## 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

Accounting Period Inst Owner ate a si	COUNTING PERIOD COVERE January 1-June 30, 202 tructions: Your file has been establishe orrect 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 will if there were different owners during th ingle statement of account and royalty fe Check here if this is the system's firs EGAL NAME OF OWNER/MAILING AD	d under the information given below. If the the information beside it. The the table system. If the owner is a sub- rent corporation. The the owner conducts the business of the accounting period, only the owner on the the payment covering the entire accounting the filing. If not, enter the system's ID num	sidiary of another corporation, give the the cable system. the last day of the accounting period sh og period.	e full corpo-				
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LE			ber abbighted by the Electioning Division	n. <b>57</b>				
	Conta Communications Inc.	DRESS OF CABLE SYSTEM						
	Eagle Communications Inc							
				579 2020/1				
	PO Box 817							
	Hays KS 67601							
	STRUCTIONS: In line 1, give any but nes already appear in space B. In lin							
System 1	IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
2	(Number, street, rural route, apartment, or suite nu	mber)						
	(City, town, state, zip code)							
D in F	<b>tructions:</b> List each separate comm FCC rules: "a separate and distinct c	ommunity or municipal entitiy (includ	ling unincorporated commuinites with	ithin unincorporated				
	as and including single, discrete unin system identification hereafter knowr							
	te: Entities and properties such as he identified city.	otels, apartments, condiminiums, or	mobile home parks should be repo	rted in paratheses below				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Ris Community	sing City	NE						

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



Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYST								
	Eagle Communications Inc.	CTATE		5					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
D									
ontinued)									
Area Served									
Serveu									

Name	LEGAL NAME OF OWNER OF CA		SYS								
Name	Eagle Communications Inc.								57		
Е	SECONDARY TRANSMISSION										
	In General: The information in sp			0		•					
Secondam	system, that is, the retransmission										
Secondary Fransmission	about other services (including plast day of the accounting period		-				iose existi	ng on the			
Service: Sub-	Number of Subscribers: Both						le 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). <b>Rate:</b> 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 disc				.,		,				
	Block 1: In the left-hand block	•		-		•					
	systems most commonly provide										
	that applies to your system. <b>Note</b> categories, that person or entity			-		-					
	<b>3</b>					• •	•				
	. ,	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, ti										
	with the number of subscribers a sufficient.	ervice is									
		DCK 1					BLOCH	BLOCK 2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		48	27.95							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel			27.95							
	Commercial		4	27.95							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSI	ONS: RATES							
-	In General: Space F calls for rate					l your cable syst	em's servi	ces that were			
F	not covered in space E, that is, the				ombinatio	on with any seco	ndary tran				
<b>.</b> .	service for a single fee. There are	e two exceptio	ns: vou d								
		r fooilition furn									
Services Other Than	furnished at cost or (2) services of amount of the charge and the un		ished to i	nonsubscriber	s. Rate in	formation should	d include b	oth the			
Services Other Than Secondary	furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the u	it in which it is	ished to i	nonsubscriber	s. Rate in	formation should	d include b	oth the			
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

Endition         Englishment         579           PRIMARY TRANSMITTERS: TELEVISION         PRIMARY TRANSMITTERS: TELEVISION         In General: In space 3, directly every television station (including translator stations carried only on a part-time basis, under the translator stations (including translator stations) (incredit) your cable system during the according partial, except (1) stations carried only on a part-time basis, under the translator station (including translator stations) (incredit) your cable system on a substitute program basis, as explained in the net paragraph.           Statistical Basis Statistics: With respect 10 any distatistical or direct dury or cable system on a substitute program basis, as explained in the net paragraph.         Statistical Basis Statistics: With respect 10 any distatistical program substitute basis and the paragraph.           Distatistical Basis Statistics: With respect 10 any distatistical program substitute basis and the paragraph.         Statistical Basis and the paragraph.           Distatistic Basis Statistics: With respect 10 any distatistical program substitute basis and aleo on some other basis. For Uniter Information concention substitute basis and aleo on some other the statistical basis and aleo more componential distations and aleon the paragraph.         Columna 3: indicate in each case whether the statistic basistical program substitute basis and aleon statistical program basis. For Uniter PM or the totical PM of the maxemption.         Columna 1: division Statistical PM or the totical Statistic program basis. For Uniter PM or the totical PM or the totical Statistical PM or totical PM or t	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
G         Primary Transmitters: Television         In General: In space G, identify every television station (including translator stations and low power television stations) erried by your cable system during the accounting period, except (1) stations carried ony on a part-line 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 Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:         • 0 not list the station here in space C — but do list It in space 1 (the Special Statement and Program Log)—if the station was carried also in space. I, if the station scarried 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 also. In one 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 cabe system carried the station. Identify each multicast stream associated with a station according to its over-thyle-air designation. For example, report multicast stream functions. Column 2: Give the number of the station is a network station, an independent stational 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 cormunity with which the station is identifed.	Name	Eagle Communica	tions Inc.			579				
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 75.59(d)(2) and (4), 76.51(e)(2) and (4), or 76.63 (refering to 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.         Substitute program basis, as explained in the next paragraph.       Substitute Pasis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:         • Do not list the station here in space 6 —but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a 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 be station's broadcasts are carried in its own community.         This may be different from the channel on which your cable system carried the station, and independent). "At the station according to its over-thy-air designation. For example, report multicast stream associated with a station according to its over-thy-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). "Att "(for independent is detains. If any, gi		PRIMARY TRANSMITTERS:	TELEVISION							
SIGNCHANNEL NUMBEROF STATIONKSNB3NHastings NEKFXL51ILincoln NEKHNE28EHastings NEKSBN MeTV10ILincoln NEKGIN11NGrand Island NEKHGI13NGrand Island NE	Primary Transmitters:	<ul> <li>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.</li> <li>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:</li> <li>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.</li> <li>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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.</li> <li>Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.</li> <li>This may be different from the channel on which your cabe system carried the station, or a noncommercial educational station, by entering the letter "N" (for network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network station, an independent station, or a noncommercial educational), "E" (for independent), "I-M"</li> <li>(for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general instructions.</li> <li>Column 4: Give the location of each station. For U.S. stations, its the community to which the station is licensed by the</li> </ul>								
KFXL51ILincoln NEKHNE28EHastings NEKSBN MeTV10ILincoln NEKGIN11NGrand Island NEKHGI13NGrand Island NE		-	CHANNEL	OF	6. LOCATION OF STATION					
KHNE28EHastings NEKSBN MeTV10ILincoln NEKGIN11NGrand Island NEKHGI13NGrand Island NE		KSNB	3	N	Hastings NE					
KSBN MeTV     10     I     Lincoln NE       KGIN     11     N     Grand Island NE       KHGI     13     N     Grand Island NE		KFXL	51	I	Lincoln NE					
KGIN     11     N     Grand Island NE       KHGI     13     N     Grand Island NE		KHNE	28	E	Hastings NE					
KHGI     13     N     Grand Island NE		KSBN MeTV	10	I	Lincoln NE					
		KGIN	11	N	Grand Island NE					
KNHL SonLife       5       I       Hastings NE         Image: Ima		KHGI	13	N	Grand Island NE					
Image: state of the state of		KNHL SonLife	5	I	Hastings NE					

FORM SA1-2. F								
LEGAL NAME OF Eagle Comm			/STEM:				SYSTEM ID# 579	Name
	lunications	5 110.					579	
	t every radio s	tation ca	rried on a separate and discre nerally receivable" by your cal					н
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 stat	ion's sigr	n is AM or FM. nal was electronically processe : mark in the "S/D" column.	ed by the cable sy	rstem as a se	parate a	nd discrete	
Column 4: G	Give the station	n's locatio	on (the community to which the he community with which the			C or, in t	he case of	
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 SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:						SYSTEM ID#			
Name	Eagle Communications	s Inc.							579			
					~							
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every nor counting pe	network televis riod, under spe	<i>ion program</i> broadcast by cific present and former FC	a dis C ru	les, regulat	tions, or auth					
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE								
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?     Yes XNo Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
Statement and Program Log												
	log in block 2.	in block 2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each substi			te line. Use abbreviations	whe	erever poss	sible, if their	meaning is				
	clear. If you need more space	ce, please a	attach additiona	al pages.				-				
	Column 1: Give the title of period, was broadcast by a of								n an			
	under certain FCC rules, reg											
	Do not use general categori	es like "mo										
	"NBA Basketball: 76ers vs. I Column 2: If the program		Icast live enter	"Ves " Otherwise enter "I	No "							
	Column 3: Give the call s	ign of the s	station broadca	sting the substitute progra	am.							
	Column 4: Give the broat							FCC or, in				
	the case of Mexican or Cana Column 5: Give the mon							vith the montl	า			
	first. Example: for May 7 giv	e "5/7."										
	Column 6: State the time to the nearest five minutes.											
	stated as "6:00–6:30 p.m."	Example. a	program carrie	ed by a system nom 0.01.	. 15 p		5.50 p.m. si					
	Column 7: Enter the lette											
	to delete under FCC rules a gram was substituted for pro											
	effect on October 19, 1976.	grannig	and your oyoto		o un							
					Т							
	9		E PROGRAM	1			EN SUBSTI IAGE OCC		7. REASON			
		2. LIVE?	3. STATION'S		5	5. MONTH			FOR DELETION			
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION		AND DAY	FROM -	— то				
							-	_				
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					-1							
					-1				·			
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FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Namo
Eagle Communications Inc. 579	
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
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul>	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 <b>\$ 263,800.00</b>	
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)	4
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	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
<b>IMPORTANT</b> : 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
	Eagle Communications Inc.	579
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tione
IVI		lions
Channala	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. Establish a total symplex of estimated share als	
	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	
	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone 9	14-235-8313
Information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or</li> <li>(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.</li> <li>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.</li> </ul>	or vstem as identified er of the cable system
	[18 U.S.C., Section 1001(1986)] Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 8/27/2020	

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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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 579	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 the following sentence:         "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."         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 transmissions made by satellite carriers to satellite dish owners?         X       NO         The Section the total here and list the satellite carrier(s) below.       \$	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	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	
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) <b>\$</b> - (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
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) request 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	

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

GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
gle Communications Inc.		28110	Name
CITY OR TOWN	STATE		First
Rising City	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		10.00	
If Line 1 is from Space L, Block 2 or Block 3, enter \$20	.00		
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FOR	R ACCOUNTING PERIOD		
Add lines 1 and 2 and enter here		\$ 67.00	
Effective January 1, 2014, pursuant to the Satellite Television	Extension and Localism Act of	of 2010 (STELA), which granted	
authority to the Copyright Office to establish fees for the filing of	of statements of account (SO.	As) under the section 111, 119, and	
122 statutory licenses, the Office now assesses filing fees for a detaile see the Endered Pagister, Nevember 20, 2012 (78 EP			
details, see the Federal Register, November 29, 2013 (78 FR royalty payment is credited; thus the omission of the appropria			
remit the royalty fee and filing fee in <b>one EFT payment</b> . (SOA1 filing			