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						
8/19/2024	\$ 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	CCOUNTING 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							
	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)							
С	<b>ISTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these ames 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 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.

	1	FORM SA1-2E. PAGE 1b						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Cunningham Communications, Inc.	30502						
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rules: "a						
D	separate and distinct community or municipal entity (including unincorporated counincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will community." Please use it as the first community on all future filings.	serve as a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ide city.							
	CITY OR TOWN	STATE						
First	Concordia	KS						
Community								
Add Rows as Necessary								

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

30502

# Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

**Cunningham Communications, Inc.** 

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	BLOCK 1			BLOCK 2				
	NO. OF			NO. OF				
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE			
Residential:								
<ul> <li>Service to first set</li> </ul>	467	65.50						
<ul> <li>Service to additional set(s)</li> </ul>								
<ul> <li>FM radio (if separate rate)</li> </ul>								
Motel, hotel								
Commercial								
Converter								
Residential								
Non-residential								
		1						

# 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 1					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential				
Pay cable	10.25-52.75	Motel, hotel		Expanded Basic	146.50	
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Digital Basic	14.95	
Fire protection		• Pay cable		HD Plus	4.99	
•Burglar protection		Pay cable-add'l channel		Out of Market Tier	11.40	
Installation: Residential		Fire protection				
• First set		Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	25.00			
Converter		Disconnect				
		Outlet relocation	25.00			
		Move to new address	25.00			

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Cunningham Communications, Inc.

30502

4. LOCATION OF STATION

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, 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 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 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.

2. B'CAST CHANNEL NUMBER

**KSNB** Superior, NE Ν **KSNC** 2 Ν Great Bend, KS **KSNT** 22 Ν Topeka, KS **KFXL** 4 Ν Superior, NE 33 **KSCW** Wichita, KS Ν **KAKE** 10 Ν Wichita, KS **KBSH** 7 Ν Hays, KS **WIBW** 13 Ν Topeka, KS KOOD 9 Ε Bunker Hill, KS **KGIN** 10 Ν Lincoln, NE **KHGI** 13 Ν Kearney, NE **KAAS** 18 Ν Salina, KS **KSHB** 41 Ν Kansas City, MO **KMTW** 35 Ν Wichita, KS 43 **KTMJ** Ν Topeka, KS **KTKA** 49 Ν Topeka, KS KTKACW+ 49 Ν Topeka, KS

3. TYPE OF STATION

Add Rows as Necessary

FORM SA1-2E. PAGE 4.

Cunningham Communications, Inc.

30502

### 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).

			T	1	T		T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<b> </b>					
		L					
							<u> </u>

Accounting Perio	g Period: 2024/1 FORM SA1-2E. PAGE 5.								
-	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				SYSTEM ID#		
Name	Cunningham Commun	ications,	Inc.				30502		
	SUBSTITUTE CARRIAGE	_	_						
ı		In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
0	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.								
Substitute Carriage:					general instru	ctions in the paper of	SA 1-2 IUIIII.		
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and									
Program Log	broadcast by a distant stat	ion?				YE	S NO		
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.								
	2. LOG OF SUBSTITUTE PROGRAMS								
	In General: List each substi				wherever pos	sible, if their meanii	ng is		
	clear. If you need more space			ows to the tables. sion program ("substitute	nrogram") tha	t during the accoun	nting		
	period, was broadcast by a								
	under certain FCC rules, reg								
	Do not use general categori		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love Lucy	" or		
	"NBA Basketball: 76ers vs.		doast live enter	"Yes." Otherwise enter "N	do "				
				sting the substitute progra					
				e community to which the			r, in		
	the case of Mexican or Cana								
	first. Example: for May 7 giv	•	wnen your syst	em carried the substitute	program. Use	numerals, with the	montn		
			substitute pro	gram was carried by your	cable system.	List the times accu	rately		
	to the nearest five minutes.								
	stated as "6:00-6:30 p.m."	"D":(:)							
	to delete under FCC rules a			was substituted for progra					
	was substituted for program						Togram		
	effect on October 19, 1976.	,	,	•		ŭ			
							1		
	C	LIDOTITLIT				N SUBSTITUTE	7. REASON FOR		
		2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	AGE OCCURRED  6. TIMES	DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY		0		
						_			
						_			

ccounting Period:	·				A1-2E. PAG			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Cunningham Communications, Inc.			S	YSTEM I 305			
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation 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 re	system's se on of how t	econdary transm to compute this a	ission service amount, see	<b>1,020.00</b> oss 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  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less th	an \$527,600	263,800				
	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	·		nis six-month				
	Line 1. Royalty fee for accounting period				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	2					
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE							
	Base amount under statutory formula	\$	263,800.00					
	Enter amount of gross receipts from space K	\$	181,020.00	_				
	3. Subtract line 2 from line 1	\$	82,780.00	_				
	Enter the amount of gross receipts from space K		\$	181,020.00				
	5. Enter the amount from line 3		\$	82,780.00				
	6. Subtract line 5 from line 4		_\$	98,240.00				
	7. Multiply line 6 by .005 (enter figure here)			\$	491.20			
	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		\$	491.20			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)							
	Enter the amount of gross receipts from space K							
	Base amount under statutory formula	\$	263,800.00	-				
	3. Subtract line 2 from line 1		· ·	-				
	4. Multiply line 3 by .01			-				
	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 DU	JE						
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	491.20				
Due	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			\$	511.20			
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				hts!			

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7.			
Name		WNER OF CABLE SYSTEM: ommunications, Inc.			SYSTEM ID# 30502			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 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.							
	on which the	I number of activated channe cable system carried television loast services	on broadcast stations		85			
N Individual to Be Contacted		BE CONTACTED IF FURTI	HER INFORMATION IS NEEDED (Identify an inc unt.)	dividual to whom				
for Further Information	Name	Brent Cunningham		Telephone	785-545-3215			
	Address	PO Box 108, 220 W. I (Number, street, rural route, aparts Glen Elder, KS 6744	tment, or suite number)					
	Email	(City, town, state, zip)  brent@ctcfiber.		Fax (optional 785-545-327	77			
0	CERTIFICATION (	This statement of account mu	nust be certified and signed in accordance with Co	opyright Office regulations)				
Certification	• I, the undersigne	d, hereby certify that (Check or	one, but only one, of the boxes.)					
	X (Owner	other than corporation or p	partnership) I am the owner of the cable system as	s identified in line 1 of space E	3; or			
			ation or partnership) I am the duly authorized age he owner is not a corporation or partnership; or	ent of the owner of the cable s	ystem as identified			
		er or partner) I am an officer (in line 1 of space B.	(if a corporation) or a partner (if a partnership) of the	e legal entity identified as owr	ner of the cable system			
		e, and correct to the best of m	hereby declare under penalty of law that all statements by knowledge, information, and belief, and are made					
	l		X /s/ Brent Cunningham					
			Enter an electronic signature on the line above to co Enter signature using an "/s/ signature" (e.g., /s/ Jo					
		Typed or printed	d name: Brent Cunningham					
		Title:	GM/VP  Title of official position held in corporation or partnership)					
		Date:		8-19-24				

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ounting Period: 2024/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nningham Communications, Inc.	30502
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	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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