5 14.9 4.9
	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)	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	<b>idential</b> nannel		Expand Digital HD Plu	led Basic Basic s	134.5 14.9 4.9

M	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTE				
Name	Cunningham Commu	unications, Inc.						
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary nsmitters: elevision	<ul> <li>In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis, under specific FCC rules, regulations, or authorizations:</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent, "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational), or "E-M" (for independent multicast).</li> <li>For t</li></ul>							
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.         1. CALL SIGN       2. B'CAST CHANNEL NUMBER       3. TYPE OF STATION       4. LOCATION							
	KSNB	4	N	Superior, NE				
	KSNC	2	N	Great Bend, KS				
ws as Necessary	KSNT	22	N	Topeka, KS				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	KFXL	4	N	Superior, NE				
	KSCW	33	N	Wichita, KS				
	KAKE	10	N	Wichita, KS				
		_						
	KBSH	1	N	Havs. KS				
	KBSH WIBW	13	N	Hays, KS Topeka, KS				
	WIBW		N N E	Topeka, KS				
	WIBW KOOD	13 9	N E	Topeka, KS Bunker Hill, KS				
	WIBW KOOD KGIN	13 9 10	N E N	Topeka, KS Bunker Hill, KS Lincoln, NE				
	WIBW KOOD KGIN KHGI	13 9 10 13	N E	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE				
	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				
	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 Kansas City, MO				
	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 Wichita, KS				
	WIBW KOOD KGIN KHGI KAAS KSHB KMTW	13 9 10 13 18 41 35	N E 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	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				
	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	Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS Topeka, KS Topeka, KS				

Accounting P	eriod: 2023/	2					FORM	I SA1-2E. PAGE 4
LEGAL NAME OF								SYSTEM ID#
Cunninghan	n Commun	Ication	s, inc.					146
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					Н
receivable if (1) on the basis of i For detailed info paper SA1-2 for <b>Column 1</b> : Id <b>Column 2:</b> S	it is carried by monitoring, to prmation abou rm. lentify the call tate whether t	y the sys be recein t the Co sign of e he statio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. n is AM or FM. nal was electronically process	t the system's hea system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge	it can b rtain sta neral in	e expected, ated intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	ive the station	i's locatio	< mark in the "S/D" column. on (the community to which th the community with which the			cor, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<b> </b>	+					

	d: 2023/2					F	FORM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.				1461
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG			
	In General: In space I, ident	ifv everv nor	network televis	ion program broadcast by a	a <i>distant</i> statio	n that your cable sys	stem carried on a
-	substitute basis during the a						
Substitute	explanation of the programm	ing that mus	t be included in	this log, see page (v) of the	general instru	ictions in the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMENT		NING SUBST	ITUTE CARRIAGE			
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program						
Statement and	• • • • •	proadcast by a distant station?					
Program Log	-						
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is '	"Yes," you mu	ist complete the pro	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE	E PROGRA	MS				
	In General: List each subs				wherever pos	sible, if their meanir	ng is
	clear. If you need more spa						
				ision program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general categor						
	"NBA Basketball: 76ers vs.		Ducine of Buche				
	Column 2: If the program	m was broad	dcast live, ente	r "Yes." Otherwise enter "N	lo."		
				sting the substitute progra			
				ne community to which the			, in
	the case of Mexican or Car			tem carried the substitute i			month
	first. Example: for May 7 give		when your sys		piogram. Use		monun
			e substitute pro	gram was carried by your o	cable system.	List the times accu	rately
	to the nearest five minutes.						
	stated as "6:00-6:30 p.m."						
				was substituted for progra			
	to delete under FCC rules a was substituted for program						rogram
		inining that y	UUI SYSICIII WC				
	effect on October 19 1976		,			5	
	effect on October 19, 1976.					5	
	effect on October 19, 1976.					N SUBSTITUTE	
			E PROGRAM		WHE	N SUBSTITUTE AGE OCCURRED	7. REASON FOR
					WHE	N SUBSTITUTE	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION
	s	UBSTITUT 2. LIVE?	TE PROGRAM	· 	WHE CARRI 5. MONTH	N SUBSTITUTE AGE OCCURRED 6. TIMES	DELETION

Accounting Period:	2023/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 1461
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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.	nission service amount, see	3,387.00 ss receipts)
	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 t accounting period is \$52.00	his six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	···· <b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	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 \$52	7,600)	
	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 For and			
Filing Fee and Total Remittance Due	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 Regi See page i of the general instructions in the paper SA1-2 form for more informa		ts!

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Communications, Inc.	SYSTEM ID# 1461
M Channels	to its subscrib 1. Enter the to system carr	You must give (1) the number of channels on which the cable system carried television b ers, and (2) the cable system's total number of activated channels during the accounting tal number of channels on which the cable ied television broadcast stations	
	on which th	tal number of activated channels e cable system carried television broadcast stations adcast services	85
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to t about this statement of account.)	whom
for Further Information	Name	Brent Cunningham	Telephone 785-545-3215
	Address 	PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446 (City, town, state, zip)	
	Email		ptional 785-545-3277
O Certification	• I, the undersig	I (This statement of account must be certified and signed in accordance with Copyright C ned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) <b>er other than corporation or partnership)</b> I am the owner of the cable system as identified	
		<ul> <li>to f owner other than corporation or partnership) I am the duly authorized agent of the o in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal ent in line 1 of space B.</li> </ul>	
	are true, comp	d the statement of account and hereby declare under penalty of law that all statements of fac ete, and correct to the best of my knowledge, information, and belief, and are made in good f tion 1001(1986)]	
		Enter an electronic signature on the line above to certify this s Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Brent Cunningham	
		Title: <b>GM/VP</b> (Title of official position held in corporation or partnership)	
		Date: 1-	18-24

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.

unting Period: 2023/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
ningham Communications, Inc.	146
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS         The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.         During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?         NO         YES. Enter the total here and list the satellite carrier(s) below.       \$         Name       Name         Malling Address       Name	P Special Statement Concerning Gross Receipts Exclusion
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
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C	Ca Wol	ble rksheet	Total amount of remittance	Number of SAs rec'	d Initials
			Date of remittance	Check CFT	□ FILING FEES
Cable ID #					Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
Space A Accounting Period					
	🗆 Janua	ary 1 - June 30, 2017		July 1 - December 31, 2017	
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space B Owner					
	🗆 Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space D Area Served					
	□ Lette	r sent		Information received	
	🗆 Accep	oted		Phone call/Date/Contact	
Space E Secondary Transission					
Service Subscribers:	🗆 Lette	r sent		Information received	
and Rates		oted		Phone call/Date/Contact	
Space G Primary Transmitters:					
Television	🗆 Lette	r sent		Information received	
		oted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio		oted		Phone call/Date/Contact	

		Space I Substitute Carriage
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	□ Information received	(SA3 only)
□ Accepted	Phone call/Date/Contact	
		Space K Gross Receipts
Letter sent	□ Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fee
□ Royalty Fee should be	Refund request to fiscal	
Letter sent	□ Information received	
□ Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	Information received	
□ Accepted	Phone call/Date/Contact	
		Space O Certification
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	□ Information received	
□ Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	□ Info/add'l fee received	
□ Accepted	Phone call/Date/Contact	