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 COPYRIGHT	Return to: Library of Congress <i>Copyright Office</i>	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division
Cable Systems (Short Form) General instructions are at the		\$	101 Independence Ave. SE 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 COVEREI	D BY THIS STATEMENT:							
Accounting Period	July 1-December 31, 2020								
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the pau List any other name or names under wi If there were different owners during th a single statement of account and royalty for	prrect information beside it. f the cable system. If the owner is a rent corporation. hich the owner conducts the business <i>e accounting period, only the owner</i> <i>ee payment covering the entire accounting the entire accounting</i>	on the last day of the accounting period should su						
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM							
	Eagle Communications Inc								
				*2045420202					
				20454 2020/					
	PO Box 817 Hays KS 67601								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these								
-	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.								
System	1								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	-		A "community" is the same as a "community						
U			luding unincorporated commuinites within unit 6.5(dd). The first community that list will serv	•					
Area	of system identification hereafter known	as the "first community." Please	use it as the first community on all future filing	gs.					
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					
First	Silver Creek	NE							
Community									
		•							
rivacy Act Notic	e: Section 111 of title 17 of the United States Code	authorizes the Copyright Offce to collect	the personally identifying information (PII) requested on	this					
			or trace an individual, such as name, address and teleph						
• •		-	hich includes appearing in the Offce's public indexes and sing of your statement of account and its placement in t						
	of statements of account, and it may affect the legal								

ACCOUNTING PERIOD: 2020/2

Manna -	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Eagle Communications Inc.								
	CITY OR TOWN	STATE		CITY OR TOWN	STATE				
_									
D									
ontinued)									
Area									
Served									
			Ш						

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS			
Name	Eagle Communications	Inc.							2045		
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRII	BERS AND RAT	ES						
E	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 paried (June 20 or December 21 or the case may be)										
Secondary											
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be).										
scribers and	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										
Rates	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 c	•	•	•				U U			
	unit in which it is generally billed.				/ standa	rd rate variation	ns within a	a particular rate			
	category, but do not include disc							vice that askis			
	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										
	categories, that person or entity			-		-					
						•					
	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										
		tion of the	e service is								
	sufficient.	DCK 1					BLOO	х у 2			
	BEC	NO. OF					BLOC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATI		
	Residential:										
	 Service to first set 		18	27.95							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel			27.95							
	Commercial		2	27.95							
	Converter		-	27.55							
	Residential										
				······ ···							
	Non-residential										
			Nomo					-			
_	SERVICES OTHER THAN SEC				pect to a	Il vour cable sv	stem's se	rvices that were			
F	In General: Space F calls for rat	te (not subscrib	per) info	rmation with resp		• •					
F		te (not subscrib hose services	per) info that are	rmation with resp not offered in co	mbinatio	on with any sec	ondary tr	ansmission			
F	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services	te (not subscrit hose services re two exceptio or facilities furr	ber) info that are ins: you nished to	rmation with resp not offered in co do not need to g o nonsubscribers	ombinatio ive rate s. Rate ir	on with any sec information co nformation sho	ondary tr ncerning (uld includ	ansmission 1) services e both the			
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Name

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Eagle Communications Inc.	20454
PRIMARY TRANSMITTERS: TELEVISION	
In General: In space G, identify every television station (including translator stations and low power television static carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis une FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section: 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 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 specific FCC rules, regulations, or authorizations:	der s I on a
 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 o 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; esystem carried the station. Identify each multicast stread associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2	
the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncom	
educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M	

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educational station, by (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

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 Eagle Comn	F OWNER OF (YSTEM:				SYSTEM ID# 20454	Name
		/ 110.					20434	
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. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.								Primary Transmitters Radio
gnal, indicate Column 4: G	this by placing Give the station	g a check n's locatio	nal was electronically process c mark in the "S/D" column. on (the community to which th the community with which the	e station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		GID				0,0		
					· · · · · · · · · · · · · · · · · · ·			
	l	I	L	L	.I	L	I	

Name	LEGAL NAME OF OWNER OF (Eagle Communications		EM:				ę	SYSTEM ID# 20454				
		-						20707				
	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 can substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For 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 peri		r cable system	carry, on a substitute bas	sis, any nonne	-						
Program Log	broadcast by a distant stati		root of this nos	na blank. If your anowar is	"Voo" vou m			XNo				
	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.											
	2. LOG OF SUBSTITUTE			to line. Line obbroviations	wherever	aible if their m	a a a a i a a a a a a a a a a a a a a a					
	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 station 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 in effect on October 19, 1976.											
	S	UBSTITUT	E PROGRAM			BSTITUTE CA	ARRIAGE	7. REASON				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM —	ES TO	FOR DELETION				
						<u>_</u>						
						<u> </u>						
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FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	20454	Name
	on 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 \$263, • 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	800	L Copyright Royalty Fee
BLOCK I. GROSS RECEIPTS OF \$151,100 OR LESS		
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$ <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 \$137,100)		
1. Base amount under statutory formula \$ 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	
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))	
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		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of general instructions for more information.	f the	

		FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	Eagle Communications Inc.	20454
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stati	005
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	0113
Channels	to its subscribers and (2) the cable system's total number of activated chamnels, during the accounting period.	
	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	255
	and nonbroadcast services	200
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 914	1-235-8313
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	IS,
0	as explained in the general instructions.)	
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; of	r
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys	tem 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 owner in line 1 of space B.	of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained h are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	erein
	[18 U.S.C., Section 1001(1986)]	
	Daniel 7 9116 ite	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Typed of printed name. Damer 5 Writte	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 2/26/2021	

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.

FORM SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	
Eagle Communications Inc. 2045	4 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? 	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below. \$ Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	- Assessment - -
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 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) 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.