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 General instructions are at the 3/24/2023 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:							
Accounting Period	July 1-December 31, 2020							
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. 21047							
	LEGAL	NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM					
	Eag	gle Communications Inc.						
				*210)4720202			
				21	047 2020/			
	_	Box 817 ys 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.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zp code)							
	1		unity served by the cable system	"community" is the same as a "community unit" as	defined			
D		•		ing unincorporated communities within unincorpora				
			. ,	5(dd). The first community that list will serve as a fo	orm			
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.							
		CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community			KS					
community	Bird C	ity	KS					
				-				
Privacy Act Notic	e: Section 1	11 of title 17 of the United States Code	authorizes the Copyright Offce to collect the	personally identifying information (PII) requested on this				
	•	• •	-	race an individual, such as name, address and telephone n includes appearing in the Offce's public indexes and in				
	0 . ,	0 0	PII requested is that it may delay processin					

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2020/2

Name	LEGAL NAME OF OWNER OF CABLE SYS	STEM:		SYSTEM
Name	Eagle Communications Inc.			210
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
continued)				
Area				
Served				

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CA		SYS	TEM ID							
Name	Eagle Communications	Inc.						2104			
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS AND RA	TES							
E	In General: The information in s	•	v								
. .	system, that is, the retransmission										
Secondary		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).									
Transmission Service: Sub-						hle system	broken				
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									
	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 of	-					-				
	unit in which it is generally billed	· · ·	,	ny standa	rd rate variation	s within a p	particular rate				
	category, but do not include disc Block 1: In the left-hand block			rios of cor	ondon tronomi	cion convi	oo that cablo				
	systems most commonly provide	•	-		•						
	that applies to your system. Not										
	categories, that person or entity										
	subscriber who pays extra for ca	ble service to	additional sets would b	e included	d in the count ur	der "Servi	ce to the				
	first set" and would be counted of										
	Block 2: If your cable system	•									
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in the	e right-hand block. A tv	NO- or thre	e-word descript	on of the s	service is				
		DCK 1		r		BLOCK	()				
	BEC	NO. OF				DLOOP	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBI		CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE			
	Residential:										
	 Service to first set 		9 21.95								
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel		21.95								
	Commercial		3 21.95								
	Converter		5 21.55								
	Residential										
	Non-residential										
	Non-residential										
	Non-residential SERVICES OTHER THAN SEC				Il your cable sys	tem's serv	ices that were				
F	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rai	te (not subscrib	per) information with re	spect to a							
F	Non-residential SERVICES OTHER THAN SEC	te (not subscrit hose services	per) information with re that are not offered in	spect to a combinati	on with any sec	ondary trar	smission				
F	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t	te (not subscrit hose services re two exceptio	per) information with re that are not offered in ns: you do not need to	espect to a combinati give rate	on with any sec information con	ondary trar cerning (1)	nsmission) services				
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Eagle Communications Inc.									
	PRIMARY TRANSMITTERS	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ransmitters: 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, c	or authorizations:							
	 Do not list the station he station was carried on 	•	•	(the Special Statement and Program Log)—if the						
	 List the station here, an basis. For further infor Column 1: List each st 	d also in space I, if rmation concerning s station's call sign. D	the station was car substitute basis sta o not report origina	ried both on a substitute basis and also on some other tions, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc. tion's broadcasts are carried in its own community.						
		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									
		each case whether	the station is a net	twork station, an independent station, or a noncommercial						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo	ntering the letter "N" st), "E" (for noncomr e terms, see page (iv ocation of each stati	(for network), "N-M nercial educational /) of the general ins on. For U.S. statior	I" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo	ntering the letter "N" st), "E" (for noncomr e terms, see page (iv ocation of each stati	(for network), "N-M nercial educational /) of the general ins on. For U.S. statior	/l" (for network multicast), "l" (for independent), "l-M"), or "E-M" (for noncommercial educational multicast). structions.						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL	ntering the letter "N" st), "E" (for noncomr e terms, see page (iv pocation of each stati nadian stations, if ar 2. B'CAST	(for network), "N-M nercial educational /) of the general ins on. For U.S. statior ny, give the name of 3. TYPE	A" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed.						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL	ntering the letter "N" st), "E" (for noncomr e terms, see page (iv pocation of each stati nadian stations, if ar 2. B'CAST CHANNEL	(for network), "N-M nercial educational /) of the general ins on. For U.S. station ny, give the name of 3. TYPE OF	A" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed.						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN	htering the letter "N" st), "E" (for noncomr t terms, see page (iv ocation of each stati nadian stations, if ar 2. B'CAST CHANNEL NUMBER	(for network), "N-M mercial educational /) of the general ins on. For U.S. station ny, give the name of 3. TYPE OF STATION	 (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION 						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KWKS	ntering the letter "N" st), "E" (for noncomr e terms, see page (iv ocation of each stati nadian stations, if ar 2. B'CAST CHANNEL NUMBER 19	(for network), "N-M nercial educational /) of the general ins on. For U.S. station ny, give the name of 3. TYPE OF STATION E	 A" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Colby KS 						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KWKS KUSA	ntering the letter "N" st), "E" (for noncomr e terms, see page (iv ocation of each stati nadian stations, if ar 2. B'CAST CHANNEL NUMBER 19 9	(for network), "N-M mercial educational 7) of the general ins on. For U.S. station ny, give the name of 3. TYPE OF STATION E N	A" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Colby KS Denver CO						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KWKS KUSA KWGN	ntering the letter "N" st), "E" (for noncomr t terms, see page (iv ocation of each stati nadian stations, if ar 2. B'CAST CHANNEL NUMBER 19 9 34	(for network), "N-M mercial educational /) of the general ins on. For U.S. station ny, give the name of 3. TYPE OF STATION E N I	 (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Colby KS Denver CO Denver CO 						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KWKS KUSA KWGN KLBY	ntering the letter "N" st), "E" (for noncomr e terms, see page (iv ocation of each stati nadian stations, if ar 2. B'CAST CHANNEL NUMBER 19 9 34 10	(for network), "N-M mercial educational /) of the general ins on. For U.S. station ny, give the name of 3. TYPE OF STATION E N I N	//" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Colby KS Denver CO Denver CO Colby KS						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KWKS KUSA KUSA KWGN KLBY KCNC	ntering the letter "N" st), "E" (for noncomr terms, see page (iv ocation of each stati nadian stations, if ar 2. B'CAST CHANNEL NUMBER 19 9 34 10 4	(for network), "N-M mercial educational /) of the general ins on. For U.S. station ny, give the name of 3. TYPE OF STATION E N I N N N	A" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION 6. LOCATION OF STATION Colby KS Denver CO Colby KS Denver CO						
	Column 3: Indicate in educational station, by en (for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KWKS KUSA KWGN KLBY KCNC KSNK	ntering the letter "N" st), "E" (for noncomment terms, see page (iv pocation of each stati nadian stations, if ar 2. B'CAST CHANNEL NUMBER 19 9 34 10 4 12	(for network), "N-M mercial educational 7) of the general ins on. For U.S. station ny, give the name of 3. TYPE OF STATION E N I N N	 (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION 6. LOCATION OF STATION Colby KS Denver CO Colby KS Denver CO Colby KS Denver CO Colby KS 						
	Column 3: Indicate in educational station, by en- (for independent multicas For the meaning of these Column 4: Give the Id FCC. For Mexican or Can 1. CALL SIGN KWKS KUSA KUSA KUSA KUSA KKOR KLBY KCNC KSNK KSAS	ntering the letter "N" st), "E" (for noncomme e terms, see page (iv bocation of each stati nadian stations, if ar 2. B'CAST CHANNEL NUMBER 19 9 34 10 4 12 26	(for network), "N-M mercial educational 7) of the general ins on. For U.S. station by, give the name of 3. TYPE OF STATION E N I N N N I	A" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Colby KS Denver CO Denver CO Colby KS Denver CO Wichita KS						

ACCOUNTING PERIOD: 2020/2

	F OWNER OF C		/STEM:				SYSTEM ID# 21047	Name
	NSMITTERS:						21047	
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
ceivable if (1) in the basis of a column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G	it is carried by monitoring, to prmation about dentify the call state whether t the radio statis this by placing Sive the station	y the syst be recein t the the sign of eight he station ion's sign g a check h's location	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante on this point, see ed by the cable s e station is licens	adend, and (2) enna, during ce page (v) of the ystem as a se sed by the FCC) it can b ertain sta e genera parate a	e expected, ated intervals. Il instructions. nd discrete	Primary Transmitter Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		UIC				3,0		
					L			

			1		

								1 SA1-2. PAGE 5.	
Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID# 21047	
Substitute	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.								
Carriage:									
Special	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 								
Statement and	broadcast by a distant stati		r cable system	carry, on a substitute bas	is, any nonne	elwork leie		×No	
Program Log	Note: If your answer is "No"		rest of this nad	e blank. If your answer is	"Ves " vou m	ust comple			
	log in block 2.	, leave the		je blarik. Il your answer is	res, you m	ust comple	ete the program	1	
	period, was broadcast by a under certain FCC rules, reg	itute progra ce, please a of every no distant stati gulations, o	m on a separa attach addition nnetwork telev ion and that yo r authorization	al pages. ision program (substitute p ur cable system substitute s. See page (v) of the gen	program) that ed for the prog eral instructio	, during the gramming ns for furth	e accounting of another stat her information		
	Do not use general categori		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I l	Love Lucy" or		
	"NBA Basketball: 76ers vs. Column 2: If the program		lcast live, ente	r "Yes." Otherwise enter "I	No."				
	Column 3: Give the call s	sign of the s	station broadca	asting the substitute progra	am.				
				ne community to which the			he FCC or, in		
	the case of Mexican or Can Column 5: Give the mon			community with which the tem carried the substitute			with the mon	th	
	first. Example: for May 7 giv		which your sys		program. Ost	Tumerai	, with the mon		
	Column 6: State the time	es when the		gram was carried by your				у	
	to the nearest five minutes.	Example: a	i program carri	ed 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 lette	er "R" if the	listed program	was substituted for progra	amming that v	vour svstei	m was required	1	
	to delete under FCC rules a								
	gram was substituted for pro	ogramming	that your syste	em was permitted to delete	e under FCC	rules and r	regulations in		
	effect on October 19, 1976.								
					WHEN SU	BSTITUT	E CARRIAGE		
	S	UBSTITUT	E PROGRAM			OCCURR		7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO		
							_		
							_		
							_		
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							_		
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							_		
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							_		
	•				• •				

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	21047	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Entrall amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission 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 \$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 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	s six-month	
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 \$ 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	I	
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 pag general instructions for more information.	e I of the	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Hame	Eagle Communications Inc.	21047
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	ions
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	10115
Channels	to its subscribers and (2) the cable system's total number of activated chamnels, during the accounting period.	
onanioio	1. Enter the total number of channels on which the cable	•
	system carried television broadcast stations	9
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	33
	and nonbroadcast services	55
N	INDIVIDUAL TO BE CONTACTED IS SUBTILED INCOMMATION IS NEEDED: (Identify on individual to whom	
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	4-235-8313
Information		
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	City, town, state, zip)	
	(Oity, 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 regulatio	ns,
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 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 sys	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 owne	r 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 h 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)]	
	Danial 7 9114:40	
	Handwritten signature: /s/ Daniel J White	
	Turned as aviated serves, Doniel I White	
	Typed or printed name: Daniel J White	
	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 fing, 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.	21047	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 a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the l service of providing secondary transmissions of primary broadcast transmitters, the system shall not inc scribers 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?	pasic lude sub- 119."	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		
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
x x Line 2 Multiply line 1 by the interest rate* and enter the sum here	days 274	
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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistanc 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 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.