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

0TATEM			IT OFFICE USE ONLY	Return completed workbook by email to:
				, 
	rry Transmissions by ems (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov
General instru	of this workbook	1-18-24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YYY	YY/(Period))	
	2023/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В	Give the full legal name of the owner of the term of the subsidiary, not that of the parent cor	-	iary of another corporation, give the full corp	orate title of
Owner	List any other name or names under whi	ch the owner conducts the business of the	e cable system.	
	-	e accounting period, only the owner on the ment covering the entire accounting perior	e last day of the accounting period should sul od.	omit a single
	Check here if this is the system's first fili	ng. If not, enter the system's ID number as	ssigned by the Licensing Division.	33981
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Cunningham Communications, Inc			
		F CABLE SYSTEM (IF DIFFERENT)		
		· · ·		
	MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
	PO Box 108, 220 W. Main S (Number, street, rural route, apartment, or suite			
	Glen Elder, KS 67446-979	_		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any busi names already appear in space B. In line			
System	1			
1	MAILING ADDRESS OF CABLE SYSTE	M:		

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 suffciency of the filing, a determination that would be made by a court of law.

2

(Number, street, rural route, apartment, or suite number)

(City, town, state, zip code)

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b SYSTEM ID#
Name		
D	Cunningham Communications, Inc. Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporate unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li	ted communities within unincorporated areas and including single, discrete
Area	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
Served	city.	
		STATE
First Community	Formoso	KS
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM							1-2E. PAGE STEM ID
Name	Cunningham Communic								3398
Е	SECONDARY TRANSMISSION In General: The information in sp					transmission s	envice of th	ne cable	
-	system, that is, the retransmission			-					
Secondary	about other services (including p								
Transmission	last day of the accounting period						1	huslas.	
Service: Sub- scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in								
Rates	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								
	separately for the particular servi	ce at the rate i	ndicated	l-not the num	per of sets	receiving servi	ce).	-	
	Rate: Give the standard rate cl	-	-	•			-		
	unit in which it is generally billed. category, but do not include disc	· · ·	,		y standard	rate variations	within a pa	articular rate	
	<b>Block 1:</b> In the left-hand block				es of seco	ndary transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity subscriber who pays extra for cal						•		
	first set" and would be counted o								
	Block 2: If your cable system h								
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	nd rates, in the	e right-ha	and block. A two	o- or three	-word description	on of the se	ervice is	
		DCK 1					BLOCH	٢2	
		NO. OF		DATE	0.17		2010	NO. OF	DAT
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		18	58.50					
	Service to additional set(s)			50.50					+
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								1
	Residential								
	Non-residential								
	SERVICES OTHER THAN SECO		NSMISS	IONS: RATES				•	
F	In General: Space F calls for rat	e (not subscrib	er) infor	mation with res	pect to all	your cable syst	em's servi	ces that were	
Г	not covered in space E, that is, the								
Services	service for a single fee. There and furnished at cost or (2) services of	•					• • •		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
Fransmissions: Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Nates	<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) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-resi	dential				
	• Pay cable	10.25-51.75	• Mot	el, hotel				ded Basic	126.5
	<ul> <li>Pay cable—add'l channel</li> </ul>		• Cor	nmercial			Digital		14.9
	Fire protection		• Pay	cable			HD Plu		4.9
	<ul> <li>Burglar protection</li> </ul>			cable-add'l ch	annel		Out of	Market Tier	11.4
	Installation: Residential			protection					
	First set			glar protection					
	• Additional set(s)			ervices:					
	• FM radio (if separate rate)			onnect		25.00			
	Converter			connect		05.00			+
			• Out	let relocation		25.00			1
				/e to new addre		25.00			

	2023/2			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER C			SYSTEM				
	Cunningham Commu	*		339				
	PRIMARY TRANSMITTERS:	TELEVISION entify every television station (including tr	anslator stations and low power tal	evision stations)				
G	carried by your cable syste	m during the accounting period, except (	1) stations carried only on a part-tir	ne basis under				
Primary	•	in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61)		•				
nsmitters:	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program							
Television	basis under specific FCC r	ules, regulations, or authorizations:						
	<ul> <li>Do not list the station her station was carried only or</li> </ul>	re in space G—but do list it in space I (the n a substitute basis.	e Special Statement and Program L	.og)—if the				
		also in space I, if the station was carried						
		on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro						
	multicast stream associate "WETA-2" as the same on	d with a station according to its over-the-a the form.	air designation. For example, repo	rt multistream				
	Column 2: Give the chann	nel number the FCC assigned to the telev	ision station for broadcasting over	the air in its community				
	Column 3: Indicate in eacl	VRC is channel 4 in Washington, D.C. h case whether the station is a network st	, , ,					
		ering the letter "N" (for network), "N-M" (fo , "E" (for noncommercial educational), or						
	For the meaning of these to	erms, see page (iv) of the general instruc	tions in the paper SA1-2 form.	,				
	<b>Column 4:</b> 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. L		4. LOCATION OF STATION					
	KSNB	4	N	Superior, NE				
	KSNC	2	N	Great Bend, KS				
ows as Necessary	KSNT	22	N	Topeka, KS				
	KFXL	4	N	Superior, NE				
	кѕсѡ	33	N	Wichita, KS				
	KSCW KAKE	<u>33</u> 10	N N	Wichita, KS Wichita, KS				
				·····				
	KAKE	10	N	Wichita, KS				
	KAKE KBSH	10 7	N N	Wichita, KS Hays, KS				
	KAKE KBSH WIBW	10 7 13	N N N	Wichita, KS Hays, KS Topeka, KS				
	KAKE KBSH WIBW KOOD	10 7 13 9	N N N E	Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE				
	KAKE KBSH WIBW KOOD KGIN	10 7 13 9 10	N N N E N	Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS				
	KAKE KBSH WIBW KOOD KGIN KHGI	10 7 13 9 10 13	N N N E N N	Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE				
	KAKE KBSH WIBW KOOD KGIN KHGI KAAS	10 7 13 9 10 13 13 18	N N N E N N N N	Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS				
	KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB	10 7 13 9 10 13 18 41	N N N E N N N N N	Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO				
	KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW	10 7 13 9 10 13 13 18 41 35	N N N E N N N N N N	Wichita, KS         Hays, KS         Topeka, KS         Bunker Hill, KS         Lincoln, NE         Kearney, NE         Salina, KS         Kansas City, MO         Wichita, KS				
	KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	10 7 13 9 10 10 13 18 41 35 43	N N N E N N N N N N N N	Wichita, KS         Hays, KS         Topeka, KS         Bunker Hill, KS         Lincoln, NE         Kearney, NE         Salina, KS         Kansas City, MO         Wichita, KS         Topeka, KS				
	KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	10 7 13 9 10 10 13 18 41 35 43 49	N N N E N N N N N N N N N N	Wichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KSTopeka, KS				
	KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	10 7 13 9 10 10 13 18 41 35 43 49	N N N E N N N N N N N N N N	Wichita, KSHays, KSTopeka, KSBunker Hill, KSLincoln, NEKearney, NESalina, KSKansas City, MOWichita, KSTopeka, KSTopeka, KS				
	KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	10 7 13 9 10 10 13 18 41 35 43 49	N N N E N N N N N N N N N N	Wichita, KS         Hays, KS         Topeka, KS         Bunker Hill, KS         Lincoln, NE         Kearney, NE         Salina, KS         Kansas City, MO         Wichita, KS         Topeka, KS         Topeka, KS				
	KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	10 7 13 9 10 10 13 18 41 35 43 49	N N N E N N N N N N N N N N	Wichita, KS         Hays, KS         Topeka, KS         Bunker Hill, KS         Lincoln, NE         Kearney, NE         Salina, KS         Kansas City, MO         Wichita, KS         Topeka, KS         Topeka, KS				
	KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	10 7 13 9 10 10 13 18 41 35 43 49	N N N E N N N N N N N N N N	Wichita, KS         Hays, KS         Topeka, KS         Bunker Hill, KS         Lincoln, NE         Kearney, NE         Salina, KS         Kansas City, MO         Wichita, KS         Topeka, KS         Topeka, KS				

Accounting P							FORM	/I SA1-2E. PAGE
LEGAL NAME OF Cunninghan								SYSTEM ID 3398
oanningnan		cation	5, mc.					3390
	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 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, ated intervals. structions in the.	Primary Transmitters: Radio
Column 4: G	ive the station	i's locatio	x 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	ications,	Inc.					33981
	SUBSTITUTE CARRIAGE	: SPECIA		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	thorizations.	For a further
Carriage:		-			general mote			2 101111.
Special	• During the accounting period did your cable system carry on a substitute basis, any nonnetwork television program					n		
Statement and	broadcast by a distant sta	•	i cable system	carry, on a substitute basi	s, any nonne			
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			to Kana I lan akkan datana .		-:		_
	In General: List each subst clear. If you need more spa				wherever pos	sible, if the	eir meaning is	5
				ision program ("substitute	program") tha	t, during th	e accounting	9
	period, was broadcast by a	distant stat	ion and that yo	ur cable system substitute	d for the prog	ramming o	f another sta	ition
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		vies or daske	toall. List specific program	1 titles, for example	ampie, IL	ove Lucy or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
				sting the substitute progra				
	Column 4: Give the broat the case of Mexican or Can			e 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				ely
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:2	8:30 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	nd regulati	ions in	
	effect off October 19, 1970.							
	s			<u>I</u>		N SUBST		7. REASON FOR
	S		TE 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.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	
		UBSTITUT 2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6.	URRED	

Accounting Period:	2023/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	5	SYSTEM ID#
	Cunningham Communications, Inc.		33981
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enternation all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this an 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 \$	6,552.00 ross receipts)
_	COPYRIGHT ROYALTY FEE		
	<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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 thi accounting period is \$52.00	s 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 \$137,1	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		
	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	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Total Remittance 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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Communications, Inc.	SYSTEM ID# 33981
M Channels	to its subscribe 1. Enter the to system carr 2. Enter the to	You must give (1) the number of channels on which the cable system carried television broadcast sta ers, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable ied television broadcast stations	17
		adcast services	85
N Individual to Be Contacted		O BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Brent Cunningham Telep	ohone 785-545-3215
	Address	PO Box 108, 220 W. Main St. (Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446	
	Email	(City, town, state, zip) brent@ctcfiber.net Fax (optional 785-54	45-3277
	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulation	ons)
O Certification	• I, the undersigr	ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	X (Own	er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of sp	bace B; or
	(Ager	t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the c in line 1 of space B and that the owner is not a corporation or partnership; or	able system as identified
	(Offi	<b>cer or partner)</b> I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified a in line 1 of space B.	is owner of the cable system
	are true, compl	d the statement of account and hereby declare under penalty of law that all statements of fact contained here ete, and correct to the best of my knowledge, information, and belief, and are made in good faith. stion 1001(1986)]	ərein
	1	X /s/ Brent Cunningham	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed name: Brent Cunningham	
		Title: GM/VP (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.	3398
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	P Special Statement Concerning Gross Receipts Exclusion
Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	•
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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 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.

Cable Worksheet		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	
	Accept	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	