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.

DATE RECEIVED

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

FOR COPYRIGHT OFFICE USE ONLY

AMOUNT

SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

General instructions are at the		ns are at the	08/23/2022	\$	Washington, DC 20557-64 (202) 707-8150			
		ages (i)-(vii)].		ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions			
A Accounting Period	AC	COUNTING PERIOD COV January 1-June 30,	VERED BY THIS STATEMENT 2020	:				
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. 14 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM 14							
		Eagle Communications PO Box 817	5 INC.		1437 202(
<u> </u>	INS	Hays KS 67601	ny business or trade names used t	o identify the business and operation of t	the system unless these			
C System	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.							
	1		Ew.					
Gyotom	1	MAILING ADDRESS OF CABLE SY						
ojotom	1	MAILING ADDRESS OF CABLE SY (Number, street, rural route, apartment, or	'STEM:					
D	2 Ins in F are	MAILING ADDRESS OF CABLE SY (Number, street, rural route, apartment, or (City, town, state, zip code) tructions: List each separate FCC rules: "a separate and dist as and including single, discret	"STEM: "suite number) community served by the cable syst tinct community or municipal entitiy te unincorporated areas)." 47 C.F.	stem. A "community" is the same as a "c (including unincorporated community that lis R. 76.5(dd). The first community that lis	within unincorporated st will serve as a form			
	2 Ins in F are of s Not	MAILING ADDRESS OF CABLE SY (Number, street, rural route, apartment, or (City, town, state, zip code) tructions: List each separate FCC rules: "a separate and dist as and including single, discret system identification hereafter I	STEM: suite number) community served by the cable sys tinct community or municipal entitiy te unincorporated areas)." 47 C.F. known as the "first community." Ple	(including unincorporated commuinites v	within unincorporated st will serve as a form iuture filings.			
D Area Served	2 Ins in F are of s Not the	MAILING ADDRESS OF CABLE SY (Number, street, rural route, apartment, or (City, town, state, zip code) tructions: List each separate FCC rules: "a separate and dist as and including single, discreet system identification hereafter H te: Entities and properties such identified city. CITY OR TOWN	STEM: suite number) community served by the cable systinct community or municipal entitivy te unincorporated areas)." 47 C.F. known as the "first community." Plent as hotels, apartments, condiminiu STATE	 (including unincorporated communities w R. 76.5(dd). The first community that lis ease use it as the first community on all f 	within unincorporated st will serve as a form iuture filings.			
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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.

Form SA1-2c Rev 04/2011

D	Eagle Communications Inc.			14
	CITY OR TOWN	1	I	
		STATE	CITY OR TOWN	STATE
continued)				
Area Served				
			<u> </u>	
			H	
			·	

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYSTEM ID#			
Name	Eagle Communications	Inc.									143
_	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRIE	BERS AND RA	TES						
Е	In General: The information in space E should cover all categories of secondary transmission service of the cable										
	system, that is, the retransmissio										
Secondary	about other services (including pa						ho	se existir	ng on the		
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						مام	evetom	broken		
scribers and	down by categories of secondary										
Rates	each category by counting the nu										
	separately for the particular servi	ce at the rate ir	ndicated	I—not the num	ber of sets	s receiving serv	ice).			
	Rate: Give the standard rate ch									-	
	unit in which it is generally billed. category, but do not include disco	· · ·	,		ny standar	d rate variation	s w	itnin a p	articular rat	e	
	Block 1: In the left-hand block				ies of seco	ondary transmis	sio	n servic	e that cable		
	systems most commonly provide	•		0							
	that applies to your system. Note										
	categories, that person or entity s							•		d	
	subscriber who pays extra for cal first set" and would be counted o					in the count un	de	r "Servic	e to the		
	Block 2: If your cable system h					service that are	dif	ferent fro	om those		
										r	
	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.				1				0		
	BLC	DCK 1 NO. OF						BLOCK	. Z NO. (DF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SE	R٧	ICE	SUBSCR	IBERS	RAT
	Residential:										
	Service to first set		477	21.95							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel			21.95							
	Commercial		51	21.95							
	Converter										
	Residential										
	 Residential Non-residential 										
	Non-residential SERVICES OTHER THAN SECO						ton		that wa		
	Non-residential SERVICES OTHER THAN SECO In General: Space F calls for rate	e (not subscribe	er) infor	mation with re	spect to all					re	
F	Non-residential SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, th	e (not subscribe nose services tl	er) infor hat are	mation with re not offered in o	spect to all combinatio	n with any seco	ond	ary trans	mission	re	
F	Non-residential SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of	e (not subscribe nose services the two exceptior or facilities furni	er) infor hat are ns: you o ished to	mation with re- not offered in o do not need to nonsubscribe	spect to all combinatio give rate i rs. Rate int	n with any secon nformation con formation shoul	ond cer Id ii	ary trans ning (1) nclude b	mission services oth the		
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Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SECC In General: Space F calls for rate not covered in space E, that is, it service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un- enter only the letters "PP" in the r Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a se brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Pay cable Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate)	e (not subscribe nose services the two exception or facilities furni it in which it is a rate column. e charged by the your cable syst separate charged tion and include BLOC RATE 21.95 66.50 15.00 5.00	er) infor hat are in as: you of ished to usually the cable tem furre e was me the ration was me the ration was me the ration CATEG Installa • Mot • Con • Pay • Pay • Fire • Burn Other s • Rec • Disc	mation with re- not offered in of do not need to nonsubscribe billed. If any ra- system for ea- hished or offere- nade or establi- te for each.	spect to all combinatio give rate i rs. Rate ini- ites are cha- ch of the a ed during t shed. List VICE idential	n with any secc nformation con formation shoul arged on a vari applicable servid he accounting p these other ser	ond cer ld ii abl ces ces	ary trans ning (1) nclude b e per-pro listed. iod that v es in the	mission services oth the ogram basis vere not form of a BLOC	S, CK 2	RAT

Name	LEGAL NAME OF OWNE	R OF CABLE SYSTEM	1:	SY	STEM II 143		
Name	Eagle Communications Inc.						
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary ransmitters: 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 station's broadcasts are carried in its own community. This may be different from the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which the station. 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), "H-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, its the community to which the station is licensed by the 						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION			
	KSNW	3	N	Wichita KS			
	KSAS	24	I	Wichita KS			
	KSCW	33	I	Wichita KS			
	KMTW-MyTV	35	I	Wichita KS			
	KPTS	8	Е	Hutchinson KS			
	KAKE	10	N	Wichita KS			
	кисн	12	N	Wichita KS			
		-					

FORM SA1-2. F LEGAL NAME OF		CABLE SY	/STEM:				SYSTEM ID#	Name
Eagle Comm	unications	s Inc.					1437	
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.								
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).								
						1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

FORM SA1-2.	PAGE	5.
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							101	W SATZ. FAGE 5.
Name	LEGAL NAME OF OWNER OF C Eagle Communications		EM:					SYSTEM ID# 1437
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE	y every nor counting pe ng that mus CONCER od, did you ion? , leave the	network televis riod, under spe t be included in NING SUBST r cable system rest of this pag	ion program broadcast by a cific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute bas	a distar C rules e gener is, any	s, regula ral instru nonnet	tions, or authorizations. F actions. work television program	or a further
	In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a d under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a gram was substituted for pro- effect on October 19, 1976.	ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day e "5/7." s when the Example: a er "R" if the nd regulatio	attach additiona nnetwork televi on and that you r authorizations vies" or "baske least live, enter station broadca on's location (th ns, if any, the o when your syst substitute prog program carrie listed program ons in effect du	al pages. sion program (substitute p ur cable system substitute s. See page (v) of the gen tball." List specific program "Yes." Otherwise enter "N sting the substitute progra the community to which the community with which the sem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	orograr d for the eral ins n titles No." station station progra cable s 15 p.m amming ; enter	n) that, ne prog struction , for exa n is licen n is licen m. Use system. n to 6:2 g that your the let r FCC ru	during the accounting ramming of another stati hs for further information ample, "I Love Lucy" or hsed by the FCC or, in tified). numerals, with the mont List the times accurately 8:30 p.m. should be our system was required ter "P" if the listed pro	h
	SI	UBSTITUT 2. LIVE?	E PROGRAM	1	5. N		IAGE OCCURRED 6. TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AN	D DAY	FROM — TO	
					-			
					-			
					-			
					-			
					-		<u> </u>	
								+
					-			
					-			
	}		+		4			

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	1437	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission 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 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 See page (vi) of the general instructions for more information. 	263,800	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	is 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		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
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,	500)	
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		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page general instructions for more information.	e I of the	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Eagle Communications Inc.	1437
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
	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	7
	system carried television broadcast stations	'
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	70
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
la di dala di ta	we can write or call about this statement of account.)	
Individual to		
Be Contacted	N. Maria Canaanlana Talashaa O	44 005 0040
for Further Information	Name Marie Censoplano Telephone 9	14-235-8313
internation		
	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	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	ons,
	(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	ystem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed 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 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)] 	herein
	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: 8/27/2020	
<u> </u>	1	

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.

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Eagle Communications Inc.	1437	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 addin 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 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	e basic nclude sub- on 119." s.	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address		
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.	erpayment.	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	- 10274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
	t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce 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 Offor list below the owner, address, first community served, ID number, and accounting period as given in the origi		
Owner Address		
ID number		
First community served		
Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code sutherizes the Convrist Offse to collect the paragraphy identifying in	oformation (PII) requests	d on this
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying in		

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.

FORM SA1-2. FILING FEE ADDENDUM

AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID:	#
gle Communications Inc.		1437	Name
CITY OR TOWN	STATE		First
Marion	KS		Community
Line 1. ROYALTY FEE FROM SPACE L			
		\$ 52.00	
			Total
Line 2. FILING FEE		15.00	Fee
If Line 1 is from Space L, Block 1, enter \$15.00 If Line 1 is from Space L, Block 2 or Block 3, enter \$2	20.00		
II LINE T IS NOTI SPACE L, BIOCK 2 OF BIOCK 3, ENTER \$2	20.00		
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FO	OR ACCOUNTING PERIOD		
Add lines 1 and 2 and enter here		\$ 67.00	
Effective January 1, 2014, pursuant to the Satellite Television	n Extension and Localism Act o	of 2010 (STELA), which granted	
authority to the Copyright Office to establish fees for the filing 122 statutory licenses, the Office now assesses filing fees for			
details, see the Federal Register, November 29, 2013 (78 FF	R 71498). Please be advised th	at the filing fee is deducted before the	
royalty payment is credited; thus the omission of the appropri	riate filing fee will result in an ur	nderpayment of royalty fees. Please	
remit the royalty fee and filing fee in one EFT payment. (SOA1 fi	ung fee: \$15; SOA2 filing fee: \$20	U).	