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

DATE RECEIVED

3/4/2022

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

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

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

SA1-2 Short Form

Return to: Library of Congress Copyright Office Licensing Division

101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:					
Accounting Period		July 1-December 31, 20	21					
B Owner	inco rate	rrect information and print or type the co Give the full legal name of the owner of title of the subsidiary, not that of the pa List any other name or names under wi If there were different owners during th ngle statement of account and royalty fe	prrect information beside it. i the cable system. If the owner is a rent corporation. nich the owner conducts the business e accounting period, only the owner e payment covering the entire accou	on the last day of the accounting period should submit	62135			
	LE	GAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM					
		Eagle Communications Inc						
					62135 2021/2			
		PO Box 817 Hays KS 67601						
С		INSTRUCTIONS: 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.						
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 convod by the cable system	A "community" is the same as a "community unit	it" as defined			
D Area Served	 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as define in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communites 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. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses bely the identified city. 							
		CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	Ge	noa	NE					
	·····							
form in order to pro numbers. By provid search reports prep	cess y ing PI ared f	our statement of account. PII is any personal , you are agreeing to the routine use of it to e	information that can be used to identify of establish and maintain a public record, wh PII requested is that it may delay process	the personally identifying information (PII) requested on this or trace an individual, such as name, address and telephone nich includes appearing in the Offce's public indexes and in sing of your statement of account and its placement in the 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 SYS	STEM:		SYSTEM I
Name	Eagle Communications Inc.			621
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
continued)				
Area				
Served				

Name	LEGAL NAME OF OWNER OF C		SYS	TEM ID														
Nume	Eagle Communications	Inc.							6213									
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES													
E	In General: The information in s	•		0	-													
Secondary	system, that is, the retransmission																	
Secondary Transmission	about other services (including p						nose existi	ng 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 service at the rate indicated—not the number of sets receiving service).																	
	Rate: Give the standard rate cl					0	,	le and the										
	unit in which it is generally billed.	-	-	•			-											
	category, but do not include disc				,		·											
	Block 1: In the left-hand block	•		•		•												
	systems most commonly provide that applies to your system. Note																	
	categories, that person or entity			-		-												
	subscriber who pays extra for ca																	
	first set" and would be counted o																	
	Block 2: If your cable system h	-																
	printed in block 1 (for example, ti with the number of subscribers a																	
	sufficient.		. light i															
	BLC	DCK 1					BLOCI	٢2										
		NO. OF		DATE	0.47			NO. OF										
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE									
			76	25.00														
	Service to first set		76	25.00														
	Service to additional set(s)																	
	• FM radio (if separate rate)																	
	Motel, hotel		45	64.05														
	Commercial		15	64.95														
	Converter																	
	Residential																	
	Non-residential																	
	SERVICES OTHER THAN SEC	ONDARY TRAI	NSMIS	SIONS: RATES	\$													
F	In General: Space F calls for rat					your cable sys	tem's servi	ces that were										
F	not covered in space E, that is, th																	
0	service for a single fee. There are																	
Services Other Than	furnished at cost or (2) services of amount of the charge and the un																	
Secondary	enter only the letters "PP" in the		usualiy	billed. If arry te		arged on a van	able pel-pi	ogram basis,										
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.																	
	Block 2: List any services that your cable system furnished or offered during the accounting period that were not																	
Rates	-	• •			ed during t	• •		listed in block 1 and for which a separate charge was made or established. List these other services in the form of a										
Rates	listed in block 1 and for which a s	separate charge	e was r	made or establi	ed during t	• •		form of a										
Rates	-	separate charge tion and include	e was r e the ra	made or establi	ed during t	• •												
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip	separate charge tion and include BLOC	e was r e the ra CK 1	nade or establi ate for each.	ed during t shed. List	these other ser	vices in the	BLOCK 2	DATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge tion and include BLOC	e was r e the ra CK 1 CATE	nade or establi ate for each. GORY OF SER	ed during t shed. List	• •	vices in the		RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge tion and includ BLOC RATE	e was r e the ra CK 1 CATEC Install	nade or establi ate for each. GORY OF SER ation: Non-res	ed during t shed. List	these other ser	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge tion and include BLOC RATE 27.95	e was r e the ra CK 1 CATEC Install • Mo	nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel	ed during t shed. List	these other ser	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charge tion and includ BLOC RATE	e was r e the ra <u>CK 1</u> <u>CATEC</u> Install • Mo • Co	nade or establi ate for each. GORY OF SER ation: Non-res itel, hotel mmercial	ed during t shed. List	these other ser	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charge tion and include BLOC RATE 27.95	e was r e the ra <u>CK 1</u> <u>CATEC</u> Install • Mo • Co • Pa	nade or establi ate for each. GORY OF SER ation: Non-res atel, hotel mmercial y cable	ed during t shed. List VICE idential	these other ser	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	separate charge tion and include BLOC RATE 27.95	e was r e the ra <u>CK 1</u> <u>CATE(</u> Install • Mo • Co • Pa • Pa	nade or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	ed during t shed. List VICE idential	these other ser	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	Separate charguition and include BLOC RATE 27.95 52.50	e was r e the ra <u>CATE(</u> Install • Mo • Co • Pa • Pa • Fir	nade or establi ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection	ed during t shed. List VICE idential	these other ser	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	Separate charge tion and include BLOC RATE 27.95 52.50 15.00	e was r e the ra <u>CATEC</u> Install • Mc • Co • Pa • Pa • Fir • Bu	nade or establi ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	ed during t shed. List VICE idential	these other ser	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Separate charge tion and include BLOC RATE 27.95 52.50 15.00	e was r e the ra <u>CK 1</u> <u>CATEC</u> Install • Mc • Co • Pa • Pa • Fir • Bu Other	nade or establi ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	ed during t shed. List VICE idential	RATE	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	Separate charge tion and includ BLOC RATE 27.95 52.50 15.00 5.00	e was r e the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re	made or establi ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	ed during t shed. List VICE idential	these other ser	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	Separate charge tion and include BLOC RATE 27.95 52.50 15.00	e was r e the ra CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu Other • Re • Dis	made or establi ate for each. GORY OF SER ation: Non-res atel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect sconnect	ed during t shed. List VICE idential	RATE	vices in the	BLOCK 2	RATE									
Rates	listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	Separate charge tion and includ BLOC RATE 27.95 52.50 15.00 5.00	e was r e the ra CK 1 CATEO Install • Mo • Co • Pa • Pa • Fir • Bu Other • Re • Dis • Ou	made or establi ate for each. GORY OF SER ation: Non-res itel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	ed during t shed. List VICE idential	RATE	vices in the	BLOCK 2	RATE									

Name	LEGAL NAME OF OWN	IER OF CABLE SYSTE	EM:	S						
Name	Eagle Communic	ations Inc.			6213					
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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. For example, report 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). 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, ill the community with which the station is identifed. 									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
	KSNB	3	Ν	Hastings NE						
	KFXL	51	I	Lincoln NE						
	KHNE	28	E	Hastings NE						
	KSBN MeTV	10	1	Lincoln NE						
	KGIN	11	N	Grand Island NE						
	KHGI	13	N	Grand Island NE						
	KNHL SonLife	5	I	Hastings NE						

ACCOUNTING PERIOD: 2021/2

FORM SA1-2. F		CABLE S	YSTEM:					SYSTEM ID#	Name
Eagle Comm								62135	
	t every radio s	tation ca	rried on a separate and discr nerally receivable" by your ca						Н
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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	
		s, if any, t		e s					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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							FORM	M SA1-2. PAGE 5.			
	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#			
Name	Eagle Communications	s Inc.						62135			
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a										
Substitute	explanation of the programmi	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE							
Special Statement and	 During the accounting peri 		r cable system	carry, on a substitute bas	is, any nonne	twork televi					
Program Log	broadcast by a distant station?										
	Note: If your answer is "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 log in block 2									
	log in block 2. 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: Ters 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 5: Give the call sign of the station broadcasting the substitute program. 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 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 permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on Octobe										
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	FOR DELETION			
							_				
					.		_	·			
							_				
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FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 62135	Hamo
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	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
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 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> . 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#
1101110	Eagle Communications Inc.	62135
	CHANNELS	
М		ione
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	10115
Channels	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	7
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	
	and nonbroadcast services	76
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	we can write of can about this statement of account.)	
Be Contacted		
for Further	Name Marie Censoplano Telephone 9'	14-235-8313
Information	Name Marie Censopiano Telephone 9	14 200 0010
	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)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ns,
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	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.	PAGE	8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	62135	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 ind 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 transmised by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	basic clude sub- n 119."	P Special Statement Concerning Gross Receipts Exclusion
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 under For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	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)	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan	0,	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce 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 Offce 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 info	ormation (PII) requeste	d 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 filing, a determination that would be made by a court of law.