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				
3/24/2023	\$ ALLOCATION NUMBER				

Return to: 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	AC	COUNTING PERIOD COVERED	BY THIS STATEMENT:						
Accounting Period		July 1-December 31, 20	20						
B Owner	inco rate	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LE	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Eagle Communications Inc.							
					143720)202			
					1437 2	2020/2			
		PO Box 817							
		Hays KS 67601							
С		, 0		fy the business and operation of the system us system, if different from the address given in s					
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite nu	imber)						
		100							
	lmat	(City, town, state, zip code)	unity conved by the cable system. A	"Semanticular in the semantic of the semantic	it" as define	al			
D		'	, ,	"community" is the same as a "community ur ling unincorporated communites within uninco		ı			
		• •	'	5(dd). The first community that list will serve a	s a form				
Area		•	•	se it as the first community on all future filings.					
Served		 e: Entities and properties such as ho identified city. 	tels, apartments, condiminiums, or i	mobile home parks should be reported in para	theses belov	N			
		CITY OR TOWN	STATE	CITY OR TOWN	STAT	ΓΕ			
First		rion	KS						
Community		orence Isboro	KS KS						
		ISUUIU	No						
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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 sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

Name	Eagle Communications Inc.	⊑IVI.		SYSTEM 14
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
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D				
ontinued)				
Area				
Served				

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				•••••
			T	

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Eagle Communications Inc.

SYSTEM ID#

1437

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 	440	21.95			
 Service to additional set(s) 					
 FM radio (if separate rate) 					
Motel, hotel		21.95			
Commercial	48	21.95			
Converter					
 Residential 					
Non-residential					
1					

F

Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

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 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	21.95	Motel, hotel			
 Pay cable—add'l channel 	66.50	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
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	2.50	Disconnect			
		Outlet relocation	49.99		
		Move to new address			

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Eagle Communications Inc.

SYSTEM ID#
1437

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis 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 identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KSNW NBC	3	N	Wichita KS
KMTW MYTV	35	N	Wichita KS
KAKE ABC	10	N	Wichita KS
KSNW Telemundo	3.1	N-M	Wichita KS
KSNW Justice	3.2	N-M	Wichita KS
KMTW Charge TV	35.1	N-M	Wichita KS
Kake MeTV	10.2	I-M	Wichita KS
KMTW Stadium	35.2	N-M	Wichita KS
KSNW HD NBC	3.1	N-M	Wichita KS
KMTW HD MyTV	35.1	I-M	Wichita KS
KAKE HD ABC	10.1	N-M	Wichita KS

FORM SA1-2. F LEGAL NAME OF Eagle Comn	F OWNER OF		YSTEM:					SYSTEM ID#	Name
-									
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.							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.								Primary Transmitters: Radio	
Column 2: S Column 3: If signal, indicate	State whether the the radio state this by placing	the station ion's sign g a check	each station carried. on is AM or FM. nal was electronically proces: c mark in the "S/D" column.						
			on (the community to which t the community with which th				C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	I	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 Inc.												
	SUBSTITUTE CARRIAG	E. SDECIA	I STATEMEN	IT AND DECCEAM LO	G								
0.4.454.4.	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.												
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE												
Special		 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 											
Statement and Program Log	broadcast by a distant station?												
Frogram Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program												
	log in block 2.												
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is												
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograt Column 3: Give the call Column 4: Give the broatthe case of Mexican or Car Column 5: Give the more first. Example: for May 7 gi Column 6: State the time to the nearest five minutes, stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules as	ace, please a of every no distant state agulations, o ries like "mo Bulls." m was broad sign of the adcast stationation static addian static and day we "5/7." les when the Example: a static addian static and day we "complete and regulation of the static and regulation of the s	please attach additional pages. Every nonnetwork television program (substitute program) that, during the accounting ant station and that your cable system substituted for the programming of another station attions, or authorizations. See page (v) of the general instructions for further information. like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or ls." as broadcast live, enter "Yes." Otherwise enter "No." In of the station broadcasting the substitute program. Instructions for further information. Instructions for further information. It is specific program titles, for example, "I Love Lucy" or ls." In of the station broadcasting the substitute program. Instructions for further information. In of the station broadcast live, enter "Yes." Otherwise enter "No." In of the station broadcasting the substitute program. In stations, if any, the community with which the station is identified). In of the station is identified. In other information.										
	5	SUBSTITUT	0000==			7. REASON							
	1. TITLE OF PROGRAM	2. LIVE? 3. STATION'S Yes or No CALL SIGN 4. STATION'S LOCAT			5. MONTH AND DAY		TIMES — TO	FOR DELETION					
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Eagle Communications Inc.	1437	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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)	ssion service mount, see	K Gross Receipts
during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 62,288.70 (Amount of 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 this accounting period is \$52.00	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 \$137,1	00)	
1. Base amount under statutory formula		
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)	
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 electronic payment payable to Register of Copyrights. See page general instructions for more information.	e I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc. 1437
	Edgic Communications inc.
	CHANNELS
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations
Chamala	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
	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
N	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 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 914-234-8363
	Entail (optional) That is consopration with the second option of the second option option of the second option of the second option of the second option of the second option option of the second option option of the second option opt
	CERTIFICATION /This statement of account must be partified and signed in accordance with Conwight Office regulations
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
Gertification	I, the directolyness, hereby sertify that (officer office, but only offic, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identified 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 system 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 identified as owner 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 herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	(
	Handwritten signature: /s/ Daniel J White
	Handwritten signature: /s/ Dantet j Writte
	Typed or printed name: Daniel J White
	Title: SVP Financial Planning
	(Title of official position held in corporation or partnership)
	Date: 2/26/2021

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	1437	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act be lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable syste service of providing secondary transmissions of primary broadcast transmitters, the system she scribers and amounts collected from subscribers receiving secondary transmissions pursuant	m for the basic all not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general institution did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment For an explanation of interest assessment, see page (viii) of the general instructions.	or underpayment.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further 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 Copyr list below the owner, address, first community served, ID number, and accounting period as given in t		
Owner Address		
ID number		
First community served		
Accounting period		

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