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

08/23/2022

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

enerai instru	ctions are at the	08/23/2022		
nd of this for	m [pages (i)-(vii)].		ALLOCATION NUMBER	For courier deliveries, see page ii of the genera instructions
Α	ACCOUNTING PERIOD COV	ERED BY THIS STATEMENT:		
Accounting Period	January 1-June 30, 2	2020		
B Owner	incorrect information and print or type Give the full legal name of the ow rate title of the subsidiary, not that of th List any other name or names und If there were different owners dur a single statement of account and roya	ner of the cable system. If the owner is	a subsidiary of another corporation, gir ss of the cable system. r on the last day of the accounting per punting period.	ve the full corpo-
	LEGAL NAME OF OWNER/MAILING	G ADDRESS OF CABLE SYSTEM		
	Eagle Communications	Inc.		
				20449 20;
	PO Box 817			
	Hays KS 67601			
С	INSTRUCTIONS: In line 1, give ar	ny business or trade names used to i In line 2, give the mailing address of		
C System	INSTRUCTIONS: In line 1, give ar	In line 2, give the mailing address of		
	INSTRUCTIONS: In line 1, give ar names already appear in space B.	In line 2, give the mailing address of M:		
	INSTRUCTIONS: In line 1, give ar names already appear in space B. 1 IDENTIFICATION OF CABLE SYSTE	In line 2, give the mailing address of M: STEM:		
	INSTRUCTIONS: In line 1, give ar names already appear in space B. 1 IDENTIFICATION OF CABLE SYSTE 1 MAILING ADDRESS OF CABLE SYSTE 2 (Number, street, rural route, apartment, or street, rural route, rural route, apartment, rural route, rural rout	In line 2, give the mailing address of M: STEM:		
System	INSTRUCTIONS: In line 1, give ar names already appear in space B. 1 IDENTIFICATION OF CABLE SYSTE MAILING ADDRESS OF CABLE SYS 2 (Number, street, rural route, apartment, or (City, town, state, zip code)	In line 2, give the mailing address of M : STEM : suite number)	f the system, if different from the a	ddress given in space B.
	INSTRUCTIONS: In line 1, give ar names already appear in space B. 1 IDENTIFICATION OF CABLE SYSTE MAILING ADDRESS OF CABLE SYSTE 2 (Number, street, rural route, apartment, or (City, town, state, zip code) Instructions: List each separate of in FCC rules: "a separate and disti areas and including single, discrete	In line 2, give the mailing address of STEM: suite number) community served by the cable syste nct community or municipal entitiy (ir e unincorporated areas)." 47 C.F.R.	t the system, if different from the activity of the system, if different from the system, is a system, if different from the system, is a system, if different from the system, is a system, is a system,	ddress given in space B.
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System D Area Served First	INSTRUCTIONS: In line 1, give ar names already appear in space B. IDENTIFICATION OF CABLE SYSTE MAILING ADDRESS OF CABLE SYSTE (Number, street, rural route, apartment, or rule) (Number, street, rural route, apartment, or rule) Instructions: List each separate of in FCC rules: "a separate and distitareas and including single, discrete of system identification hereafter k Note: Entities and properties such the identified city.	In line 2, give the mailing address of M: STEM: suite number) community served by the cable syste nct community or municipal entitiy (ir e unincorporated areas)." 47 C.F.R. nown as the "first community." Please as hotels, apartments, condiminiums	t the system, if different from the active m. A "community" is the same as including unincorporated community 76.5(dd). The first community that se use it as the first community on s, or mobile home parks should be	ddress given in space B. a "community unit" as defined es within unincorporated at list will serve as a form all future filings. reported in paratheses below
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Form SA1-2c Rev 04/2011

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Eagle Communications Inc.							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
-								
D								
continued)								
Area								
Served								

Name	LEGAL NAME OF OWNER OF CA		SYS	TEM ID							
Nume	Eagle Communications	Inc.							2044		
Е	SECONDARY TRANSMISSION										
	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	, , ,		-					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 charged for each category of service. Include both the amount of the charge and the										
	unit in which it is generally billed.	-	-	•			-				
	category, but do not include disco				,						
	Block 1: In the left-hand block			•							
	systems most commonly provide										
	that applies to your system. Note categories, that person or entity s			-		-					
	3						•				
		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.	on or the s	ervice is								
	BLOCK 1						BLOC	< 2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATI		
	Residential:										
	Service to first set		84	27.95							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel			27.95							
	Commercial		11	27.95							
	Converter										
	Residential										
	Non-residential										
								•			
_	SERVICES OTHER THAN SECO In General: Space F calls for rate						em's servi	ces that were			
F	not covered in space E, that is, th	•	,	mation married							
				not offered in co	•						
	service for a single fee. There are				ombinatic	on with any seco	ndary trans	smission			
Services	service for a single fee. There are furnished at cost or (2) services of	e two exception or facilities furni	ns: you o ished to	do not need to go nonsubscribers	ombinatio give rate i s. Rate in	on with any seco information cond formation should	ndary tran: erning (1) d include b	smission services oth the			
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Other Than Secondary ransmissions:	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 s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	e two exception or facilities furni- it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 27.95 52.50 15.00	ns: you o ished to usually ne cable tem furr e was m e the ra <u>CK 1</u> <u>CATEG</u> Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	do not need to go o nonsubscribers billed. If any rate e system for each nade or establis ate for each. BORY OF SERV ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection	ombinatic give rate is s. Rate in es are ch ch of the a d during t hed. List /ICE dential	in with any seco information cond formation should arged on a varia applicable servic he accounting p these other serv	ndary trans erning (1) d include b able per-pro- es listed. eriod that rices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE		
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Other Than Secondary ransmissions:	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 • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e two exception or facilities furni- it in which it is u rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 27.95 52.50 15.00 5.00	ns: you of ished to usually ne cable tem furre a was m a the rai CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Burn Other s • Rec • Disc	do not need to go o nonsubscribers billed. If any rate e system for each nished or offeren nade or establis the for each.	ombinatic give rate is s. Rate in es are ch ch of the a d during t hed. List /ICE dential	n with any seco information cond formation should arged on a varia applicable servic he accounting p these other service RATE	ndary trans erning (1) d include b able per-pro- es listed. eriod that rices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE		

Name	LEGAL NAME OF OWN	ER OF CABLE SYSTE	M:	S	YSTEM ID 2044	
Nume	Eagle Communications Inc.					
	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 her station was carried on • List the station here, an basis. For further infor Column 1: List each s Column 2: Give the n This may be different fror associated with a station the same on the form. Column 3: Indicate in educational station, by er (for independent multicas For the meaning of these Column 4: Give the lo	tem during the accou s in effect on June 24 (e)(2) and (4), or 76 as explained in the r tions: With respect to rules, regulations, or ere in space G—but of y on a substitute bas d also in space I, if th mation concerning si tation's call sign. Do umber of the channel n the channel on whi according to its over- each case whether t thering the letter "N" (t), "E" (for noncomm terms, see page (iv) to action of each statio	nting period, exce 4, 1981, permitting 63 (referring to 76 next paragraph. o any distant static authorizations: do list it in space I sis. ne station was carr ubstitute basis stat not report originat I on which the stati ch your cab;e syste thje-air designatio he station is a netw for network), "N-M ercial educational) of the general insi n. For U.S. station	g translator stations and low power television stations) of (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 ns carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ed both on a substitute basis and also on some other ions, see page (v) of the general instructions. on 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 vork 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.	3	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION		
	KSNB	3	N	Hastings NE		
	KFXL	51	I	Lincoln NE		
	KHNE	28	Е	Hastings NE		
	KSBN MeTV	10	I	Lincoln NE		
	KGIN	11	N	Grand Island NE		
	KHGI	13	N	Grand Island NE		
	KNHL SonLife	5	1	Hastings NE		

FORM SA1-2. F LEGAL NAME OF Eagle Comm	OWNER OF (/STEM:					SYSTEM ID# 20449	Name
								20449	
RIMARY TRA		-							н
			rried on a separate and discre nerally receivable" by your ca						
			-Band FM Carriage: Under C						Primary Transmitters
n the basis of r	monitoring, to	be receiv	ved at the headend, with the Copyright Office regulations	sy	stem's FM antei	nna, during ce	ertain sta	ated intervals.	Radio
Column 1: Id	lentify the call	sign of e	ach station carried.	011		bage (v) of the	genera		
			n is AM or FM. al was electronically process	sed	l by the cable sy	stem as a se	parate a	nd discrete	
			mark in the "S/D" column. In (the community to which th	ne	station is license	ed by the FCC	C or. in tl	ne case of	
			he community with which the						
			1	.			1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	$\left \right $	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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FORM SA1-2. F	AGE 5
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									-	VI 3A 1-2. FAGE 5.
Name	LEGAL NAME OF OWNER OF C Eagle Communications		EM:							SYSTEM ID# 20449
Substitute	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 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 CONCERNING SUBSTITUTE CARRIAGE									
Special	 During the accounting peri 				is. anv	nonnet	work telev	isio	n program	
Statement and	broadcast by a distant stat		,	,	, ,				Yes	XNo
Program Log	Note: If your answer is "No"	. leave the	rest of this pac	e blank. If vour answer is	"Yes."	vou mu	st comple			
	log in block 2.	,	1.5	, ,	,	,	•		1 3	
	2. LOG OF SUBSTITUTE In General: List each substi- clear. If you need more space Column 1: Give the title of period, was broadcast by a of 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."	al pages. ision program (substitute p ur cable system substitute s. See page (v) of the gen itball." List specific program r "Yes." Otherwise enter "N asting the substitute progra he community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra uring the accounting period	orograi d for the eral in: n titles No." station station progra cable s 15 p.m ammin l; ente	n) that, ne progr structior , for exa n is licer is iden m. Use system. 1. to 6:20 g that yo the let	during the ramming c as for furth ample, "I L nsed by th tified). numerals List the tir 3:30 p.m. our systen cer "P" if th	e acc of an er ir ove e FC with mes shou	counting other station formation Lucy" or CC or, in the mont accurately uld be s required ted pro	h		
										-
				1						7 REASON
	SI 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	7. REASON FOR DELETION
				4. STATION'S LOCATION	-	CARR	IAGE OC	CU	RRED	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	
		2. LIVE?	3. STATION'S		-	CARR MONTH	IAGE OC	CUI ⊺IN	RRED IES	

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	20449	
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	\$ 52.00	
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,	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 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.	20449
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	ons
	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	I
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	257
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted for Further	Name Marie Censoplano Telephone 91	4-235-8313
Information		4-233-0313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
Ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	ns,
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	in line 1 of space B and that the owner is not a corporation of partnership, of	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	r of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained lare 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)] 	nerein
	Handwritten signature: /s/ Daniel J. White	
	Typed or printed name: Daniel I 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>	

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. PAG	E 8	З.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Eagle Communications Inc.	20449	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- ı 119."	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address 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.	payment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
xLine 3 Multiply line 2 by the number of days late and enter the sum here	days - 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest of a contact the literest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the origina	-	
Owner Address		
ID number		
First community served Accounting period		
Drivanu Act Nation: Socion 444 of title 47 of the United States Code outberings the Countrickt Office to collect the councy if the title 47	armation (DII)	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 info 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 a		

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 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#	Name
gle Communications Inc.		<mark>20449</mark>	
CITY OR TOWN	STATE		First
Newman Grove	NE		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	0.00		
I Line i is from space L, block 2 of block 3, enter \$2	0.00		
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FO Add lines 1 and 2 and enter here	OR ACCOUNTING PERIOD	\$ 67.00	
Add lines 1 and 2 and enter here		\$ 67.00	
Effective January 1, 2014, pursuant to the Satellite Televisior	n Extension and Localism Act o	f 2010 (STELA), which granted	
authority to the Copyright Office to establish fees for the filing	of statements of account (SO)	As) under the section 111, 119, and	
122 statutory licenses, the Office now assesses filing fees for details, see the Federal Register, November 29, 2013 (78 FR			
royalty payment is credited; thus the omission of the appropri	iate filing fee will result in an un	derpayment of royalty fees. Please	
remit the royalty fee and filing fee in one EFT payment . (SOA1 fil	ting fee: \$15; SOA2 filing fee: \$20)).	