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

• · · · ·		July 1 December 24 20	20					
Accounting Period		July 1-December 31, 20	20					
B Owner	inco rate	rrect information and print or type the co Give the full legal name of the owner of title of the subsidiary, not that of the par List any other name or names under wi If there were different owners during th ingle statement of account and royalty fe	prrect information beside it. the cable system. If the owner is a sub- rent corporation. nich the owner conducts the business of <i>e accounting period, only the owner on</i> <i>the payment covering the entire account</i>	the last day of the accounting period should submit	28			
	LE	GAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM					
		Eagle Communications Inc.						
				*2	81482020			
					28148 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 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite nu	imber)					
		(City, town, state, zip code)						
D				"community" is the same as a "community unit ling unincorporated commuinites within unincorp				
	are	as and including single, discrete unin	corporated areas)." 47 C.F.R. 76.5	5(dd). The first community that list will serve as				
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								
001100	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	Br	ule	NE					
-				personally identifying information (PII) requested on this				
rm in order to pro	ocess y		l information that can be used to identify or t establish and maintain a public record, which	race an individual, such as name, address and telephone				

ACCOUNTING PERIOD: 2020/2

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

Form SA1-2c Rev 04/2011

N	LEGAL NAME OF OWNER OF CABLE SYSTEM:									YSTE	M IC
Name	Eagle Communications	Inc.								28	814
E	SECONDARY TRANSMISSION In General: The information in s					rv transmission	servio	e of t	he cable		
_	system, that is, the retransmission	•		•		•					
Secondary	about other services (including p	ay cable) in sp	ace F,	not here. All the	facts you	, u state must be	those	exist	ing on the		
Transmission	last day of the accounting period										
Service: Sub-	Number of Subscribers: Both	•									
scribers and	down by categories of secondary			•		•					
Rates	each category by counting the ne separately for the particular serv							allons	charged		
	Rate: Give the standard rate c							charg	e and the		
	unit in which it is generally billed	. (Example: "\$2	20/mth")	. Summarize ar	ny standa	rd rate variatio	ns with	nin a p	articular rate		
	category, but do not include disc										
	Block 1: In the left-hand block	•		-		•					
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity			-		-					
	subscriber who pays extra for ca					•		•			
	first set" and would be counted of						naon	001110			
						service that ar	e diffe	rent f	rom those		
	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 a	ind rates, in the	e right-h	and block. A tw	o- or thre	e-word descrip	tion of	the s	ervice is		
	sufficient.							001/			
	BLC	DCK 1 NO. OF	<u> </u>				BI		NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATI	EGORY OF SE	RVIC	Ξ	SUBSCRIBE	RS R	RAT
	Residential:							_			
	Service to first set		21	17.95							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel			17.95							
	Commercial		1	17.95							
	Converter		·····	17.95							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		Nemie								
_	In General: Space F calls for rat					II vour cable sv	stem'	s serv	ices that were		
F	not covered in space E, that is, t		'		•						
	service for a single fee. There ar	e two exceptio	ns: you	do not need to	give rate	information col	ncerni	, ng (1)	services		
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the ur		usually	billed. If any ra	tes are ch	narged on a va	iable	per-pr	ogram basis,		
Secondary ransmissions:	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.										
Rates	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										
natoo	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.										
	BLOCK 1							BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE	CA	TEGO	DRY OF SERV	ICE R	RAT
	Continuing Services:		Installa	ation: Non-resi	dential						
	• Pay cable	17.95	• Mo	tel, hotel							
	 Pay cable—add'l channel 	42.50	• Coi	mmercial							
	Fire protection		•Pay	/ cable							
	•Burglar protection		•Pa	/ cable-add'l ch	annel	[
	Installation: Residential			e protection							
	• First set	15.00		glar protection							
	Additional set(s)	5.00		services:							
	• FM radio (if separate rate)	0.00		connect		30.00					
	• Converter	2 50		connect		50.00					
	Converter	2.50									
				tlet relocation		49.99					
				ve to new addre							

Name

G

Primary Transmitters:

Television

KCNC CBS

KDVR FOX

KHNE World PBS

D: 2020/2			FORM SA	1-2. PAGE 3.
LEGAL NAME OF OWNE	R OF CABLE SYSTEM	:	SYS	STEM ID#
Eagle Communica	tions Inc.			28148
PRIMARY TRANSMITTERS:	TELEVISION			
 carried by your cable system FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stati basis under specific FCC rules Do not list the station here, station was carried only List the station here, and basis. For further inform Column 1: List each st Column 2: Give the nu This may be different from associated with a station at the same on the form. Column 3: Indicate in educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the loor 	em during the account in effect on June 24 (e)(2) and (4), or 76.1 as explained in the n ons: With respect to ules, regulations, or ie in space G—but d or on a substitute basis also in space I, if the nation concerning su ation's call sign. Do imber of the channel the channel on whice coording to its over- each case whether the ering the letter "N" (f), "E" (for noncomme erms, see page (iv) cation of each station adian stations, if any.	nting period, except , 1981, permitting th 63 (referring to 76.6 ext paragraph. a any distant stations authorizations: o list it in space I (th is. e station was carried bstitute basis statio not report origination on which the station on which the station. thje-air designation. the station is a netwo for network), "N-M" (percial educational), c of the general instru- n. For U.S. stations, give the name of th	list the community to which the station is licensed by the ne community with which the station is identifed.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
KUSA NBC	9.1	N-M	Denver CO	
KWGN CW	2	I	Denver CO	
КМСН АВС	7	N	Denver CO	
KPNE PBS	9	Е	North Platte NE	
	1			

Denver CO

Denver CO

North Platte NE

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Е

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ACCOUNTING PERIOD: 2020/2

FORM SA1-2. F EGAL NAME OF Eagle Comm	OWNER OF (YSTEM:					SYSTEM ID# 28148	Name
-4910 001111	.amoutions							20140	
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
eceivable if (1) n the basis of r or detailed info Column 1: Id Column 2: S	it is carried by monitoring, to prmation abou lentify the call tate whether t	/ the sys be recei t the the sign of e he statio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. n is AM or FM.	tt 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 Transmitters Radio
gnal, indicate t Column 4: G	this by placing ive 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			
	AM 5M					ANA []M	0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				ŀ					

			11			1

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF (EM:				5	SYSTEM ID#		
Name	Eagle Communications Inc.									
	SUBSTITUTE CARRIAGE				G					
Substitute	In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi riod, under spec	<i>ion program</i> broadcast by a cific present and former FC	a distant statio C rules, regula	ations, or authoriza				
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE 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 stat		reat of this nea	na blank. If your anawar is	"Vaa" vau m			⊠No		
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	je blank. If your answer is	"Yes," you m	iust complete the	e program			
	2. LOG OF SUBSTITUTE									
	In General: List each subst clear. If you need more spa				wherever po	ssible, if their me	eaning is			
	Column 1: Give the title	of every no	nnetwork televi	ision program (substitute						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categori	es like "mo								
	"NBA Basketball: 76ers vs.		lcast live ente	r "Yes." Otherwise enter "	No."					
	Column 3: Give the call	sign of the s	station broadca	asting the substitute progra	am.					
	Column 4: Give the broat the case of Mexican or Cana			ne community to which the community with which the			C or, in			
	Column 5: Give the mon	th and day		tem carried the substitute			the mont	h		
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your	cable svsten	n. List the times a	accuratel	<i>,</i>		
	to the nearest five minutes.							,		
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progr	amming that	your system was	s required			
	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976.		that your syste	em was permitted to delet	e under FCC	rules and regulat	tions in			
	S	UBSTITUT	E PROGRAM	l	WHEN SU	JBSTITUTE CAI OCCURRED				
	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			
						<u>_</u>				
										
										
						_				
				1	1.1	1		. I		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 28148	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identifed 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)	ssion service	K Gross Receipts
during the accounting period	\$ 2,495.50 (Amount of 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	six-month	
Line 1. Royalty fee for accounting period	\$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	•	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
1. Base amount under statutory formula		
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 general instructions for more information.	e I of the	

FORM SA1-2. PAGE 6.

	-	FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 28148
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ations
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	38
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information		14-235-8313
	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	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulati as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	ons,
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	; ог
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy 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 identified as own 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 	-
	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 (Title of official position held in corporation or partnership)	
	Date: 02/26/2021	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal 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#	
Eagle Communications Inc.	28148	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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the	-	Ρ
service of providing secondary transmissions of primary broadcast transmitters, the system shall not i scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secti	nclude sub-	Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondary trans		Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? 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 under For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
x		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
	uayo	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ince please	
** 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 Off list below the owner, address, first community served, ID number, and accounting period as given in the original served.		
Owner		
Address		
ID number		
First community served		
Accounting period		

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