## 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:
STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Library of Congress Copyright Office
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division
Cable Systems (Short Form)			101 Independence Ave. SE
General instructions are at the		\$	Washington, DC 20557-6400 (202) 707-8150
end of this form [pages (i)-(vii)].	3/24/2023	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT:								
Accounting Period	July 1-December 31, 2	020								
<b>B</b> Owner	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.       20447									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Eagle Communications In	с.								
				*2044720202*						
				20447 2020/2						
	PO Box 817									
С	Hays KS 67601 INSTRUCTIONS: In line 1, give any b	usiness or trade names used to identi	ify the business and operation of the system	m unless these						
-	names already appear in space B. In I	ine 2, give the mailing address of the	system, if different from the address given	in space B.						
System	1									
	MAILING ADDRESS OF CABLE SYSTE	М:								
	2 (Number, street, rural route, apartment, or suite	number)								
	(City, town, state, zip code)									
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities 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									
Area Served	of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.									
First	CITY OR TOWN Cedar Rapids	STATE NE	CITY OR TOWN	STATE						
Community										
			-							
-			e personally identifying information (PII) requested or							
numbers. By provid	ing PII, you are agreeing to the routine use of it t	o establish and maintain a public record, whicl	race an individual, such as name, address and telep h includes appearing in the Offce's public indexes ar ig of your statement of account and its placement in	nd in						
	f statements of account, and it may affect the leg									

Form SA1-2c Rev 04/2011

## ACCOUNTING PERIOD: 2020/2

Now	LEGAL NAME OF OWNER OF CABLE SY	R OF CABLE SYSTEM: SY						
Name	Eagle Communications Inc.				204			
	CITY OR TOWN	STATE		CITY OR TOWN	STATE			
_								
D								
ontinued)								
Area								
Served								
	Г							

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID		
Name	Eagle Communications	Inc.							2044		
E	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	IBERS AND RA	TES						
E	<b>In General:</b> 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).										
<b>.</b> .											
Secondary											
Transmission Service: Sub-	Number of Subscribers: Both						hle system	broken			
scribers and	down by categories of secondary										
Rates	each category by counting the n										
	separately for the particular serv	ice at the rate	indicate	ed—not the num	ber of se	ts receiving serv	, /ice).	0			
	Rate: Give the standard rate of	-	-					-			
	unit in which it is generally billed	• •		,	ny standa	rd rate variation	s within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block				ion of cor	ondon tronomi	scion convi	ico that cablo			
	systems most commonly provide			-		•					
	that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca						•				
	first set" and would be counted of										
	Block 2: If your cable system	Ũ									
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in th	e right-	nand block. A tw	o- or thre	e-word descript	ion of the s	service is			
		DCK 1					BLOCK	()			
	BEC	NO. OF					BLOCI	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		46	27.95							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel			27.95							
	Commercial		2	27.95							
	Converter		2	27.95							
	Residential										
	Non-residential										
								•			
	SERVICES OTHER THAN SEC In General: Space F calls for rai					ll vour cable sve	tom's con	vices that were			
F	not covered in space E, that is, t										
	service for a single fee. There a										
Services	furnished at cost or (2) services				-						
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	tes are cł	narged on a vari	able per-p	rogram basis,			
Secondary	enter only the letters "PP" in the										
Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable se								tworo pot			
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) descrip	these other ser		elonnora							
		BLO			105	DATE		BLOCK 2	DATE		
	CATEGORY OF SERVICE	RATE		GORY OF SERV ation: Non-resi		RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:	27.05			uentiai						
	• Pay cable	27.95	1	otel, hotel							
	Pay cable—add'l channel	52.50	-	mmercial							
	Fire protection		1	y cable							
	•Burglar protection		•Pa	y cable-add'l cha	annel						
	Installation: Residential		• Fir	e protection							
	• First set	15.00	• Bu	rglar protection							
	<ul> <li>Additional set(s)</li> </ul>	5.00	Other	services:							
	• FM radio (if separate rate)		• Re	connect		30.00					
	• Converter	15.00	1	sconnect		·····					
			1	itlet relocation		49.99					
				ove to new addre	200						
			- 1010			·····			·····		

Name

G

Primary

Transmitters:

Television

	ONW OAT-2. TAGE 0.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Eagle Communications Inc.	20447
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television stati	ons)
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis und	der
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections	3
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 pr	ogram
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 of	her
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 stree	
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 noncomm	nercial
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	st).
For the meaning of these terms, see page (iv) of the general instructions.	

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**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	
KSNB	3	N	Hastings NE	
KFXL	51	I	Lincoln NE	
KHNE	28	E	Hastings NE	
KSBN MeTV	10	I	Lincoln NE	
KGIN	11	N	Grand Island NE	
KHGI	13	N	Grand Island NE	
KNHL SonLife	5	I	Hastings NE	

## ACCOUNTING PERIOD: 2020/2

FORM SA1-2. F LEGAL NAME OF <b>Eagle Comm</b>	FOWNER OF (		YSTEM:				SYSTEM ID# 20447	Name
	iunications	5 IIIC.					20447	
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
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. <b>Special Instructions Concerning All-Band FM Carriage:</b> 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. <b>Column 1:</b> Identify the call sign of each station carried. <b>Column 2:</b> State whether the station is AM or FM. <b>Column 3:</b> If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. <b>Column 4:</b> Give the station's location (the community to which the station is licensed by the FCC or, in the case of								
			the community with which the			1		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	l	I	L	L	L	L	1	

	LEGAL NAME OF OWNER OF (	CABLE SYST	EM:					SYSTEM ID#				
Name	Eagle Communications Inc.											
					•							
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.											
Carriage:		explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Program Log												
	2. LOG OF SUBSTITUTE											
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another static under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.											
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	OCCURRED 6. TI FROM	MES	7. REASON FOR DELETION				
						_						
						_						
						_						
						_						
						_						
					1	_						
					1	_						
					1	_						
					1	_						
					·							

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	20447	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 transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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.	sion 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 \$26 • 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	33,800	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 Line 1. Royalty fee for accounting period	six-month <u>\$52.00</u> 0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
1. Base amount under statutory formula		
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 \$527,6	600)	
1. 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		
<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 general instructions for more information.	l of the	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Naine	Eagle Communications Inc.	20447
	CHANNELS	
N/		K
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	itions
Channels	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	7
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	
	and nonbroadcast services	76
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 91	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	
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	ons,
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 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 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 owned	ar of the cable system
	in line 1 of space B.	or the bable system
	<ul> <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>	herein
	[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: 02/26/2021	

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.

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	Name
Eagle Communications Inc. 20447	, 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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning
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?	Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 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)	
(interest charge) * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	
Driver Act Nation: Section 111 of title 17 of the United States Code authorizes the Convright Offee to collect the personally identifying information (DII) requests	· · · ·

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.