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.

1/20/2021

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 \$ 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	ACCO	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)
		Barcoue Data Filing Period (optional - see instructions)
Accounting Period		
		Instructions:
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a
		single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Cunningham Communications, Inc.
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		PO Box 108, 220 W. Main St.
		(Number, street, rural route, apartment, or suite number) Glen Elder, KS 67446-9795
		(Čity, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these a 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 Notic	e: 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 fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Cunningham Communications, Inc.	333
D Area Served	Instructions: List each separate community served by the cable system. A "a separate and distinct community or municipal entity (including unincorr discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community as the "first community." Please use it as the first community on all future Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	"community" is the same as a "community unit" as defined in FCC rules: porated communities within unincorporated areas and including single, that you list will serve as a form of system identification hereafter known e filings.
	CITY OR TOWN	STATE
First	Mankato	KS
Community		
dd Dawe as Nassaar		
d Rows as Necessary	/	

	LEGAL NAME OF OWNER OF C						FORM SA1	TEM ID
Name	Cunningham Communi						515	33
		,						
Е	SECONDARY TRANSMISSION In General: The information in s				arv transmission	service of th	ne cable	
—	system, that is, the retransmission							
Secondary	about other services (including p							
Transmission	last day of the accounting period							
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar					•		
Rates	each category by counting the n	•	-	-				
	separately for the particular serv						g	
	Rate: Give the standard rate of	-				-		
	unit in which it is generally billed category, but do not include disc		,	•	ard rate variation	is within a p	articular rate	
	Block 1: In the left-hand block		•		condary transmi	ssion servic	e that cable	
	systems most commonly provide							
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system	has rate categ	ories for secon	dary transmissio	n service that are			
	printed in block 1 (for example, t				,		<i>,</i> 0	
	with the number of subscribers a sufficient.	and rates, in th	e right-hand bl	ock. A two- or thr	ee-word descript	tion of the s	ervice is	
		OCK 1				BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB			EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIND		0,11		WICE	CODCORIDERCO	TUTE
	Service to first set		190	45.50				
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
_	SERVICES OTHER THAN SEC In General: Space F calls for ra				all your cable sy	stem's servi	ces that were	
F	not covered in space E, that is, t							
	service for a single fee. There a	•		•		• • • •		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		usually billed.	If any fates are t	charged on a var	lable per-pro	ogram basis,	
ransmissions:	Block 1: Give the standard ra		the cable syste	m for each of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a brief (two- or three-word) descript	• •	•		st these other ser	vices in the	form of a	
				each.				
	CATEGORY OF SERVICE	BLO	CK 1 CATEGORY (RATE	CATECO	BLOCK 2 RY OF SERVICE	DATE
	Continuing Services:	RATE		Non-residential	RAIE	CATEGO	KT OF SERVICE	RATE
	Pay cable	10.25-51.75	Motel, hotel			Expand	ed Basic	####
	Pay cable—add'l channel		Commerci			Digital E		14.9
	• Fire protection		Pay cable			HD Plus		4.99
	•Burglar protection		-	-add'l channel			Aarket Tier	11.4
	Installation: Residential		Fire protect					
	• First set		• Burglar pr					
	Additional set(s)		Other service					
	• FM radio (if separate rate)		Reconnec		25.00			
	(
	Converter		 Disconnect 	t				
	• Converter		Outlet relo		25.00			
	• Converter			cation	25.00 25.00			

,	·			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF			SYSTEMI
	Cunningham Commu			3
	PRIMARY TRANSMITTERS:			
G Primary ansmitters: Felevision	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations	entify every television station (including m during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. : With respect to any distant stations ca	(1) stations carried only on a part ne carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st	-time basis under rams [sections ations carried on a
	• Do not list the station here station was carried only on			
	basis. For further informatio Column 1: List each statior multicast stream associated "WETA-2" as the same on t		see page (v) of the general instruc orogram services such as HBO, ES e-air designation. For example, rep	ctions. SPN, etc. Identify each port multistream
	of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	el number the FCC assigned to the tele (RC is channel 4 in Washington, D.C. a case whether the station is a network s ring the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o prms, see page (iv) of the general instru n of each station. For U.S. stations, list dian stations, if any, give the name of th	station, an independent station, or for network multicast), "I" (for indep or "E-M" (for noncommercial educa actions in the paper SA1-2 form. the community to which the station	a noncommercial pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	N	Superior, NE
	KSNC	2	Ν	Great Bend, KS
Rows as Necessary	KSNC KSNT	2 22	N	Great Bend, KS Topeka, KS
lows as Necessary	KSNT			Topeka, KS
Rows as Necessary	KSNT KFXL	22 4	N	Topeka, KS Superior, NE
Rows as Necessary	KSNT KFXL KSCW	22 4 33	N N N	Topeka, KS Superior, NE Wichita, KS
łows as Necessary	KSNT KFXL KSCW KAKE	22 4 33 10	N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS
lows as Necessary	KSNT KFXL KSCW KAKE KBSH	22 4 33 10 7	N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW	22 4 33 10 7 13	N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD	22 4 33 10 7 13 9	N N N N N N E	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN	22 4 33 10 7 13 9 10	N N N N N N E N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI	22 4 33 10 7 13 9 10 10 13	N N N N N N E E N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS	22 4 33 10 7 13 9 10 13 18	N N N N N N E N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB	22 4 33 10 7 13 9 10 13 18 41	N N N N N N E E N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS	22 4 33 10 7 13 9 10 13 18	N N N N N N E N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB	22 4 33 10 7 13 9 10 13 18 41	N N N N N N N N N N N N N N N N N N N	Topeka, KS Superior, NE Wichita, KS Wichita, KS Hays, KS Topeka, KS Bunker Hill, KS Lincoln, NE Kearney, NE Salina, KS Kansas City, MO
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW	22 4 33 10 7 13 9 10 13 10 13 18 41 35	N N N N N N N E N N N N N N N N N N N N	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
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ	22 4 33 10 7 13 9 10 13 18 41 35 43	N N N N N N N N N N N N N N N N N N N	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
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 13 10 13 18 41 35 43 49	N N N N N N N N E N N N N N N N N N N N	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
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 13 10 13 18 41 35 43 49	N N N N N N N N E N N N N N N N N N N N	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
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 13 10 13 18 41 35 43 49	N N N N N N N N E N N N N N N N N N N N	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
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 13 10 13 18 41 35 43 49	N N N N N N N N E N N N N N N N N N N N	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
Rows as Necessary	KSNT KFXL KSCW KAKE KBSH WIBW KOOD KGIN KHGI KAAS KSHB KMTW KTMJ KTKA	22 4 33 10 7 13 9 10 13 10 13 18 41 35 43 49	N N N N N N N N E N N N N N N N N N N N	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

EGAL NAME OI								SYSTEM I
	every radio s	station ca	arried on a separate and discrence of the second					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing vive the station	y the sys be recei t the Cc sign of e the static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						-		
							·	
							·	
							·	
						·		

	od: 2020/2							FORM	1 SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.						333
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G				
	In General: In space I, ident	-	-			tion that v	ourc	able svst	em carried on a
-	substitute basis during the a								
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions i	n the	paper S/	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE					
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any noni	network te	levisi	ion progr	am
Program Log	broadcast by a distant sta	tion?						YES	NO
	Note: If your answer is "No	" leave the	rest of this na	ae blank. If your answer is		nuet comr			
	2	, leave life	rescortins pa	ige blank. If your answer is	s res, your	nusi comp	Jiele	the prog	Ialli
	log in block 2. 2. LOG OF SUBSTITUTE		MS						
	In General: List each subs			ate line. Use abbreviations	s wherever p	ossible. if	their	meaning	ı is
	clear. If you need more spa					,			,
				vision program ("substitute					
	period, was broadcast by a under certain FCC rules, re								
	Do not use general categor	ries like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "	l Lov	e Lucy"	or
	"NBA Basketball: 76ers vs.								
	Column 2: If the program	n was broa	dcast live, ent	er "Yes." Otherwise enter ' asting the substitute progr	"No."				
				the community to which th		censed bv	the F	FCC or. i	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	entified).			
		•	when your sy	stem carried the substitute	e program. U	se numera	als, w	/ith the m	nonth
	first. Example: for May 7 gr		e substitute nr	ogram was carried by you	r cable syste	m Listthe	time	es accura	ately
	to the nearest five minutes.								licity
	stated as "6:00–6:30 p.m."				•				
				n was substituted for prog					
	to delete under FCC rules a was substituted for program								ogram
	effect on October 19, 1976	• •	,			, and regu			
					\//LIE	N SUBST		TC	
		UBSTITUT	E PROGRAM			AGE OCO	CURF	RED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.		RED is	7. REASON FOR DELETION
					CARRI	AGE OCO	CURF	RED	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCO 6.	CURF	RED is	

Accounting Period:	2020/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	S	YSTEM ID# 333
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Entral 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 a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	2,052.00 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	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 \$137,10	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 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 Regist See page i of the general instructions in the paper SA1-2 form for more informati		hts!

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Communications, Inc.	SYSTEM ID# 333
M Channels	to its subscriber1. Enter the tota system carried2. Enter the tota on which the c	You must give (1) the number of channels on which the cable system carried television broadcast stations 's, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable It television broadcast stations al number of activated channels elevision broadcast stations al number of activated channels eable system carried television broadcast stations cast services	17 85
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
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	brent@ctctelephony.tv Fax (optional) 785-545-3277	
O Certification	I, the undersign X (Own (Ager in (Offic in · I have examine	I (This statement of account must be certified and signed in accordance with Copyright Office regulations) hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ht of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in 1 of space B; or ine 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the c line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	
		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: 1-20-21	

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.

ounting Period: 2020/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
nningham Communications, Inc.	33
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address Mailing Address	
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 Assessmen
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