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:

STATEME	ENT OF ACCOUNT	Library of Congress Copyright Office		
	ry Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division
General instru	<i>ms (Short Form)</i> ctions are at the n [pages (i)-(vii)].	3/4/2022	\$ ALLOCATION NUMBER	101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150 For courier deliveries, see page ii of the general
				instructions
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:		
Accounting Period	July 1-December 31, 20	21		
B Owner	rate title of the subsidiary, not that of the part List any other name or names under where the subset of the subs	prrect information beside it. i the cable system. If the owner is a s- rent corporation. hich the owner conducts the business e accounting period, only the owner of e payment covering the entire accoun- t filing. If not, enter the system's ID n DRESS OF CABLE SYSTEM	subsidiary of another corporation, give the of the cable system.	full corpo-
	PO Box 817 Hays KS 67601			25812 2021/2
	INSTRUCTIONS: In line 1, give any bus	siness or trade names used to ide	entify the business and operation of the	e system unless these
С	names already appear in space B. In lin			
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite nu	mber)		
	(City, town, state, zip code)			
	Instructions: List each separate comm	unity served by the cable system	. A "community" is the same as a "con	nmunity unit" as defined
D	in FCC rules: "a separate and distinct co			
Area	areas and including single, discrete unir of system identification hereafter known			
Served	Note: Entities and properties such as ho the identified city.			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	St Francis	KS		
form in order to pro numbers. By provid search reports prep	: Section 111 of title 17 of the United States Code cess your statement of account. PII is any personal ing PII, you are agreeing to the routine use of it to e ared for the public. The effects of not providing the	information that can be used to identify o establish and maintain a public record, wh PII requested is that it may delay process	r trace an individual, such as name, address an ich includes appearing in the Offce's public inde sing of your statement of account and its placem	d telephone exes and in
completed record o	f statements of account, and it may affect the legal	suffciency of the fling, a determination that	at would be made by a court of law.	

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2021/2

Name	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM I
Name	Eagle Communications Inc.			258
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
-				
D				
ontinued)				
Area				
Served				
			-	
			++	
			-H	

Name	LEGAL NAME OF OWNER OF CA	SYSTEM ID# 25812										
Nume	Eagle Communications Inc.											
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES							
E	In General: The information in sp			•		•						
0	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Service: Sub-	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											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular servi							1.4				
	Rate: Give the standard rate cl	-	-	•			-					
	unit in which it is generally billed. category, but do not include discu				ny stanuai		s wiu iir a p					
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion servic	e that cable				
	systems most commonly provide											
	that applies to your system. Note			•		0						
	categories, that person or entity						•					
	subscriber who pays extra for cal					in the count un	der "Servic	e 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											
		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 a	nd rates, in the	e right-h	and block. A tw	vo- or thre	e-word descripti	on of the s	ervice is				
	sufficient.											
	BLC	DCK 1		1			BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:	CODOCIAD		10112	0/11			CODCORDERCO	Totte			
	Service to first set		27	25.00								
	Service to additional set(s)		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	25.00								
	()											
	• FM radio (if separate rate)											
	Motel, hotel			04.05								
	Commercial		7	64.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC				2							
-					-	I your cable syst	tem's servi	ces that were				
F	-	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											
Services	furnished at cost or (2) services of											
Other Than Secondary	amount of the charge and the un		usually	billed. If any ra	ates are ch	arged on a varia	able per-pro	ogram basis,				
Transmissions:	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.											
Rates	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 s				shed. List	these other serv	vices in the	form of a				
	brief (two- or three-word) descrip	tion and includ										
		BLOO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Install	ation: Non-res	idential							
	Pay cable	21.95	• Mo	otel, hotel								
	* Fay cable		• Co	mmercial								
	• Pay cable—add'l channel	66.50										
		66.50	• Pa	y cable		I						
	• Pay cable—add'l channel	66.50		y cable-add'l cł	nannel							
	Pay cable—add'l channel Fire protection	66.50	• Pa		nannel							
	 Pay cable—add'l channel Fire protection Burglar protection 	66.50	• Pa • Fire	y cable-add'l cł e protection								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	15.00	• Pa • Fir • Bu	y cable-add'l cł								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	15.00	• Pa • Firo • Bu Other	y cable-add'l ch e protection rglar protection services:		30.00						
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	15.00 5.00	• Pa • Fire • Bu Other • Re	y cable-add'l ch e protection rglar protection services: connect		30.00						
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	15.00	• Pa • Fire • Bu • Bu • Re • Dis	y cable-add'l ch e protection rglar protection services: connect sconnect								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	15.00 5.00	• Pa • Fir • Bu • Bu • Re • Dis • Ou	y cable-add'l ch e protection rglar protection services: connect		30.00 49.99						

Name										
	Eagle Communic	ations Inc.			2581					
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis Sta basis under specifc FCC • Do not list the station he station was carried on • List the station here, an basis. For further info Column 1: List each s Column 2: Give the r This may be different from associated with a station the same on the form. Column 3: Indicate in educational station, by e (for independent multicas For the meaning of these Column 4: Give the lo	tem during the acco as in effect on June 1 1(e)(2) and (4), or 7 , as explained in the tions: With respect rules, regulations, of ere in space G—but ly on a substitute ba d also in space I, if rmation concerning station's call sign. D number of the channel m the channel on will according to its over the each case whether intering the letter "N" st), "E" (for noncomm terms, see page (in pocation of each stati	punting period, excep 24, 1981, permitting 6.63 (referring to 76 e next paragraph. to any distant static or authorizations: do list it in space 1 asis. the station was carri- substitute basis stat o not report originat iel on which the stati- nich your cab;e syste er-thje-air designatio the station is a netw (for network), "N-M" mercial educational), o) of the general inst on. For U.S. stations	g translator stations and low power television stations) pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ins carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the the community with which the station is identifed.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
	KSAS - FOX	9	<u> </u>	Wichita KS						
	KWKS PBS	3	E	Colby KS						
	KUSA NBC	4	N	Denver CO						
	KLBY ABC	6	N	Colby KS						
	KCNC CBS OOM	7	N	Denver CO						
	KSNK NBC	5	N	Oberlin KS						
	KMGH ABC OOM	11	N	Wichita KS						
	KBSL CBS	12	N	Goodland KS						

ACCOUNTING PERIOD: 2021/2

FORM SA1-2. F LEGAL NAME OF		CABLE SY	YSTEM:					SYSTEM ID#	Name
Eagle Comm	nunications	s Inc.						25812	
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 the Copyright Office regulations on this point, see page (v) of the general instructions. 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).								Primary Transmitters: Radio	
		, ., , ,,,		-					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>							
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	LEGAL NAME OF OWNER OF C	ABLE SYST	EM:					ļ	SYSTEM ID#
Name	Eagle Communications	s Inc.							25812
l	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac-	y every non counting pe	network televis riod, under spec	<i>ion program</i> broadcast by a cific present and former FC	distant sta C rules, reg	ulations	s, or autho		
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.								
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	broadcast by a distant stat		r cable system	carry, on a substitute bas	s, any non	netwon	IC LOIC VISIC		X No
Program Log	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	'Yes," you	must co	omplete t		•
	log in block 2.	,		,	··, j			··· p··· g·····	
	2. LOG OF SUBSTITUTE								
	In General: List each substi clear. If you need more space Column 1: Give the title of	ce, please a	attach additiona	al pages.				-	
	period, was broadcast by a c								n
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instruc	tions fo	or further	nformation.	
	Do not use general categori "NBA Basketball: 76ers vs. I		vies" or "baske	tball." List specific program	n titles, for	exampl	le, "I Love	e Lucy" or	
	Column 2: If the program		lcast live, enter	"Yes." Otherwise enter "N	lo."				
	Column 3: Give the call s							00	
	Column 4: Give the broad the case of Mexican or Cana							CC or, in	
	Column 5: Give the mont	th and day						th the month	1
	first. Example: for May 7 give							· · · · · · · · · · · · · · · · ·	
	Column 6: State the time to the nearest five minutes.								
	stated as "6:00–6:30 p.m."								
	Column 7: Enter the lette to delete under FCC rules and								
	gram was substituted for pro								
	effect on October 19, 1976.	0 0					0		
					W N		SUBSTIT		
	SI	UBSTITUT	E PROGRAM	l			E OCCU		7. REASON
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MON		6. TII		FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DA	Y FF	ROM —	TO	
							_		
							<u>-</u>		
							_		
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			t						

FORM SA1-2. PAGE 6.	-
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 25812	Humo
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle 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. 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.	K Gross Receipts
 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 \$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 for more information. 	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 this six-month accounting period is \$52.00	
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 \$137,100)	
1. Base amount under statutory formula	
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	
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 \$ 263,800.00	
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	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
.101116	Eagle Communications Inc.	25812
-	CHANNELS	
R/I		
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	IONS
- · ·	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	1. Enter the total number of channels on which the cable	8
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	42
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
IN	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone 91	4-235-8313
Information		
	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 regulatio	ns
0	as explained in the general instructions.)	10,
0		
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	stem as identified
	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 identifed as owned	or of the cable system
	in line 1 of space B.	of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	herein
	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: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 02/26/2022	

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 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.

ACCOUNTING PERIOD: 2021/2

FORM SA1-2. PAG	E 8	3.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nomo
Eagle Communications Inc.	25812	Name
 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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	e basic nclude sub- on 119." s.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or unde For an explanation of interest assessment, see page (viii) of the general instructions.	rpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
x		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
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)	-	
	0,	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ice please	
** 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 Offc list below the owner, address, first community served, ID number, and accounting period as given in the origin		
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 in	formation (PII) requeste	d on this
form a series to process your statement of account of account operation that any build in the series and account of account of account operation that any build operation that any build operation that are account operation that are accoun		

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.