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			
08/23/2022	\$ ALLOCATION NUMBER			

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	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:				
Accounting	January 1-June 30, 202	0				
Period						
B Owner	— incorrect information and print of type the correct information beside it.					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
	Eagle Communications Inc.					
	23435 2020/1					
	PO Box 817					
	Hays KS 67601					
		siness or trade names used to identi	fy the business and operation of the system	unless these		
С			system, if different from the address given in			
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)					
D	in FCC rules: "a separate and distinct c	ommunity or municipal entitiy (includ	x "community" is the same as a "community u ing unincorporated commuinites within uninc 5(dd). The first community that list will serve	orporated		
Area	• • •	• /	se it as the first community that list will serve			
Served	-	•	mobile home parks should be reported in par			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First	Stromburg	NE				
Community						
	1		I .			

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 SYS	STEM:		SYSTEM ID#		
Name	Eagle Communications Inc.					
	CITY OR TOWN	STATE	CITY OR TOWN	23435 STATE		
	CITT CIC TOWN	JIAIL	CITT CIC TOWN	SIAIL		
D						
(continued)						
Area Served						
Servea						

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 23435 **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: 94 · Service to first set 27.95 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel 27.95 Commercial 12 27.95 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 • Pay cable-add'l channel Burglar protection 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 Converter 15.00 Disconnect

Outlet relocation

Move to new address

49.99

ACCOUNTING PERIOD: 2020/1 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 23435 **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 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 **Primary** 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 KSNB** Hastings NE 3 Ν **KFXL** 51 Lincoln NE ı **KHNE** Ε 28 **Hastings NE KSBN MeTV** 10 ı Lincoln NE **KGIN** 11 Ν **Grand Island NE KHGI** 13 N **Grand Island NE KNHL SonLife** 5 ı **Hastings NE**

FORM SA1-2. F	PAGE 4.								
LEGAL NAME OF	OWNER OF C	CABLE S	/STEM:					SYSTEM ID#	Name
Eagle Comm	nunications	Inc.						23435	
PRIMARY TRA	NSMITTERS:	RADIO							
	•		rried on a separate and discre						Н
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	bl	le system during	the accountir	ng period	i.	
receivable if (1)	it is carried by	the syst	-Band FM Carriage: Under C	t t	he system's hea	dend, and (2)	it can b	e 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	ւthis point, see բ	page (v) of the	genera	I instructions.	
			nal was electronically process	ec	d by the cable sy	stem as a sep	parate a	nd discrete	
			mark in the "S/D" column.			506			
			on (the community to which the				or, in tr	ie case of	
Mexican or Can	aulan Stations	s, ii ariy, i	the community with which the	5	tation is identifie	a).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				;	SYSTEM ID#
Name	Eagle Communications	s Inc.						23435
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	IT AND PROGRAM LOC	 }			
	In General: In space I, identi							
Substitute	substitute basis during the acceptanation of the programmi						thorizations. Fo	r a further
Carriage:	1. SPECIAL STATEMENT				9			
Special Statement and	During the accounting per		r cable system	carry, on a substitute bas	is, any nonne	twork televi		
Program Log	broadcast by a distant stat				(C) (XNo
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complet	e the program	
	2. LOG OF SUBSTITUTE			to line. Llee abbreviations		aible if the	ir maanina ia	
	In General: List each subst clear. If you need more spa				wnerever pos	sidie, ii the	ir meaning is	
	Column 1: Give the title period, was broadcast by a			sion program (substitute p				nn.
	under certain FCC rules, re-	gulations, o	r authorizations	s. See page (v) of the gen	eral instructio	ns for furthe	er information.	"11
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for ex	ample, "I Lo	ove Lucy" or	
	Column 2: If the progran	n was broad		"Yes." Otherwise enter "N				
				sting the substitute progra e community to which the		nsed by the	e FCC or, in	
	the case of Mexican or Can	adian statio	ns, if any, the	community with which the	station is iden	itified).		
	first. Example: for May 7 giv		when your syst	em carried the substitute	program. Use	numerais,	with the montr	1
	Column 6: State the time to the nearest five minutes.			gram was carried by your				
	stated as "6:00–6:30 p.m."	•			·			
	Column 7: Enter the lette to delete under FCC rules a			was substituted for progra				
	gram was substituted for pro							
	effect on October 19, 1976.							
	s	UBSTITUT	E PROGRAM	I		EN SUBST		7. REASON
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
							_	
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							_	
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					-			
					-			

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Eagle Communications Inc.	23435	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission 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 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 accounting period is \$52.00	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 \$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	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 \$52)	7,600)	
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 pageneral instructions for more information.	age I of the	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Eagle Communications Inc.	23435			
	CHANNELS				
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations			
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	, and the second			
Channels	to to subscribers and (2) the sable system's total number of delivated sharmers, during the descarting period.				
	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 and nonbroadcast services	257			
	and nonbroadcast services				
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					
Be Contacted					
for Further	Name Marie Censoplano Telephone	914-235-8313			
Information					
	Address 4 International Dr Suite 330				
	(Number, street, rural route, apartment, or suite number)				
	Rye Brook, NY 10573				
	(City, town, state, zip)				
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-836	2			
	Littali (optional) Intalie. Censopiano & vyvebb. com	3			
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	ations,			
0					
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)				
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B· or			
	Combined that control that control parameters per an are control or are control to the control of the control o	2, 3.			
	(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	a system as identified			
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the local entity identified as or	wher of the cable system			
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as over in line 1 of space B.	wher or the cable system			
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	ed herein			
	[18 U.S.C., Section 1001(1986)]				
	Handwritten signature: /s/ Daniel J White				
	Transmitten signature.				
	Typed or printed name: Daniel J White				
	Title: SVP Financial Planning				
	(Title of official position held in corporation or partnership)				
	Date: 8/27/2020				

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	23435	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 additious 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 sections.	ne basic include sub-	Special Statement Concerning
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?		Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
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 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_	
Ente 2 - Wattapy line 1 by the interest fate and enter the same face	dove	
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 assists contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ance 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 Of list below the owner, address, first community served, ID number, and accounting period as given in the original	•	
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 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.

AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
gle Communications Inc.		23435	
CITY OR TOWN	STATE		First
Stromburg	NE		Community
	1		
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 \$	20.00		
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE F	OR ACCOUNTING PERIOD	2 27 22	
Add lines 1 and 2 and enter here		\$ 67.00	
Effective January 1, 2014, pursuant to the Satellite Television			
authority to the Copyright Office to establish fees for the filin			
122 statutory licenses, the Office now assesses filing fees for details, see the Federal Register, November 29, 2013 (78 F			
royalty payment is credited; thus the omission of the approp	riate filing fee will result in an un	derpayment of royalty fees. Please	
remit the royalty fee and filing fee in one EFT payment. (SOA1 j	filing fee: \$15; SOA2 filing fee: \$20	<i>)).</i>	