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 | Library of Congress 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 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 COVERED | 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 par List any other name or names under wh If there were different owners during th a single statement of account and royalty fe | arrect information beside it. the cable system. If the owner is a sent corporation. nich the owner conducts the business <i>e accounting period, only the owner is</i> <i>the payment covering the entire accounting the entit accounting the entit accounting the entit accoun</i> | on the last day of the accounting period should subm | nit2343 | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADD | DRESS OF CABLE SYSTEM | | | | | | | |
| | Eagle Communications Inc. | | | | | | | | |
| | | | ** | 2343520202 | | | | | |
| | | | | 23435 2020/2 | | | | | |
| | PO Box 817 | | | | | | | | |
| | Hays KS 67601 | | | | | | | | |
| С | | | ntify the business and operation of the system u | | | | | | |
| System | 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. | | | | | | | | |
| 0,000 | | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | | |
| | 2 (Number, street, rural route, apartment, or suite nu | imber) | | | | | | | |
| | (City, town, state, zip code) | | | | | | | | |
| D Area | 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 of system identification hereafter known as the "first community." Please use it as the first community on all future filings. | | | | | | | | |
| Served | Note: Entities and properties such as ho the identified city. | tels, apartments, condiminiums, c | or mobile home parks should be reported in para | theses below | | | | | |
| First | CITY OR TOWN | STATE NE | CITY OR TOWN | STATE | | | | | |
| First Community | Stromburg | | | | | | | | |
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| Privacy Act Notic | e: Section 111 of title 17 of the United States Code | authorizes the Copyright Offce to collect t | the personally identifying information (PII) requested on this | • | | | | | |
| | , | , | or trace an individual, such as name, address and telephone | e | | | | | |
| | | | ich includes appearing in the Offce's public indexes and in sing of your statement of account and its placement in the | | | | | | |

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2020/2

| Name | LEGAL NAME OF OWNER OF CABLE SY | /STEM: | | SYSTEM I |
|-----------|---------------------------------|--------|--------------|----------|
| Name | Eagle Communications Inc. | | | 234 |
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE |
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| ontinued) | | | | |
| Area | | | | |
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Form SA1-2c Rev 04/2011

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | | | | | | |
|---|--|--|---|--|---|--|--|--|------|--|--|--|
| Name | Eagle Communications | Inc. | | | | | | | 2343 | | | |
| E | SECONDARY TRANSMISSION | SERVICE: SU | IBSCRI | BERS AND RAT | TES | | | | | | | |
| E | In General: The information in s | • | | • | | | | | | | | |
| | system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information | | | | | | | | | | | |
| 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 (lune 30 or December 31, as the case may be) | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| | 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 | · · · | | | iy standa | rd rate variatior | is within a | particular rate | | | | |
| | category, but do not include disc Block 1: In the left-hand block | | | | os of sos | ondary transm | scion convi | as that ashle | | | | |
| | systems most commonly provide | • | | - | | • | | | | | | |
| | that applies to your system. Not | | | | | | | | | | | |
| | categories, that person or entity | | | | | | | | | | | |
| | subscriber who pays extra for ca | ble service to | addition | al sets would be | e included | d in the count u | nder "Servi | ce to the | | | | |
| | | | | | | | | | | | | |
| | | first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those | | | | | | | | | | |
| | printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is | | | | | | | | | | | |
| | with the number of subscribers a sufficient. | and rates, in the | e right-r | and block. A two | o- or thre | e-word descrip | tion of the | service is | | | | |
| | | DCK 1 | | | | | BLOC | () | | | | |
| | BEC | NO. OF | | | | | DLUUI | NO. OF | | | | |
| | CATEGORY OF SERVICE | SUBSCRIBI | | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RATE | | | |
| | Residential: | | | | | | | | | | | |
| | Service to first set | | 91 | 27.95 | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | • FM radio (if separate rate) | | | ••••••• | | | | | | | | |
| | Motel, hotel | | | 27.95 | | | | | | | | |
| | Commercial | | 7 | 27.95 | | | | | | | | |
| | Converter | | ····· | 27.55 | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | | | | ····· | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
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| | SERVICES OTHER THAN SEC | | | | pect to a | ll vour cable sv | stem's ser | vices that were | | | | |
| F | In General: Space F calls for rai | te (not subscrib | per) info | ormation with res | | | | | | | | |
| F | | te (not subscrit hose services | per) info that are | ormation with res | ombinati | on with any sec | ondary tra | nsmission | | | | |
| F | In General: Space F calls for rain not covered in space E, that is, t | te (not subscrit hose services re two exceptio | per) info that are ons: you | ermation with res e not offered in c do not need to g | ombinati give rate | on with any sec information cor | ondary trai icerning (1 | nsmission) services | | | | |
| Services Other Than | In General: Space F calls for rain not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur | te (not subscrit hose services re two exceptio or facilities furn hit in which it is | ber) info that are ns: you nished t | ormation with res on ot offered in co do not need to g o nonsubscriber | ombinati give rate s. Rate ii | on with any sec information con nformation sho | ondary trai ncerning (1 uld include | nsmission) services both the | • | | | |
| Services Other Than Secondary | In General: Space F calls for rain not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the ure noter only the letters "PP" in the | te (not subscrit hose services re two exceptio or facilities furn hit in which it is rate column. | ber) info that are ns: you nished t usually | rmation with res on ot offered in c do not need to g o nonsubscriber billed. If any rat | ombinatio give rate s. Rate in ses are ch | on with any sec information con nformation sho narged on a van | ondary tran ncerning (1 uld include iable per-p | nsmission) services both the | | | | |
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| Services Other Than Secondary Transmissions: | In General: Space F calls for rainot covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the ure enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description (two- or three-wor | te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg tion and incluc BLOC RATE 27.95 52.50 15.00 | ber) info that are ns: you nished t usually he cabl stem ful ge was r de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bul | armation with res a not offered in c do not need to g o nonsubscriber billed. If any rat e system for eac rnished or offere nade or establish ate for each. <u>CORY OF SERV</u> ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha | ombinati give rate s. Rate in es are ch ch of the d during hed. List <u>ICE</u> dential | on with any sec information con nformation sho narged on a var applicable serv the accounting these other se | ondary tran acerning (1 uld include iable per-p ices listed. period that vices in th | nsmission) services both the rogram basis, t were not e form of a BLOCK 2 | RATE | | | |
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| Services Other Than Secondary Fransmissions: | In General: Space F calls for rainot covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the ure enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description (two- or three-wor | te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sys separate charg tion and includ <u>BLO0</u> <u>RATE</u> 27.95 52.50 15.00 | ber) info that are ins: you hished t usually he cabl stem ful ge was r de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other s | armation with research offered in contract offered in contract of the second offered in contract of the second offered in the system for each or offere nade or established | ombinati give rate s. Rate in es are ch ch of the d during hed. List <u>ICE</u> dential | on with any sec information con nformation sho harged on a var applicable serv the accounting these other se RATE | ondary tran acerning (1 uld include iable per-p ices listed. period that vices in th | nsmission) services both the rogram basis, t were not e form of a BLOCK 2 | RATE | | | |
| Services Other Than Secondary Fransmissions: | In General: Space F calls for rainot covered in space E, that is, the service for a single fee. There all furnished at cost or (2) services amount of the charge and the urenter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description (two- or three-word) | te (not subscrit those services re two exceptio or facilities furn- nit in which it is rate column. te charged by t t your cable sys- separate charg- tion and include BLOC RATE 27.95 52.50 15.00 5.00 | ber) info that are ins: you hished t usually he cabl stem ful ge was r de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other s • Rel • Dis | armation with researed offered in contract offered in contract offered in contract of the cont | ombinati give rate s. Rate in es are ch ch of the d during hed. List <u>ICE</u> dential | on with any sec information con nformation sho harged on a var applicable serv the accounting these other se RATE | ondary tran acerning (1 uld include iable per-p ices listed. period that vices in th | nsmission) services both the rogram basis, t were not e form of a BLOCK 2 | RATE | | | |

| Name | LEGAL NAME OF OW | NER OF CABLE SYSTE | M: | SYS | TEM ID | | | | |
|--|--|--|---|--|--------|--|--|--|--|
| Name | Eagle Communi | cations Inc. | | | 2343 | | | | |
| | PRIMARY TRANSMITTER | RS: TELEVISION | | | | | | | |
| G Primary Insmitters: elevision | 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 specific FCC rules, regulations, or authorizations: | | | | | | | | |
| | List the station here, a basis. For further info Column 1: List each Column 2: Give the This may be different fro associated with a station the same on the form. | ormation concerning s station's call sign. Do number of the channe om the channel on wh n according to its ove | the station was carri substitute basis stat o not report originati el on which the stati nich your cab;e syste r-thje-air designatio | ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as | | | | | |
| | educational station, by e (for independent multica For the meaning of thes Column 4: Give the | 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 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 | Е | Hastings NE | | | | | |
| | KSBN MeTV | 10 | I | Lincoln NE | | | | | |
| | KGIN | 11 | N | Grand Island NE | | | | | |
| | KHGI | 13 | N | Grand Island NE | | | | | |
| | KNHL SonLife | 5 | 1 | Hastings NE | | | | | |
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ACCOUNTING PERIOD: 2020/2

| FORM SA1-2. F EGAL NAME OF | FOWNER OF (| | YSTEM: | | | | SYSTEM ID# | Name |
|--|-------------|--------|---------------------|-----------|----------|-----|---------------------|------|
| Eagle Comm | nunications | s inc. | | | | | 23435 | |
| 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. | | | | | | | | |
| | | | | | | | | |
| | | 0/0 | | | | 0/0 | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| | | | | | | | | 1 SA1-2. PAGE 5. |
|---------------|--|-----------------------------|-------------------------------------|---|------------------------------------|----------------|----------------|---------------------------|
| Name | LEGAL NAME OF OWNER OF O | | EM: | | | | | SYSTEM ID# 23435 |
| Substitute | SUBSTITUTE CARRIAGE In General: In space I, identit substitute basis during the ac explanation of the programmi | fy every non counting pe | network televis riod, under spec | <i>ion program</i> broadcast by a cific present and former FC | distant station C rules, regula | itions, or au | | |
| Carriage: | | | | | general mour | | | |
| Special | 1. SPECIAL STATEMENT | | | | ia any nanna | twork tolo | vision program | |
| Statement and | During the accounting peri broadcast by a distant stati | | r cable system | carry, on a substitute bas | as, any nonne | | | ×No |
| Program Log | Note: If your answer is "No" | | rest of this nac | e blank. If your answer is | "Ves " vou m | ust comple | | |
| | log in block 2. | , leave the | rest of this pag | je blarik. Il your answer is | res, you m | ust comple | te the program | 1 |
| | 2. LOG OF SUBSTITUTE In General: List each subst | itute progra | im on a separa | | wherever pos | ssible, if the | eir meaning is | |
| | clear. If you need more space | | | al pages. ision program (substitute p | program) that | during the | accounting | |
| | period, was broadcast by a | | | | | | | ion |
| | under certain FCC rules, rec | | | | | | | |
| | Do not use general categori "NBA Basketball: 76ers vs. | | vies" or "baske | tball." List specific program | n titles, for ex | ample, "I L | love Lucy" or | |
| | | | 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. | | | |
| | Column 4: Give the broa the case of Mexican or Can | | | ne community to which the | | | ne FCC or, in | |
| | | | | tem carried the substitute | | | , with the mon | th |
| | first. Example: for May 7 giv | ′e "5/7." | | | | | | |
| | | | | gram was carried by your | | | | у |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: a | i program carri | ed by a system from 6:01: | 15 p.m. to 6: | 28:30 p.m. | should be | |
| | | er "R" if the | listed program | was substituted for progra | amming that | your syster | n was required | 1 |
| | to delete under FCC rules a | nd regulation | ons in effect du | iring the accounting period | l; enter the le | tter "P" if th | ne listed pro | |
| | gram was substituted for pro | ogramming | that your syste | em was permitted to delete | e under FCC | rules and r | egulations in | |
| | effect on October 19, 1976. | | | | | | | |
| | | | | | WHEN SU | IBSTITUTI | E CARRIAGE | |
| | S | UBSTITUT | E PROGRAM | | | OCCURR | ED | 7. REASON FOR DELETION |
| | 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | | TIMES | FOR DELETION |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM | то | |
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| FORM SA1-2. PAGE 6. | |
|--|-------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM | Nama |
| Eagle Communications Inc. 234 | I35 |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. | |
| 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 \$263,800 • 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 | L Copyright Royalty Fee |
| | |
| Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period | |
| 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 | <u>)</u> |
| 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 | _ |
| 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 the general instructions for more information. | |

| | · | FORM SA1-2. PAGE 7 |
|---------------|--|------------------------|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# |
| Name | Eagle Communications Inc. | 23435 |
| | CHANNELS | |
| М | | |
| IVI | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast states the television broadcast states and the second states and the second states are stated as the second states are states and the second states are | ations |
| 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 | 257 |
| | | |
| | | |
| Ν | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom | |
| | we can write or call about this statement of account.) | |
| Individual to | | |
| Be Contacted | | |
| for Further | Name Marie Censoplano Telephone 9 | 14-235-8313 |
| Information | | |
| | Address 4 International Dr Suite 330 | |
| | (Number, street, rural route, apartment, or suite number) | |
| | Due Breek NV 10572 | |
| | 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 | ions, |
| 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 s | vistom as identified |
| | in line 1 of space B and that the owner is not a corporation or partnership; or | ystem as identified |
| | | |
| | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B. | er of the cable system |
| | | |
| | • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained | l 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 | |
| | | |
| | | |
| | Typed or printed name: Daniel J White | |
| | | |
| | | |
| | Title: SVP Financial Planning | |
| | nuc. Ovi i manciari ianing | |
| | (Title of official position held in corporation or partnership) | |
| | (Title of official position held in corporation or partnership) | |
| | (Title of official position held in corporation or partnership) Date: 2/26/21 | |

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: SYS | STEM ID# | News |
|--|----------------|--|
| Eagle Communications Inc. | 23435 | 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 services 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 transmission made by satellite carriers to satellite dish owners? | sub- | 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 underpayme For an explanation of interest assessment, see page (viii) of the general instructions. | ent. | 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 Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 | - days - | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, | | |
| space L, (page 7) | - | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance plea 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, plea 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 | | |
| | | |

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