

**U.S. COPYRIGHT OFFICE  
INSTRUCTIONS FOR THE SA 1-2E SHORT FORM – EXCEL FORMAT**

**The SA1-2E is a U.S. Copyright Office Form**

**Email completed workbook to:**

[coplicsoa@loc.gov](mailto:coplicsoa@loc.gov)

**Submitting the form**

- This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1).
  
- When complete, this workbook should be signed electronically using an "/s/" signature (e.g., /s/John Smith) in Space O and saved and submitted as a Microsoft Excel workbook (.xls or .xlsx). Email the workbook in native Excel format to the U.S. Copyright Office Licensing Division at [coplicsoa@loc.gov](mailto:coplicsoa@loc.gov). Do not print and mail the workbook to the U.S. Copyright Office. There is no need to remove the instructions tab before submitting the template by email. Do not add additional worksheet or workbook protections to the template before submitting, as that may cause your submission to be rejected.

**General Instructions**

- *Alphabetization:* Alphabetization is NOT required for any spaces.
  
- *Protection:* Certain cells in this workbook have been protected so that the user does not accidentally edit the underlying formulas that allow the form to function properly. Do not make changes to either the structure or the formats within this workbook or your submission may be rejected.
  
- *Navigation:* To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit, or press Ctl + Page Up or Down. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the "Tab" button on the keyboard will not necessarily move the user to the next tab, nor will it necessarily move the user to populate the next field within a tab.
  
- *Data Input:* Provide information in all highlighted cells throughout the workbook (as applicable). Non-highlighted cells may contain formula.

**Detailed instructions are located at the end of the paper SA1-2 form, located at:**

<https://www.copyright.gov/forms/sa1-2.pdf>

**Page 1 – Spaces A-C**

- Space A – fill in the accounting period using the four digit year followed immediately by a forward slash and the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., "2017/1").
  
- Space B – If this is the cable system's first filing, place an "X" in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
  
- Note that the Accounting Period, Legal Name of the Owner of the Cable system, and Cable system ID# (if applicable) will automatically populate on each subsequent page, using the information provided in Spaces A-B.
  
- Barcode Data – In the highlighted "Filing Period" box, fill in the four digit year followed immediately by the number 1 for the January to June accounting period or the number 2 for the July to December accounting period (e.g., for 2017/1 fill-in "20171"). **DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.**
  
- **For the barcode to display properly on the form, a barcode font must be downloaded.** The following address offers a free bar code font:

<http://www.barcoderesource.com/freebarcodefont.shtml>

**Page 2 – Space D**

- Information can be manually entered into the highlighted areas.

**Page 2 – Spaces E-F**

- Information can be manually entered into the highlighted areas.

**Page 3 – Space G**

- Enter the call signs, broadcast channel numbers, type of station and location of station. Add rows as necessary.

**Page 4 – Space H**

- Information can be manually entered into the highlighted areas.

**Page 5 – Space I**

- Section 2 – Information can be manually entered into the highlighted areas where applicable.

**Page 6 – Spaces K-L**

- Space K – input the total gross receipts for the cable system in the highlighted box.
  
- Space L – The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.

**Page 7 – Spaces M-O**

- Manually enter information into highlighted spaces as applicable.
  
- The form should be electronically signed using an "/s/ signature" (e.g., /s/ John Smith).

**Page 8 – Spaces P-Q**

- Manually enter information into highlighted spaces as applicable.

**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
8/21/2017	\$ 67.00 TC
	ALLOCATION NUMBER
	146120171

Return completed workbook  
 by email to:

[coplicsoa@loc.gov](mailto:coplicsoa@loc.gov)

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

<b>A</b>	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))														
Accounting Period	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">2017/1</div> <div>Period 1 = January 1 - June 30</div> <div>Period 2 = July 1 - December 31</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> <div>Barcode Data Filing Period (optional - see instructions)</div> </div>														
<b>B</b> Owner	<p><b>Instructions:</b>                  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.</p> <p>List any other name or names under which the owner conducts the business of the cable system.</p> <p>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.</p>														
	<input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <span style="float: right; border: 1px solid black; padding: 2px;">1461</span>														
	<table border="1" style="width: 100%;"> <tr> <td style="width: 15%;"></td> <td><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b></td> </tr> <tr> <td></td> <td>Cunningham Communications, Inc.</td> </tr> <tr> <td></td> <td><b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</b></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td><b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</b></td> </tr> <tr> <td></td> <td><b>PO Box 108, 220 W. Main St.</b> <small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td><b>Glen Elder, KS 67446-9795</b> <small>(City, town, state, zip)</small></td> </tr> </table>		<b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b>		Cunningham Communications, Inc.		<b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</b>				<b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</b>		<b>PO Box 108, 220 W. Main St.</b> <small>(Number, street, rural route, apartment, or suite number)</small>		<b>Glen Elder, KS 67446-9795</b> <small>(City, town, state, zip)</small>
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<b>C</b> System	<p><b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>														
	<table border="1" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td><b>IDENTIFICATION OF CABLE SYSTEM:</b></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2</td> <td><b>MAILING ADDRESS OF CABLE SYSTEM:</b></td> </tr> <tr> <td></td> <td><small>(Number, street, rural route, apartment, or suite number)</small></td> </tr> <tr> <td></td> <td><small>(City, town, state, zip code)</small></td> </tr> </table>	1	<b>IDENTIFICATION OF CABLE SYSTEM:</b>			2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b>		<small>(Number, street, rural route, apartment, or suite number)</small>		<small>(City, town, state, zip code)</small>				
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**Privacy Act Notice:** Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.











<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: <b>Cunningham Communications, Inc.</b>	<b>SYSTEM ID#</b> <b>1461</b>
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<b>K</b> <b>Gross Receipts</b>	<p><b>GROSS RECEIPTS</b>  <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. . . . .</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;"><b>\$</b></td> <td style="text-align: right;"><b>33,666.30</b></td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	<b>\$</b>	<b>33,666.30</b>	(Amount of gross receipts)	
<b>\$</b>	<b>33,666.30</b>					
(Amount of gross receipts)						
<p><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.</p>						

<b>L</b> <b>Copyright Royalty Fee</b>	<p><b>COPYRIGHT ROYALTY FEE</b>  <b>Instructions:</b> 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.</p>																		
<b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b>																			
<p>Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00</p>																			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">Line 1. Royalty fee for accounting period . . . . .</td> <td style="width:20%; text-align: right;">\$ <b>52.00</b></td> </tr> <tr> <td>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .</td> <td style="text-align: right;"><b>\$ 52.00</b></td> </tr> </table>		Line 1. Royalty fee for accounting period . . . . .	\$ <b>52.00</b>	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .	0.00	Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .	<b>\$ 52.00</b>												
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**FILING FEE AND TOTAL REMITTANCE DUE**

<b>Filing Fee and Total Remittance Due</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) . . . . .</td> <td style="width:20%; text-align: right;">\$ <b>52.00</b></td> </tr> <tr> <td>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .</td> <td style="text-align: right;">\$ <b>15.00</b></td> </tr> <tr> <td>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .</td> <td style="text-align: right;"><b>\$ 67.00</b></td> </tr> </table>	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) . . . . .	\$ <b>52.00</b>	2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .	\$ <b>15.00</b>	3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .	<b>\$ 67.00</b>	
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3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .	<b>\$ 67.00</b>							
<p><b>Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights!</b>                  See page i of the general instructions in the paper SA1-2 form for more information.</p>								





LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cunningham Communications, Inc.

1461

SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:

"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.

During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?

NO

YES. Enter the total here and list the satellite carrier(s) below. \$

Name
Mailing Address

Name
Mailing Address

P

Special Statement Concerning Gross Receipts Exclusion

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.

Line 1 Enter the amount of late payment or underpayment
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
(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.

Owner
Address
ID number
First community served
Accounting period

Q

Interest Assessment

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

CONTROL #: 30502

REMITTANCE #: 114268



# Cable Worksheet

\$2,156.07	12	
<b>Total amount of remittance</b>	<b>Number of SAs rec'd</b>	<b>Initials</b>

08/22/17  
**Date of remittance**     Check     EFT     FILING FEES

<b>Cable ID #</b>	<b>1461</b>	<b>Amount</b>	<b>Initials</b>
<b>Examined by</b>	<b>Reviewed by</b>	<b>Date examination completed</b>	<b>Allocation number</b>
TC		11/09/17	146120171
			RIC
			\$67.00

**Space A Accounting Period**

<input type="checkbox"/> January 1 - June 30, 2017	<input type="checkbox"/> July 1 - December 31, 2017
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space B Owner**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space D Area Served**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space E Secondary Transission Service Subscribers: and Rates**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space G Primary Transmitters: Television**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space H Primary Transmitters: Radio**

<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
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Space I Substitute

**Carriage**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space J  
Part-time  
Carriage Log  
(SA3 only)**

<input checked="" type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space K  
Gross Receipts**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Phone call/Date/Contact

**Space L  
Copyright Filing  
and Royalty Fees**

<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space M  
Channels**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space O  
Certification**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space P  
Statement of  
Gross Receipts**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space Q  
Interest  
Assessment**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

CONTROL #:

REMITTANCE #:



# Cable Worksheet

Total amount of remittance

Number of SAs rec'd

Initials

Date of remittance

Check

EFT

FILING FEES

Cable ID #				Amount	Initials
Examined by	Reviewed by	Date examination completed	Allocation number		

**Space A Accounting Period**

January 1 - June 30, 2017       July 1 - December 31, 2017

Letter sent       Information received

Accepted       Phone call/Date/Contact

**Space B Owner**

Letter sent       Information received

Accepted       Phone call/Date/Contact

**Space D Area Served**

Letter sent       Information received

Accepted       Phone call/Date/Contact

**Space E Secondary Transission Service Subscribers: and Rates**

Letter sent       Information received

Accepted       Phone call/Date/Contact

**Space G Primary Transmitters: Television**

Letter sent       Information received

Accepted       Phone call/Date/Contact

**Space H Primary Transmitters: Radio**

Accepted       Phone call/Date/Contact

Space I Substitute

**Carriage**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space J  
Part-time  
Carriage Log  
(SA3 only)**

<input checked="" type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space K  
Gross Receipts**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Phone call/Date/Contact

**Space L  
Copyright Filing  
and Royalty Fees**

<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space M  
Channels**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space O  
Certification**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space P  
Statement of  
Gross Receipts**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

**Space Q  
Interest  
Assessment**

<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact