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
8/9/2021
\$
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))
		2021/1 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
		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 (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
С	names	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)
	1	
Privacy Act Notic	e: Sectior	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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Cunningham Communications, Inc.	28348
D Area	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y as the "first community." Please use it as the first community on all future filing Note: Entities and properties such as hotels, apartments, condominiums, or mol identified city.	munity" is the same as a "community unit" as defined in FCC rules: ed communities within unincorporated areas and including single, ou list will serve as a form of system identification hereafter known s.
Served		
	CITY OR TOWN	STATE
First	Glen Elder	KS
Community		
dd Rows as Necessary		

							FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				SYS	TEM ID
	Cunningham Communi	cations, Inc						2834
F	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBERS	AND RATES				
E	In General: The information in s							
Secondary	system, that is, the retransmission about other services (including particular services)							
Transmission	last day of the accounting period					liiose existi	ng on the	
Service: Sub-	Number of Subscribers: Bot	`	,	,	,	ble system	broken	
scribers and	down by categories of secondar	y transmission	service. In ger	neral, you can con	npute the numbe	er of subscr	ibers in	
Rates	each category by counting the n						charged	
	separately for the particular server Rate: Give the standard rate of						e and the	
	unit in which it is generally billed							
	category, but do not include disc							
	Block 1: In the left-hand block	•		-	•			
	systems most commonly provide that applies to your system. Not							
	categories, that person or entity		0		•			
	subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system	-		•				
	printed in block 1 (for example, t					,.		
	with the number of subscribers a sufficient.	and rates, in th	e right-hand bi	DCK. A two- or thre	e-wora descript	ion of the s	ervice is	
		DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		TE CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:							
	Service to first set		97	50.50				
	 Service to additional set(s) 							
	• FM radio (if separate rate)							
	Motel, hotel							
	Commercial							
	Converter							
	Residential							
	Non-residential							
								I
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for ra not covered in space E, that is, t	•	,	•				
•	service for a single fee. There a				,	,		
Services	furnished at cost or (2) services	•		•		• • • •		
Other Than	amount of the charge and the ur		usually billed.	If any rates are c	harged on a vari	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the			m far aash af tha	annliachta ann i	ana lintad		
Fransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that						were not	
Nates	listed in block 1 and for which a			-				
	brief (two- or three-word) descrip							
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY (RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:			Non-residential		0/11200		
	• Pay cable	10.25-51.75	• Motel, hote			Expand	ed Basic	####
	Pay cable—add'l channel		Commerci			Digital I		14.9
	• Fire protection		Pay cable			HD Plus		4.9
	•Burglar protection		-	-add'l channel			, Market Tier	11.4
	Installation: Residential		Fire protect					
			Burglar pro					
	First set		Sargiai pro					L
	 First set Additional set(s) 		Other service	S:				
	 Additional set(s) 		• Reconnect		25.00			
	• Additional set(s) • FM radio (if separate rate)		Reconnect	t	25.00			
	 Additional set(s) 		Reconnec Disconnec	t :t				
	• Additional set(s) • FM radio (if separate rate)		Reconnect	t t cation	25.00 25.00 25.00			

ccounting Period: 2	2021/1			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
	Cunningham Commu	inications, Inc.		2834
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations	entify every television station (including m during the accounting period, <i>excep</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 is explained in the next paragraph. With respect to any distant stations c	<i>t</i> (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta	time basis under rams [sections ations carried on a
	 Do not list the station her station was carried only or List the station here, and 	ules, regulations, or authorizations: e in space G—but do list it in space I (t n a substitute basis. also in space I, if the station was carrie on concerning substitute basis stations,	d both on a substitute basis and als	o on some other
	Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W	n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over	PN, etc. Identify each ort multistream [.] the air in its community
	educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), o erms, see page (iv) of the general instru- on of each station. For U.S. stations, list Idian stations, if any, give the name of t	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. t the community to which the station	pendent), "I-M" ional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	KSNB	4	Ν	Superior, NE
	KSNC	2	N	Great Bend, KS
Add Rows as Necessary	KSNT	22	N	Topeka, KS
	KFXL	4	N	Superior, NE
	KSCW	33	Ν	Wichita, KS
	KAKE	10	Ν	Wichita, KS
	KBSH	7	Ν	Hays, KS
	WIBW	13	Ν	Topeka. KS
	KOOD	9	E	Bunker Hill, KS
	KGIN	10	N	Lincoln, NE
	KHGI	13	N	Kearney, NE
	KAAS	18	N	Salina, KS
	KSHB	41	N	
				Kansas City, MO
	KMTW	35	N	Wichita, KS
	KTMJ	43	<u>N</u>	Topeka, KS
	KTKA	49	Ν	Topeka, KS
	KTKACW+	49	N	Topeka, KS

EGAL NAME OF								SYSTEM 28
	every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of a cor detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, 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 it the Co sign of e the statio ion's sign g a check n's locatio	I-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. In is AM or FM. hal was electronically processor mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante his point, see pay ed by the cable s e station is licens	adend, and (2 enna, during ca ge (v) of the g system as a se sed by the FC0	!) it can ertain st eneral ii 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	
0.122 0.011		0.12			7 01 1 111	0,12		

	od: 2021/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Cunningham Commur	nications,	Inc.					28348
	SUBSTITUTE CARRIAG				G			
		-	-					town convict on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the programm							
Carriage:					ne general int			
Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network tel	evision prog	ram
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	" loovo tha	roct of this pr	ao blank. If your answor i	- "Voc " vou r	nust comp		
	Note: If your answer is "No	, leave life	rest of this pa	ige blank. If your answer is	s res, your	nust comp	ete the prot	grann
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs				s wherever p	ossible, if t	neir meaning	gis
	clear. If you need more spa						41	
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.						,	
	Column 2: If the program	m was broa	dcast live, ent	er "Yes." Otherwise enter '	"No."			
				asting the substitute prog				
				the community to which th			the FCC or,	in
	the case of Mexican or Car							
			when your sy	stem carried the substitute	e program. U	se numera	s, with the r	nonth
	first. Example: for May 7 gi		o cubstituto pr	ogram was carried by you	r cable sveto	m lict the	timos accur	atoly
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:01				alely
	stated as "6:00-6:30 p.m."		a program oar			.20.00 p.m		
		ter "R" if the	listed prograr	n was substituted for prog	ramming that	your syste	m was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for prograr	nming that	your system w	as permitted to delete und	ler FCC rules	and regula	ations in	-
	effect on October 19, 1976							
						N SUBSTI		
	S	1	E PROGRAM			AGE OCC		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6.		DELETION
		Tes ULINU	CALL SIGN			EPOM	TMES	DELETION
					AND DAY	FROM	тмез — то	DELETION
					AND DAY	FROM		DELETION
					AND DAY	FROM		DELETION
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					AND DAY			

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Humo	Cunningham Communications, Inc.		28348
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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.	ission service amount, see	3 ,188.50 ss receipts)
	COPYRIGHT ROYALTY FEE		-
L 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. 	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	this 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 \$137,1		52.00
	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		
	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		
	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		
	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	
546	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 Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2021/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cunningham Communications, Inc.	SYSTEM ID# 28348
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	15 17 85
N Individual to Be Contacted for Further		one 785-545-3215
Information	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-	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) X (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained he are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	ace B; or ble system as identified s owner of the cable system
	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: 8-6-21	

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unting Period: 2021/1	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ningham Communications, Inc.	283
 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 	P Special Statemer Concerning Gros Receipts Exclusio
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.	L Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Interest Assessm
Line 1 Enter the amount of late payment or underpayment	Interest Assessm
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Line 1 Enter the amount of late payment or underpayment	Interest Assessm
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