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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
3/4/2022	\$ ALLOCATION NUMBER				

Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400

For courier deliveries, see page ii of the general instructions

(202) 707-8150

Α	AC	COUNTING PERIOD COVERED	BY THIS STATEMENT:				
Accounting Period		July 1-December 31, 20	21				
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the 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 corporate 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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 33218						
	LE	GAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM				
		Eagle Communications Inc.					
					33218 2021/2		
		PO Box 817					
		Hays KS 67601					
	INS	•	siness or trade names used to identi	ify the business and operation of the system u	nless 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.						
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)					
	Ine		unity served by the cable system. A	\ "community" is the same as a "community ur	nit" as defined		
D		•		ling unincorporated communities within uninco			
		0 0 1	• •	5(dd). The first community that list will serve a			
Area Served		•	•	se it as the first community on all future filings. mobile home parks should be reported in para			
Oct Ved		e. Entitles and properties such as no identified city.	neis, apartments, condiminiums, or i	mobile nome parks should be reported in para	uneses below		
		CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First		hyler	NE				
Community		lumbus	NE				
		chland	NE				
		tte Center	NE				
	HU	mphrey	NE				

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

Form SA1-2c Rev 04/2011

FORM SA3. PAGE 1b.

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.					
Name						
	CITY OR TOWN	STATE	CITY OR TOWN	33218 STATE		
	CITTOR TOWN	SIAIL	CITTOR TOWN	SIAIL		
D						
(continued)						
Area Served						
Octived						

Converter

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 33218 **Eagle Communications Inc.** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers 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 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 388 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 77 64.95 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than 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. Secondary Transmissions: 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 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 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential 27.95 Pay cable · Motel, hotel 52.50 • Pay cable—add'l channel Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection First set 15.00 · Burglar protection · Additional set(s) 5.00 Other services: • FM radio (if separate rate) Reconnect 30.00

15.00

DisconnectOutlet relocation

Move to new address

49.99

ACCOUNTING PERIOD: 2021/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 33218 **Eagle Communications Inc.** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. 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. 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 identifed. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION KXVO Charge** 15.2 I-M Omaha NE **KETV ABC** 7 Ν **Omaha NE KXVO CW** 15 ı **Omaha NE KETV MeTV** 7.2 **Omaha NE** I-M **KXVO TBD CW Omaha NE** 15.3 I-M **KXVO Stadium** 15.2 I-M **Omaha NE KETV HD ABC** 7.1 N-M **Omaha NE KXVO HD CW** 15.4 I-M **Omaha NE KPTM - FOX** 26 ı **Omaha NE KPTM - MyTV** 26.2 I-M **Omaha NE** Omaha NE **KMTV-CBS** 3 Ν **WOWT NBC** 6 Ν **Omaha NE**

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM ID#	Name
Eagle Comm	nunications	Inc.						33218	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an								Н	
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	bl	e system during	the accounting	ng period	i.	
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,								Primary Transmitters:	
			ved at the headend, with the s						Radio
Column 1: lo	lentify the call	sign of e	Copyright Office regulations of each station carried. n is AM or FM.	on	this point, see p	page (v) of the	genera	I instructions.	
			nal was electronically process	ec	by the cable sy	/stem as a sep	parate a	nd discrete	
			mark in the "S/D" column.						
			on (the community to which th				or, in the	ne case of	
Mexican or Can	adian stations	i, if any, t	the community with which the	S	tation is identifie	ea).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
07.122 0.0.1	7 0. 1	0,2			07.22 0.0.1	7 6. 1	0,2		
		 							
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name	Eagle Communications	s Inc.						33218			
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOG)						
Substitute											
Carriage:	rriage: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and Program Log	During the accounting peri broadcast by a distant stat		r cable system	carry, on a substitute basis	s, any nonne	twork telev	vision program ☐ Yes	⊠No			
	log in block 2.	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	2. LOG OF SUBSTITUTE PROGRAMS 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 under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.										
	_			_		EN SUBS					
	S		E PROGRAM		Î		CURRED . TIMES	7. REASON FOR DELETION			
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— то				
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Eagle Communications Inc.	33218	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary traces identified in space E) during the accounting period. For a further explanation of how to compute 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.	ansmission service	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 equa • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60 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 accounting period is \$52.00	for this six-month	
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 \$1	37,100)	
1. Base amount under statutory formula	.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)	·· <u> </u>	
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 \$	5527,600)	
Enter the amount of gross receipts from space K		
2. Base amount under statutory formula	.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	0.00	
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> . Segeneral instructions for more information.	ee page I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Nume	Eagle Communications Inc. 33218						
	CHANNELS						
М	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.						
Channels							
	1. Enter the total number of channels on which the cable						
	system carried television broadcast stations						
	2. Enter the total number of activated channels						
	on which the cable system carried talavision breadeast stations						
	and nonbroadcast services						
N	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 Information	Name Marie Censoplano Telephone 914-235-8313						
illioilliation							
	Address 4 International Dr Suite 330						
	(Number, street, rural route, apartment, or suite number)						
	Rye Brook, NY 10573 (City, town, state, zip)						
	(Orly, town, state, 219)						
	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 regulations,						
0	as explained in the general instructions.)						
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
Gertinoation	t, the analogined, horsely contributed to the seat only one, or the seaton,						
	(Owner other than corporation or partnership) I am the owner of the cable system as identified 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 system 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 identified as owner of the cable system						
	in line 1 of space B.						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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/ $m{Daniel}~m{J}$ $m{White}$						
	Typed or printed name: Daniel J White						
	Title: SVP Financial Planning						
	(Title of official position held in corporation or partnership)						
	Date: 02/26/2022						

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	33218	
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 additional 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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sect For more information on when to exclude these amounts, see the note on page (vii) of the general instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	ne basic include sub- ion 119."	Special Statement Concerning Gross Receipts Exclusion
Name Name Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
		Assessment
x		
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	-	
	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assist:	ance 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 Of	fce, please	
list below the owner, address, first community served, ID number, and accounting period as given in the original community served.		
Owner		
Address		
ID number		
First community served		
Accounting period		

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