## 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

instructions

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

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2020 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the Β incorrect information and print or type the correct information beside it. Owner 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. 28147 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM **Eagle Communications Inc.** \*2814720202\* 28147 2020/2 **PO Box 817** Hays 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 IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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 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 hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE Paxton NE First Community 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. Pll 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 Office'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

Form SA1-2c Rev 04/2011

## ACCOUNTING PERIOD: 2020/2

Nama	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM
Name	Eagle Communications Inc.			281
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
ontinued)				
Area				
Served				

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYS	TEM IC		
Name	Eagle Communications	Inc.						2814		
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable									
	systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for ca first set" and would be counted or <b>Block 2:</b> If your cable system I printed in block 1 (for example, t with the number of subscribers a sufficient.	e: Where an in should be cour ble service to a once again und has rate catego iers of services	dividual or organiz nted as a subscrib additional sets wou ler "Service to addi ories for secondary s that include one of	ation is receiver in each app ld be includer tional set(s)." transmission or more secor	ving service tha plicable categor d in the count u n service that ar ndary transmiss	t falls unde y. Example nder "Servi e different ions), list th	r different : a residential ce to the from those nem, together			
	BLC	DCK 1				BLOC	٢2			
		NO. OF					NO. OF			
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RATE	CAI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT		
	Service to first set     Service to additional set(s)		27 17.9	95						
	• FM radio (if separate rate)									
	Motel, hotel		17.9	5						
	Commercial		4 17.9	95						
	Converter									
	• Residential									
	Non-residential									
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1			BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEGORY OF S	ERVICE	RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:		Installation: Non	residential						
	• Pay cable	17.95	• Motel, hotel							
	Pay cable—add'l channel	42.50	Commercial							
	Fire protection     Burglar protection		Pay cable     Pay cable-add	'l channel						
	•Burglar protection		Pay cable-add     Eire protection							
		1	<ul> <li>Fire protection</li> </ul>							
	Installation: Residential	15.00	Burglar protoc	tion				1		
	• First set	15.00 5.00	Burglar protect Other services:	tion						
	• First set • Additional set(s)	15.00 5.00	Other services:	tion	30.00					
	• First set • Additional set(s) • FM radio (if separate rate)	5.00	Other services: • Reconnect	tion	30.00					
	• First set • Additional set(s)		Other services:		30.00					

Name

G

Primary

Transmitters:

Television

D. 2020/2			FORM SA	1-2. PAGE 3.
LEGAL NAME OF OWNE	R OF CABLE SYSTEM	1:	SY	STEM ID#
Eagle Communica	tions Inc.			28147
PRIMARY TRANSMITTERS:	TELEVISION			
In General: In space G, id	lentify every televisio	on station (including	translator stations and low power television stations)	
carried by your cable syste	em during the accour	nting period, except	(1) stations carried only on a part-time basis under	
FCC rules and regulations	in effect on June 24	, 1981, permitting th	e carriage of certain network programs [sections	
76.59(d)(2) and (4), 76.61	(e)(2) and (4), or 76.	63 (referring to 76.6	1(e)(2) and (4))]; and (2) certain stations carried on a	
substitute program basis,				
	•	•	s carried by your cable system on a substitute program	
basis under specifc FCC r	•			
		· · · ·	e Special Statement and Program Log)—if the	
station was carried only				
	•		d both on a substitute basis and also on some other	
			ns, see page (v) of the general instructions.	
	•		n program services such as HBO, ESPN, etc. n's broadcasts are carried in its own community.	
			,	
			n carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" as	
the same on the form.	iccording to its over-	inje-an designation.	For example, report multicast stream WETA-2 as	
	each case whether th	ne station is a netwo	rk station, an independent station, or a noncommercial	
			for network multicast), "I" (for independent), "I-M"	
			or "E-M" (for noncommercial educational multicast).	
For the meaning of these t	// (	<i>,</i> ,	,	
			list the community to which the station is licensed by the	
			ne community with which the station is identifed.	
	, ,	, 0		
1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION	
SIGN	CHANNEL	OF		
	NUMBER	STATION		
KHGI - ABC	6	N	Grand Island NE	
	2	N	North Platte NE	
KCNC CBS	10	N	Denver CO	
KWGN CW	11	I	Denver CO	
	10	<b>–</b>	North Diatta NE	

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KHGI - ABC	6	N	Grand Island NE
KNOP NBC OOM	2	N	North Platte NE
KCNC CBS	10	N	Denver CO
KWGN CW	11	I	Denver CO
KPNE PBS	19	E	North Platte NE
KDVR FOX	30	N	Denver CO
KHNE World PBS	38	E	North Platte NE
	-		

## ACCOUNTING PERIOD: 2020/2

ORM SA1-2. F EGAL NAME OF <b>agle Comm</b>	FOWNER OF (		YSTEM:					SYSTEM ID# 28147	Name
RIMARY TRA	NSMITTERS:	RADIO	rried on a separate and discre	et	e basis and list t	those FM stati	ions carr		н
all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
ceivable if (1) n the basis of r or detailed info <b>Column 1:</b> Id <b>Column 2:</b> S	it is carried by monitoring, to prmation abou lentify the call tate whether t	/ the syst be recein t the the sign of e he statio	-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the Copyright Office regulations o each station carried. n is AM or FM.	t 1 sy or	the system's hea ystem's FM ante n this point, see	adend, and (2 nna, during ce page (v) of the	) it can b ertain sta e genera	e expected, ated intervals. al instructions.	Primary Transmitter Radio
gnal, indicate t <b>Column 4:</b> G	this by placing live the statior	) a check n's locatio	nal was electronically process mark in the "S/D" column. on (the community to which th the community with which the	ne	station is licens	ed by the FC			
CALL SIGN	AM or FM	-	LOCATION OF STATION			, AM or FM	S/D		
JALL SIGN		S/D	LOCATION OF STATION	H	CALL SIGN		S/D	LOCATION OF STATION	

			11			1

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF (	CABLE SYST	EM:					SYSTEM ID#	
Name	Eagle Communications	s Inc.						28147	
					•				
	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:	1. SPECIAL STATEMENT								
Special Statement and	<ul> <li>During the accounting peri</li> </ul>		r cable system	carry, on a substitute bas	sis, any nonne				
Program Log	broadcast by a distant stati							⊠No	
	<b>Note:</b> If your answer is "No" log in block 2.	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complete the	e program	1	
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst	itute progra	m on a separa		wherever pos	ssible, if their me	eaning is		
	clear. If you need more space Column 1: Give the title				orogram) that	during the acco	ounting		
	period, was broadcast by a	distant stati	on and that yo	ur cable system substitute	ed for the pro	gramming of and	other stati		
	under certain FCC rules, rec Do not use general categori								
	"NBA Basketball: 76ers vs.		vies of baske	abali. List specific progra	in lilles, ior ex	kampie, i Love L	Lucy of		
	Column 2: If the program Column 3: Give the call s								
	Column 3: Give the call s Column 4: Give the broa					ensed by the FC	C or, in		
	the case of Mexican or Can	adian statio	ns, if any, the	community with which the	station is ide	ntified).		łh	
	Column 5: Give the mon first. Example: for May 7 giv		when your sys	tem carried the substitute	program. Us	e numerals, with	ine mont	IN	
	Column 6: State the time	es when the						y	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. shou	ld be		
	Column 7: Enter the lette								
	to delete under FCC rules a gram was substituted for pro								
	effect on October 19, 1976.	Syramining	that your syste	en was permitted to delet		rules and regula			
	S	UBSTITUT	E PROGRAM			JBSTITUTE CA	RRIAGE	7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIME	S	FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то		
						_			
					]	_			
					1	_			
					1	_			
						_			
						_			
					1	_			

FORM SA1-2. PAGE 6.		
	STEM ID#	Name
Eagle Communications Inc.	28147	Name
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.	<b>34.86</b> receipts)	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 \$263,800 • 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.		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 six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period	52.00 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		
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 I of the general instructions for more information.		

		FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Eagle Communications Inc.	28147
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st	ations
	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	7
	system carried television broadcast stations	
	2. Entro the Antol surplus of anti-internal share all	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	36
N	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (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)	
	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 regulat	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	ystem 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 own	er 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	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	
	The State Devial 1 M/hite	
	Typed or printed name: <b>Daniel J White</b>	
	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 suffciency 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#	N
Eagle Communications Inc. 28147	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? X NO	Gross Receipts Exclusion
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 Assessment
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) \$	
** 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	

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