# THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2 Short Form

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 2 - 29 - 24General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. 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. 8504 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 Eagle Communications Inc. 8504 2023/2 **PO Box 817** Hays KS 67601 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE Goodland KS First Community

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 effects of not providing the PII requested is that it may delay processing of your statement of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

#### ACCOUNTING PERIOD: 2023/2

me	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	Eagle Communications Inc.	07177		8					
ľ	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
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Nome	LEGAL NAME OF OWNER OF C	SYS	TEM ID									
Name	Eagle Communications		850									
	SECONDARY TRANSMISSION		BSCRIB		TES.							
E	In General: The information in s					v transmission s	ervice of th	ne cable				
	system, that is, the retransmission	•		0		•						
Secondary	about other services (including p						hose existi	ng on the				
Transmission	last day of the accounting period											
Service: Sub- scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
Rates	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											
	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.	• •	,		y standar	rd rate variations	s within a p	articular rate				
	category, but do not include disc Block 1: In the left-hand block				es of sec	ondany transmis	sion servic	e that cable				
	systems most commonly provide	•		0		•						
	that applies to your system. <b>Note</b>											
	categories, that person or entity											
	subscriber who pays extra for ca					in the count un	der "Servic	e to the				
	first set" and would be counted once again under "Service to additional set(s)."											
	<b>Block 2:</b> 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											
	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.	-	0									
	BLO	DCK 1					BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEI		NO. OF SUBSCRIBERS	RATE			
	Residential:	SUBSCRIB	LKS	INATE	CAT	LOOKT OF SEI	VICL	SUBSCRIBERS	NAT I			
	Service to first set		26	30.00								
	Service to additional set(s)		20	30.00								
	• FM radio (if separate rate)											
	Motel, hotel			70.05								
	Commercial		3	72.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		Nemice									
_	In General: Space F calls for rat					l vour cable svst	tem's servi	ces that were				
F	not covered in space E, that is, the	•	,		•							
	service for a single fee. There ar	e two exceptio	ns: you d	o not need to	give rate i	information cond	cerning (1)	services				
Services	furnished at cost or (2) services of											
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually b	oilled. If any rat	es are ch	arged on a varia	able per-pro	ogram basis,				
ransmissions:			he cable	system for eac	h of the a	applicable servic	es listed.					
Rates		• •				••		were not				
	<b>Block 2:</b> 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) descrip	tion and includ	le the rat	e for each.			-					
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installa	tion: Non-resi	dential							
	• Pay cable	21.95	• Mote	el, hotel								
	<ul> <li>Pay cable—add'l channel</li> </ul>	66.50	• Com	mercial								
	Fire protection		• Pay	cable								
	•Burglar protection		• Pay	cable-add'l cha	annel							
	Installation: Residential		• Fire	protection								
	• First set	15.00	• Burg	lar protection								
		E 00	Other s	ervices								
	<ul> <li>Additional set(s)</li> </ul>	5.00										
	<ul> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>	5.00	• Rec	onnect		30.00						
	( )	2.50	1			30.00						
	• FM radio (if separate rate)		• Disc	onnect		30.00 49.99						
	• FM radio (if separate rate)		• Disc • Outl	onnect onnect	ess							

Name

G

Primary Transmitters:

Television

			FOR	RM SA1-2. PAGE 3.
LEGAL NAME OF OWNE	R OF CABLE SYSTEM	1:		SYSTEM ID#
Eagle Communica	tions Inc.			8504
PRIMARY TRANSMITTERS:	TELEVISION			
carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a <b>Substitute Basis Stati</b> basis under specifc FCC ru- bo not list the station her station was carried only List the station here, and basis. For further inform <b>Column 1:</b> List each st <b>Column 2:</b> Give the nu This may be different from associated with a station a the same on the form. <b>Column 3:</b> Indicate in the educational station, by ent (for independent multicast) For the meaning of these the <b>Column 4:</b> Give the loo FCC. For Mexican or Cana	ern during the accour in effect on June 24, ie)(2) and (4), or 76.6 as explained in the no <b>ons:</b> With respect to ules, regulations, or a e in space G—but de on a substitute basis also in space I, if the nation concerning sul ation's call sign. Do r mber of the channel the channel on whic ccording to its over-t each case whether the ering the letter "N" (fo ), "E" (for noncomme erms, see page (iv) of cation of each station	nting period, excep , 1981, permitting to 53 (referring to 76.1 ext paragraph. any distant station authorizations: o list it in space I (f s. e station was carrie bstitute basis stati- not report origination on which the station h your cab;e syste hje-air designation we station is a networ or network), "N-M" ricial educational), of the general instru . For U.S. stations give the name of	, list the community to which the station is licensed by the community with which the station is identifed.	m
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
KAAS - FOX	24	I	Wichita KS	
KAAS MNT .2 HD	24.2	I-M	Wichita KS	
KBSH CBS	7	N	Hays KS	
KLBY ABC	4	N	Colby KS	
	+	•••••••••••••••••••••••••••••••••••••	·····	

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KAAS - FOX	24	I	Wichita KS
KAAS MNT .2 HD	24.2	I-M	Wichita KS
KBSH CBS	7	N	Hays KS
KLBY ABC	4	N	Colby KS
KMTW DABL	36	I	Hutchinson KS
KOOD PBS	16	Е	Hays KS
KSCW CW	33	I	Wichita KS
KSNC NBC	2	N	Great Bend KS
		1	

### ACCOUNTING PERIOD: 2023/2

FORM SA1-2. F LEGAL NAME OF		CABLE SY	/STEM:					SYSTEM ID#	NG PERIOD: 2023
Eagle Comm	nunications	s Inc.						8504	
	t every radio s	tation ca	rried on a separate and discr nerally receivable" by your ca						н
eceivable if (1) on the basis of r For detailed info <b>Column 1:</b> Id	it is carried by monitoring, to prmation abou dentify the call	y the syst be receiv t the the sign of e	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried.	tt sy	he system's hea vstem's FM antei	idend, and (2) nna, during ce	it can b rtain sta	e expected, ited intervals.	Primary Transmitters: Radio
Column 3: If	the radio stat	ion's sigr	n is AM or FM. nal was electronically process : mark in the "S/D" column.	ec	d by the cable sy	/stem as a sep	oarate a	nd discrete	
Column 4: G	live the statior	n's locatio	on (the community to which the community with which the				C or, in tl	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+							
		+							
		+							

	8504
SYST	EM ID#
FORM SA1-2	. PAGE 5.

	LEGAL NAME OF OWNER OF O	ABLE SYST	EM:						SYSTEM ID#		
Name	Eagle Communications	s Inc.							8504		
					^						
I	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every non counting pe	network televis riod, under spec	<i>ion program</i> broadcast by cific present and former FC	a dis C ru	ules, regula	tions, or auth				
Canoniano					e ge		ictions.				
Special	. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program         proadcast by a distant station?										
Statement and Program Log											
Frogram Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program og in block 2.										
	2. LOG OF SUBSTITUTE			te line. Use abbreviations	whe	erever nos	sihle if their	meaning is			
	clear. If you need more space Column 1: Give the title of	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station									
	Do not use general categori "NBA Basketball: 76ers vs. I	es like "mo									
	Column 2: If the program										
	Column 3: Give the call s Column 4: Give the broa					tion is licer	nsed by the	FCC or, in			
	the case of Mexican or Cana	adian statio	ns, if any, the o	community with which the	stati	ion is ident	tified).				
	<b>Column 5:</b> Give the mon first. Example: for May 7 giv		when your syst	em carried the substitute	prog	gram. Use	numerals, v	vith the monti	า		
	Column 6: State the time										
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p	5.m. to 6:28	8:30 p.m. sr	iould be			
	Column 7: Enter the lette										
	to delete under FCC rules a gram was substituted for pro										
	effect on October 19, 1976.	0 0		·							
					П	WHF	EN SUBSTI	TUTE			
	SI	UBSTITUT	E PROGRAM				IAGE OCC		7. REASON		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY		TIMES — TO	FOR DELETION		
								_			
					_		-	_			
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 8504	Name
	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter 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 ar page (vii) of the general instructions.         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	K Gross Receipts
Instructions: 7	ROYALTY FEE Fo 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 the general instructions for more information.	:63,800	L Copyright Royalty Fee
	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 th accounting period is \$52.00		
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	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 recepits (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	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	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	r more information.	

FORM SA1-2. PAGE 6.

	1	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 8504
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
enanioio	1. Enter the total number of channels on which the cable	0
	system carried television broadcast stations	8
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	56
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
	we can write or call about this statement of account.)	
Individual to		
Be Contacted for Further	Name Marie Censoplano Telephone 9	14-235-8313
Information	Name Marie Censopiano	14-233-0313
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ins.
0	as explained in the general instructions.)	- )
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own in line 1 of space B.	er of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	horoin
	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)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 2/26/2024	
	1	

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#### ACCOUNTING PERIOD: 2023/2

FORM SA1-2. PAG	E 8	3.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	Name
Eagle Communications Inc. 8	8504 Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>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?</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
INTEREST ASSESSMENTS	
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.	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	 s
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<u>-</u>
* 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 fling this worksheet covering a statement of account already submitted to the Copyright Offce, 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	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) r	

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 effects 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.