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

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 3/30/22 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2020 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В 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 corpo-Owner rate 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. 007702 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Eagle Communications Inc. 007702 2020/1 **PO Box 817** Hays KS 67601 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE KS Hays First Community KS Russell WaKeeney ĸs KS Victoria KS Munjor Ellis KS 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 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

Form SA1-2c Rev 04/2011

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2020/1

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | | | | | |
|------------|--------------------------------------|-------|--------------|-------|--|--|--|--|--|--|--|
| Name | Eagle Communications Inc. | | | 0077 | | | | | | | |
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE | | | | | | | |
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| Name | LEGAL NAME OF OWNER OF C/ | ABLE SYSTEM: | | | | | | | | | TEM ID | |
|---------------------------|--|---|---|--|---------------------------|-------------------|-------|----------|-------------|----------|--------|--|
| Name | Eagle Communications | Inc. | | | | | | | | | 00770 | |
| - | SECONDARY TRANSMISSION | SERVICE: SU | BSCRI | BERS AND RA | TES | | | | | | | |
| E | In General: The information in s | • | | - | | • | | | | | | |
| 0 | system, that is, the retransmission | | | | | | | | | | | |
| Secondary Transmission | about other services (including p last day of the accounting period | | | | | | nose | existir | g on the | | | |
| Service: Sub- | Number of Subscribers: Both | | | | | | ole s | ystem, | 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 | | | | | | | | | | | |
| | 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 | | | | | | | | | | | |
| | | | | | , olanda | | | | | | | |
| | 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 | | | | | | | | | | | |
| | J | | | | | | | • | | | | |
| | 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 | | | | | | | | | | | |
| | with the number of subscribers a sufficient. | nd rates, in the | e right-h | and block. A ty | vo- or thre | e-word descripti | on o | t the se | IVICE IS | | | |
| | | DCK 1 | | | | | F | BLOCK | 2 | | | |
| | | | | - | | NO. OI | F | | | | | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CAT | EGORY OF SE | RVIC | СE | SUBSCRIE | BERS | RAT | |
| | Residential: | | | | | | | | | | | |
| | Service to first set | | 1,923 | 21.95 | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | | |
| | Commercial | | 312 | 21.95 | | | | | | | | |
| | Converter | | | | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | | | | | | | | | | | |
| F | In General: Space F calls for rat | | | | | | | | | ; | | |
| | not covered in space E, that is, the | | | | | | | · | | | | |
| Services | service for a single fee. There are furnished at cost or (2) services of | | | | | | | | | | | |
| Other Than | amount of the charge and the un | | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | rate column. | | | | - | | | | | | |
| ransmissions: | Block 1: Give the standard rat | 0, | | | | | | | | | | |
| Rates | Block 2: List any services that listed in block 1 and for which a s | | | | | | | | | | | |
| | brief (two- or three-word) descrip | | | | SHEU. LISI | lilese olilei sen | lices | | IOIIII OI a | | | |
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| | | BLOCK 1 | | | | | | | BLOCH | | RATE | |
| | | - | - | | VICE | DATE | C | | | VICE | NAT | |
| | CATEGORY OF SERVICE | BLOO RATE | CATEC | GORY OF SER | | RATE | С | ATEGU | ORY OF SEF | | | |
| | Continuing Services: | RATE | CATEC Installa | ation: Non-res | | RATE | С | ATEGO | DRY OF SER | | | |
| | Continuing Services: • Pay cable | RATE 21.95 | CATEC Installa • Mo | ation: Non-res tel, hotel | | RATE | С | ATEGO | RY OF SER | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel | RATE | CATEC Installa • Mo • Co | ation: Non-res tel, hotel mmercial | | RATE | С | ATEG | DRY OF SER | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection | RATE 21.95 | CATEC Installa • Mo • Col • Pay | ation: Non-res tel, hotel mmercial y cable | idential | RATE | C | ATEGC | DRY OF SER | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection | RATE 21.95 | CATEC Installa • Mo • Col • Pay | ation: Non-res tel, hotel mmercial y cable y cable-add'l cl | idential | RATE | C | ATEGO | JRY OF SER | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential | RATE 21.95 66.50 | CATEC Installa • Mo • Col • Pay • Pay • Fire | ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection | idential nannel | RATE | C | ATEGO | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set | RATE 21.95 66.50 15.00 | CATEC Installa • Mo • Co • Pay • Pay • Fire • But | ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection | idential nannel | RATE | C | ATEGO | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | RATE 21.95 66.50 15.00 | CATEC Installa • Mo • Col • Pay • Pay • Fire • Bui Other | ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: | idential nannel | | C | ATEGO | INT OF SER | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | RATE 21.95 66.50 15.00 5.00 | CATEC Installa • Mo • Col • Pay • Fare • Buil • Buil • Rei | ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect | idential nannel | RATE | C | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | RATE 21.95 66.50 15.00 | CATEC Installa • Mo • Col • Pay • Pay • Fire • Buil Other • Rea • Dis | ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect connect | idential nannel | 30.00 | C | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | RATE 21.95 66.50 15.00 5.00 | CATEC Installa • Mo • Col • Pay • Fire • Bui Other • Dis • Ou | ation: Non-res tel, hotel mmercial y cable y cable-add'l cl e protection rglar protection services: connect | idential nannel | | C | | | | | |

| Name | LEGAL NAME OF OV | VNER OF CABLE SYST | EM: | S | YSTEM ID | | | | | | |
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| Name | Eagle Commun | ications Inc. | | | 00770 | | | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | | | |
| G Primary Transmitters: Television | carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specific FC • Do not list the station station was carried • List the station here, basis. For further in Column 1: List eac Column 2: Give the This may be different fi associated with a statio the same on the form. Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: Give the | ystem during the acco ons in effect on June 3. .61(e)(2) and (4), or 7 sis, as explained in the itations: With respect C rules, regulations, of here in space G—but only on a substitute be and also in space I, if formation concerning h station's call sign. D e number of the channel on according to its over in each case whether entering the letter "N" cast), "E" (for noncom se terms, see page (it e location of each stati | bunting period, exce 24, 1981, permitting 6.63 (referring to 76 e next paragraph. to any distant static or authorizations: do list it in space I asis. the station was carr substitute basis stat o not report originat el on which the stat nich your cab;e syst er-thje-air designatio the station is a netter (for network), "N-M mercial educational) o) of the general insi on. 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 work 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 | | | | | | | |
| | KMTW-MyTV | 35 | I | Wichita KS | | | | | | | |
| | KAKE | 10 | N | Wichita KS | | | | | | | |
| | KSCW | 33 | N | Wichita KS | | | | | | | |
| | KOOD | 9 | Е | Bunker Hill KS | | | | | | | |
| | KSNC | 22 | N | Great Bend KS | | | | | | | |
| | KBSH | 7 | N | Hays KS | | | | | | | |
| | KSAS | 26 | I | Wichita KS | | | | | | | |
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ACCOUNTING PERIOD: 2020/1

| FORM SA1-2. F LEGAL NAME OF Eagle Comm | OWNER OF (| | /STEM: | | | | | SYSTEM ID# 007702 | Name |
|---|---------------|-----------|--|--------------------|--------------------|---------------|-----------|----------------------|-------------------------|
| | amoduone | , | | | | | | 007702 | |
| PRIMARY TRA | NSMITTERS: | RADIO | | | | | | | |
| | | | rried on a separate and discr | | | | | | Н |
| all-band basis whose signals were "generally receivable" by your cable system during the accounting period. | | | | | | | | | |
| | | | -Band FM Carriage: Under C | | | | | | Primary Transmitters |
| | | | em whenever it is received a ved at the headend, with the s | | | | | | Radio |
| or detailed info | ormation abou | t the the | Copyright Office regulations | | | | | | |
| | | - | ach station carried. n is AM or FM. | | | | | | |
| | | | al was electronically process | sed | by the cable sy | stem as a se | parate a | nd discrete | |
| | | | mark in the "S/D" column. | | station is license | ad by the FOC |) | | |
| | | | on (the community to which th he community with which the | | | | or, in ti | te case of | |
| | | | | | | , | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | П | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| FORM SA1-2. F | AGE 5. |
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|---|--|---|--|--|---|-------------|-----------------------|---------------|----------------------|--|--|--|
| Name | LEGAL NAME OF OWNER OF C Eagle Communications | | EM: | | | | | : | SYSTEM ID# 007702 | | | |
| | | | | | <u> </u> | | | | | | | |
| I | SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac | fy every non counting pe | network televis riod, under spe | <i>ion program</i> broadcast by cific present and former FC | a dista C rule | s, regula | tions, or au | | | | | |
| Substitute | explanation of the programmi | | | | e gene | eral instru | ictions. | | | | | |
| Carriage: | 1. SPECIAL STATEMENT | | | | | | | | | | | |
| Special Statement and Program Log | During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station? | | | | | | | | | | | |
| | log in block 2. | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program og in block 2. | | | | | | | | | | |
| | clear. If you need more space Column 1: Give the title of period, was broadcast by a 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 broad 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 | itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broad sign of the s dcast statio adian statio adian statio adian statio adian statio e "5/7." s when the Example: a er "R" if the nd regulatic | m on a separa attach additiona nnetwork televi on and that yo r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the of when your syste substitute pro- program carrie listed program ons in effect du | al pages. ision program (substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra r "Yes." Otherwise enter " isting the substitute progra e 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 progr ring the accounting perio | rogram (substitute program) that, during the accounting e system substituted for the programming of another station page (v) of the general instructions for further information. List specific program titles, for example, "I Love Lucy" or ' Otherwise enter "No." | | | | | | | |
| | S | SUBSTITUTE PROGRAM | | | | | | | 7. REASON | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | | | IAGE OC 6. FROM | TIMES — TO | FOR DELETION | | | |
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| FORM SA1-2. PAGE 6. | | | | | |
|---|----------------------------|---------------------------------|-------------------------------------|----------------------|-------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc. | | | : | 8YSTEM ID# 007702 | Name |
| | | | | 007702 | |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and t all amounts (gross receipts) paid to your cable system by subscribers for the syst (as identified in space E) during the accounting period. For a further explanation of 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 | stem's seco of how to c | ondary transm compute this a | ission servic mount, see \$3(| | K Gross Receipts |
| COPYRIGHT ROYALTY FEE | | | | | |
| COPTRIGHT ROTALIT 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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions for more information. | | | 263,800 | | L Copyright Royalty Fee |
| BLOCK 1: GROSS RECEIPTS OF \$137,10 | 00 OR LE | SS | | | |
| Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fe accounting period is \$52.00 | e that you | must pay for th | is six-month | | |
| Line 1. Royalty fee for accounting period | | | | | |
| 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 | e than \$137,10 | 00) | | |
| 1. Base amount under statutory formula \$ | ; 2 | 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 | |
| | | Г | | | |
| 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and | d 8 | ·····[| | | |
| BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80 | 00 (but les | s than \$527,6 | 600) | | |
| | · | | | | |
| 1. Enter the amount of gross receipts from space K | | 808,234.27 | | | |
| 2. Base amount under statutory formula | | 263,800.00 | | | |
| 3. Subtract line 2 from line 1 | | 44,434.27 ¢ | 444.34 | | |
| 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 | | \$ | 1,763.34 | |
| IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Regis</i> general instructions for more information. | ister of Copy | rrights. See page | e I of the | | |

| | - | FORM SA1-2. PAGE 7 |
|---------------|--|---------------------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Name | Eagle Communications Inc. | 007702 |
| - | CHANNELS | |
| R/I | | |
| Μ | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta | tions |
| Champala | 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 total symplex of estimated shares in | |
| | 2. Enter the total number of activated channels | |
| | on which the cable system carried television broadcast stations | 292 |
| | 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) | |
| | | |
| | Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363 | |
| | | |
| • | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.) | ins, |
| 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 |
| | | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy | stem as identified |
| | in line 1 of space B and that the owner is not a corporation or partnership; or | |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own | er of the cable system |
| | in line 1 of space B. | · · · · · · · · · · · · · · · · · · · |
| | | |
| | 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. | herein |
| | [18 U.S.C., Section 1001(1986)] | |
| | | |
| | | |
| | Handwritten signature: /s/ Daniel J White | |
| | | |
| | | |
| | Typed or printed name: Daniel J White | |
| | | |
| | Title: SVP Financial Planning | |
| | (Title of official position held in corporation or partnership) | |
| | | |
| | D. (| |
| | Date: 8/27/2020 | |
| | 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. |
|---------------------|
|---------------------|

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|--|-------------------------------|--|
| Eagle Communications Inc. | 007702 | 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 incoscribers 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? NO YES. Enter the total here and list the satellite carrier(s) below | basic Iude sub- n 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 underp 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 | - | |
| x | days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | - | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, | | |
| space L, (page 7) | - | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistand contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | 0, | |
| ** 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 | | |
| | | |
| Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying info | ormation (PII) requeste | d on this |

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.