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

STATEME	INT OF ACCOUNT	FOR COPYRIGHT	OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
	ctions are located of this workbook	1-18-24	S ALLOCATION NUMBER	contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED E	BY THIS STATEMENT: (YYY)	Y/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - s	see instructions)	

		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
B		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. List any other name or names under which the owner conducts the business of the cable system.
owner		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)
		(Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446-9795 (City, town, state, zip)
С		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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 sulte 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 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.

Accounting Period:	2023/2	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#
Name	Cunningham Communications, Inc.	28347
D Area Served	Instructions: List each separate community served by the cable system. A "community" separate and distinct community or municipal entity (including unincorporated commun unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon city.	is the same as a "community unit" as defined in FCC rules: "a nities within unincorporated areas and including single, discrete as a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Jamestown	KS
Community		
Add Bows as Nasassan		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							TEM ID
Name	Cunningham Communications, Inc.								2834
Е	SECONDARY TRANSMISSION In General: The information in sp					rransmission s	ervice of th	e cable	
-				-	•				
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	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								
Service: Sub- scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in								
Rates	each category by counting the nu								
	separately for the particular servi	ce at the rate i	ndicated	I-not the num	ber of sets	s receiving serv	ice).	-	
	Rate: Give the standard rate cl	-	-	•			-		
	unit in which it is generally billed. category, but do not include disc	· · ·	,		y standard	a rate variations	s within a pa	articular rate	
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide	to their subsc	ribers. G	live the numbe	r of subsci	ribers and rate f	or each list	ted category	
	that applies to your system. Note			0		•			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted o								
	Block 2: If your cable system h	nas rate catego	ories for	secondary tran	smission s				
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and block. A tw	o- or three	e-word description	on of the se	ervice is	
		DCK 1					BLOCK	٢2	
		NO. OF		B 1 7 5				NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		20	59 50					
	 Service to first set Service to additional set(s) 		38	58.50					+
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								+
	Converter								+
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECO							41 4	
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 of								
Other Than	amount of the charge and the un		usually I	oilled. If any rat	es are cha	arged on a varia	able per-pro	ogram basis,	
Secondary Fransmissions:	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	BIOCK 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not								
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) descrip	tion and includ	e the rat	e for each.			1		
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:			tion: Non-resi	dential		E verence	lad Daaia	424 5
	• Pay cable	10.25-52.75		el, hotel				led Basic	134.5
	 Pay cable—add'l channel 			nmercial cable			Digital HD Plu		14.9 4.9
			i ∙ray	UCIUIE:			IID FIU		
	Fire protection		• Dou		annel		Out of		
	Fire protection Burglar protection		· ·	cable-add'l ch	annel		Out of	o Market Tier	11.4
	Fire protection Burglar protection Installation: Residential		• Fire	cable-add'l ch protection	annel		Out of		
	Fire protection Burglar protection Installation: Residential First set		• Fire • Bur	cable-add'l ch protection glar protection	annel		Out of		
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Fire • Bur Other s	cable-add'l ch protection glar protection ervices:	annel	25.00	Out of		
	Fire protection Burglar protection Installation: Residential First set		• Fire • Bur • Bur • Rec	cable-add'l ch protection glar protection services: connect	annel	25.00	Out of		
	 Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Fire • Bur • Bur • Rec • Disc	cable-add'l ch protection glar protection ervices:	annel	25.00	Out of		

					PAGE				
Name	LEGAL NAME OF OWNER C			SYSTE					
	Cunningham Commu	,			2834				
	PRIMARY TRANSMITTERS:								
G		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, <i>except</i> (1) stations carried only on a part-time basis under							
Duine e m c	FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections								
Primary Insmitters:	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.								
Television	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:								
	• Do not list the station her	e in space G—but do list it in space I (the	e Special Statement and Program L	_og)—if the					
	 station was carried only or List the station here, and 	a substitute basis. also in space I, if the station was carried I	both on a substitute basis and also	on some other					
		on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro							
		d with a station according to its over-the-a	-	-					
	"WETA-2" as the same on Column 2: Give the chann	the form. In number the FCC assigned to the televi	ision station for broadcasting over	the air in its community					
	of license. For example, W	/RC is channel 4 in Washington, D.C.	C C	·					
		n case whether the station is a network st ering the letter "N" (for network), "N-M" (fo	, , ,						
	(for independent multicast)	, "E" (for noncommercial educational), or	"E-M" (for noncommercial education						
		erms, see page (iv) of the general instruct on of each station. For U.S. stations, list th		is licensed by the					
	FCC. For Mexican or Cana	idian stations, if any, give the name of the	e community with which the station	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	KSNB	4	N	Superior, NE					
	KSNB KSNC	4	N N	Superior, NE Great Bend, KS					
ows as Necessary									
ows as Necessary	KSNC	2	N	Great Bend, KS					
ows as Necessary	KSNC KSNT	2 22	N N	Great Bend, KS Topeka, KS					
ows as Necessary	KSNC KSNT KFXL	2 22 4	N N N	Great Bend, KS Topeka, KS Superior, NE					
ows as Necessary	KSNC KSNT KFXL KSCW	2 22 4 33	N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE	2 22 4 33 10	N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH	2 22 4 33 10 7	N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW	2 22 4 33 10 7 13	N N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN	2 22 4 33 10 7 13 9 10	N N N N N N N E N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI	2 22 4 33 10 7 13 9 10 10 13	N N N N N N E N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS	2 22 4 33 10 7 13 9 10 13 13 18	N N N N N N N E N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB	2 22 4 33 10 7 13 9 10 10 13 18 18 41	N N N N N N E N N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW	2 22 4 33 10 7 13 9 9 10 13 13 18 41 35	N N N N N N E N N N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	2 22 4 33 10 7 13 9 10 10 13 18 18 41 35 43	N N N N N N E N N N N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	2 22 4 33 10 7 13 9 10 10 13 18 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N	Great Bend, KS Topeka, KS 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					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	2 22 4 33 10 7 13 9 10 10 13 18 18 41 35 43	N N N N N N E N N N N N N N N N	Great Bend, KS Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO Wichita, KS					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	2 22 4 33 10 7 13 9 10 10 13 18 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N	Great Bend, KS Topeka, KS 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					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	2 22 4 33 10 7 13 9 10 10 13 18 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N	Great Bend, KS Topeka, KS 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					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	2 22 4 33 10 7 13 9 10 10 13 18 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N	Great Bend, KS Topeka, KS 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					
ows as Necessary	KSNC KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	2 22 4 33 10 7 13 9 10 10 13 18 18 41 35 43 49	N N N N N N N E N N N N N N N N N N N	Great Bend, KS Topeka, KS 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					

Accounting P			(0771)				FORM	I SA1-2E. PAGE 4
LEGAL NAME OF Cunninghan								SYSTEM ID 2834
ounningnun		cation	5, mc.					2034
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cab					н
The ceceivable if (1) on the basis of it For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati	y the sys be receir t the Co sign of e he statio on's sigr	-Band FM Carriage: Under C tem whenever it is received at 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 he system's FM ante his point, see pag	adend, and (2) nna, during ce ge (v) of the ge) it can b ertain sta eneral in	e expected, ited intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	live the station	i's locatio	c mark in the "S/D" column. on (the community to which th the community with which the			C or, 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	

	d: 2023/2						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Cunningham Commun	nications,	Inc.					28347
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programm	ccounting pe	eriod, under spe	cific present and former FC	C rules, regula	itions, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				general mote			2 101111.
Special	During the accounting per				s any nonnet	work telev	ision program	n
Statement and	broadcast by a distant sta	•	i cable system	carry, on a substitute basi	s, any nonne		i i	
Program Log	,						YES	
	Note: If your answer is "No	", leave the	rest of this pag	je blank. If your answer is '	'Yes," you mι	ist complet	te the progra	m
	log in block 2.							
	2. LOG OF SUBSTITUTE			4- Kar - 11		-:		_
	In General: List each subst clear. If you need more spa				wnerever pos	sidle, if the	eir meaning is	5
				ision program ("substitute	orogram") tha	t, during th	ne accounting	9
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.		vies of baske	abali. List specific program	Tulles, IOF EX	ampie, i L	OVE LUCY OF	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra			500 ·	
	the case of Mexican or Can			ne community to which the			e FCC or, in	
				tem carried the substitute			, with the mo	nth
	first. Example: for May 7 giv	/e "5/7."			-			
				gram was carried by your o				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program cam	ed by a system from 6.01.	15 p.m. to 6:2	6:50 p.m. s	snould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system	n was <i>require</i>	ed
	to delete under FCC rules a							ram
	was substituted for program effect on October 19, 1976.		our system wa	is permitted to delete unde	r FCC rules a	ind regulat	ions in	
	cilicol off October 13, 1370.							
	s		E PROGRAM	<u> </u>		N SUBST		7. REASON FOR
	S		E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.		

Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	¥STEM ID# 28347
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 transr (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	3,396.50 oss receipts)
	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	\$	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	_	
	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 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		hts!

Accounting Period:	2023/2				FORM SA1-2E. PAGE 7.
Name		DWNER OF CABLE SYSTEM: Communications, Inc.			SYSTEM ID# 28347
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to on which the	rs, and (2) the cable system's total nu al number of channels on which the c	dcast stations	ccounting period.	17 85
N Individual to Be Contacted		about this statement of account.)	FORMATION IS NEEDED (Identify an in	dividual to whom	
for Further Information	Name Address	Brent Cunningham PO Box 108, 220 W. Main S		Telephone 785-5	45-3215
		(Number, street, rural route, apartment, or Glen Elder, KS 67446 (City, town, state, zip)	suite number)		
	Email	brent@ctcfiber.net		Fax (optional 785-545-3277	
O Certification	I, the undersign X (Own (Agen (Offi I have examine are true, comple	ed, hereby certify that (Check one, <i>but o</i> er other than corporation or partners t of owner other than corporation or in line 1 of space B and that the owner cer or partner) I am an officer (if a corp in line 1 of space B. d the statement of account and hereby o	(hip) I am the owner of the cable system as partnership) I am the duly authorized age	s identified in line 1 of space B; or ent of the owner of the cable system as e legal entity identified as owner of the ents of fact contained herein	
		Enter	/s/ Brent Cunningham an electronic signature on the line above to c signature using an "/s/ signature" (e.g., /s/ Jr		
		Typed or printed name Title: GM /			
			cial position held in corporation or partnership)	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 2834
ningham Communications, Inc.	2834
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 Mailing 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	Cable Worksheet		Total amount of remittance	Initials	
			Date of remittance	Check CFT	
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	
	Phone call/Date/Contact	