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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
01/05/2018	\$ ALLOCATION NUMBER				

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
	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								
		The Southern Kansas Telephone Company, Inc.								
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)								
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM								
		PO Box 800 ((Number, street, rural route, apartment, or suite number)								
		Clearwater, KS 67026-0800 ((City, town, state, zip)								
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these								
C		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 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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2017/2	
		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	The Southern Kansas Telephone Company, Inc.	1522
Area Served	Instructions: List each separate community served by the cable system. A "communi separate and distinct community or municipal entity (including unincorporated community discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list 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 hidentified city.	nunities within unincorporated areas and including single, at will serve as a form of system identification hereafter known as
55.754		
	CITY OR TOWN	STATE
First	CLEARWATER	KANSAS
Community	LEON VIOLA	KANSAS KANSAS
Add Rows as Necessary	ATLANTA	KANSAS
ŕ	BELLE PLAINE	KANSAS
	DEXTER	KANSAS
	BURDEN HOWARD	KANSAS KANSAS
	GRENOLA	KANSAS
	MOLINE	KANSAS
	SEVERY	KANSAS
	PECK LONGTON	KANSAS KANSAS
	SUMNER COUNTY	KANSAS
	CEDAR VALE	KANSAS
	SEDGWICK COUNTY	KANSAS

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 1522

The Southern Kansas Telephone Company, Inc.

E

Accounting Period: 2017/2

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable 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 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 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 service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the 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 to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service 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 and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
 Service to first set 	1,707	24.50			
Service to additional set(s)					
 FM radio (if separate rate) 					
Motel, hotel					
Commercial					
Converter					
Residential					
Non-residential					
		T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services 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, 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.

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) description and include the rate for each.

		BLOCK 2				
CA	ATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Co	ontinuing Services:		Installation: Non-residential			
•	• Pay cable	76.00	 Motel, hotel 		НВО	14.95
•	 Pay cable—add'l channel 		 Commercial 		SHOWTIME UNLMTD	14.95
•	Fire protection		 Pay cable 		CINEMAX	11.95
•	•Burglar protection		 Pay cable-add'l channel 		HBO/CINEMAX	24.90
Ins	stallation: Residential		 Fire protection 		STARZ SUPER PAK	14.95
•	• First set		 Burglar protection 		DIGITAL CABLE	25.00
•	Additional set(s)		Other services:			
•	• FM radio (if separate rate)		 Reconnect 	50.00		
•	• Converter		 Disconnect 			
			 Outlet relocation 	50.00		
			 Move to new address 	50.00		

Accounting Period: 2017/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name The Southern Kansas Telephone Company, Inc. 1522 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary Transmitters:** 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 **Television** basis under specific FCC rules, regulations, 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 for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. 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 multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. 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. 3. TYPE OF STATION 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION **KSNW** 3.1 Ν WICHITA, KANSAS KSNW-2 3.2 N-M WICHITA, KANSAS KSNW-3 3.3 N-M WICHITA, KANSAS Add Rows as Necessary KSNW-4 3.4 N-M WICHITA, KANSAS Ε KPTS-D1 8.1 WICHITA, KANSAS E-M KPTS-D2 8.2 WICHITA, KANSAS E-M KPTS-D3 8.3 WICHITA, KANSAS KAKE N 10.1 WICHITA, KANSAS KAKE-2 10.2 N-M WICHITA, KANSAS **KWCH** N 12.1 WICHITA, KANSAS

N-M

N

N-M

N-M

Ν

N-M

N

N-M

N-M

N-M

N-M

WICHITA, KANSAS

12.2

24.1

24.2

24.3

33.1

33.2

36.1

36.2

12.3

33.3

36.6

KWCH-2

KSAS

KSAS-2

KSAS-3

KSCW

KMTW

KSCW-2

KMTW-2

KWCH-3

KSCW-3

KMTW-3

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

The Southern Kansas Telephone Company, Inc.

1522

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

- **Column 1:** Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KFDI	FM	X	WICHITA, KANSAS				

Accounting Perio	d: 2017/2 LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FOR	SYSTEM ID#
Name	The Southern Kansas			Inc.				1522
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm 1. SPECIAL STATEMENT	fy every nor ccounting pering that must in the first that must in the first that must income the first that the first income in the first income i	nnetwork televis eriod, under spo st be included in	sion program, broadcast by ecific present and former F in this log, see page (v) of t	y a <i>distant</i> stat CC rules, regu	lations, or	authorizations	s. For a further
Special Statement and Program Log	During the accounting periproadcast by a distant state Note: If your answer is "No"	od, did you tion?	r cable system	carry, on a substitute bas	•		YES	X NO
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, reponent use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 gives Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s idcast statio adian statio ath and day re "5/7." es when the Example: a er "R" if the nd regulatio	m on a separa add additional innetwork televion and that your authorizations vies" or "basked deast live, entestation broadcaton's location (thins, if any, the when your system program carrillisted program ons in effect du	rows to the tables. ision program ("substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "asting the substitute program community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	program") that ed for the program instruction in titles, for expense station is liced program. Use cable system to 6:2 camming that yell; enter the left	at, during the gramming of the for furth tample, "I Learn the time and	he accounting of another state information Love Lucy" or the FCC or, in the more should be the listed program was required the listed program in the liste	otion n. nth ely
	effect on October 19, 1976. WHEN SUBSTITU							
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	IAGE OCC 6. FROM	CURRED TIMES TO	7. REASON FOR DELETION

Accounting Period:	2017/2			FORM	SA1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: The Southern Kansas Telephone Company, Inc.			,	SYSTEM ID# 1522				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanate 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	system's s tion of how	econdary transm to compute this	ission service amount, see					
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 \$263,800 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.								
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for thi	s six-month					
	Line 1. Royalty fee for accounting period								
	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 lin	es 1 and 2							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)	·				
	Base amount under statutory formula	. \$	263,800.00						
	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 \$26	3,800 (but	less than \$527	600)					
	Enter the amount of gross receipts from space K	. \$	267,613.50						
	Base amount under statutory formula	\$	263,800.00						
	3. Subtract line 2 from line 1	\$	3,813.50						
	4. Multiply line 3 by .01		. \$	38.14					
	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			\$	1,357.14				
				Ψ	1,007.14				
	FILING FEE AND TOTAL REMITTANCE DU	JE							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1,357.14					
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00					
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,377.14				
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		_		hts!				

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2017/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Cansas Telephone Compan	, Inc.		SYSTEM ID# 1522
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the car	number of channels on which television broadcast stations. number of activated channels able system carried television b		e accounting period.	21
N Individual to Be Contacted		BE CONTACTED IF FURTHER about this statement of account.	INFORMATION IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Donna Van Allen		Telephone 6	520-584-8351
	Address	112 S. Lee (Number, street, rural route, apartme	, or suite number)		
		Clearwater, KS 67026- (City, town, state, zip)	800		
	Email	donna.vanallen@	ktcompanies.com	Fax (optional)	
0	CERTIFICATION	(This statement of account mus	be certified and signed in accordance wi	th Copyright Office regulations)	
Certification	• I, the undersigne	d, hereby certify that (Check one,	out only one, of the boxes.)		
	(Owne	r other than corporation or par	ership) I am the owner of the cable system	n as identified in line 1 of space B; o	or
			or partnership) I am the duly authorized ar is not a corporation or partnership; or	agent of the owner of the cable syst	tem as identified
		er or partner) I am an officer (if a ine 1 of space B.	corporation) or a partner (if a partnership) of	the legal entity identified as owner	r of the cable system
		e, and correct to the best of my kr	by declare under penalty of law that all stat wledge, information, and belief, and are ma		
			X /s/William R. McVey		
			ter an electronic signature on the line above ter signature using an "/s/ signature" (e.g., /		
		Typed or printed n	me: William R. McVey		
			hief Financial Officer Il position held in corporation or partnership)		
		Date:		1-5-18	

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U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2017/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
The Southern Kansas Telephone Company, Inc.	1522
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."	P Special Statement Concerning Gross Receipts Exclusion
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?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	1
Name Mailing Address Name Mailing Address	<u> </u>
INTEREST ASSESSMENT	+
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
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	
(interest charge)	
* 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.	
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.	
Ours are	
Owner Address	
ID number First community served	
Accounting period	

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