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.

Г

SA1-2 Short Form

Return to:

1.16 -f (C

STATEM	ENT OF ACCOUNT	FOR COPYRIG	Copyright Office					
for Seconda	ary Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division				
Cable Syste	ems (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 COVERE	D BY THIS STATEMENT:						
Accounting Period	July 1-December 31, 2020							
B Owner	rate title of the subsidiary, not that of the p List any other name or names under u If there were different owners during a single statement of account and royalty	correct information beside it. of the cable system. If the owner is a arent corporation. which the owner conducts the busines the accounting period, only the owne fee payment covering the entire accounting the owner for the ow	a subsidiary of another corporation, give the ss of the cable system. r on the last day of the accounting period s	should submit				

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM

Eagle Communications Inc.

2880/20202

		PO Box 817			
		Hays KS 67601			
С				ify the business and operation of the systen system, if different from the address given	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
		MAILING ADDRESS OF CABLE SYSTE	М:		
	2	(Number, street, rural route, apartment, or suite	number)		
		(City, town, state, zip code)			
D	in F	CC rules: "a separate and distinct	community or municipal entitiy (inclue	A "community" is the same as a "community ding unincorporated commuinites within unin 5(dd). The first community that list will serv	ncorporated
Area Served	Not	,	,	se it as the first community on all future filin mobile home parks should be reported in p	5
		CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	Os	ceola	NE		

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

Nomo	LEGAL NAME OF OWNER OF CABLE SYS	STEM:		SYSTEM
Name	Eagle Communications Inc.			288
	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:						SY	STEM I			
Name	Eagle Communications	Inc.							288			
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of	the cable				
_	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											
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Fransmission		lay of the accounting period (June 30 or December 31, as the case may be). mber of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
Service: Sub- scribers and		•					-					
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged											
	separately for the particular service at the rate indicated—not the number of sets receiving service).											
	Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the											
	unit in which it is generally billed category, but do not include disc				ny standa	rd rate variation	is within a	particular rate				
	Block 1: In the left-hand block				ries of sec	condarv transmi	ssion serv	rice that cable				
	systems most commonly provide			-		•						
	that applies to your system. Not			-		•						
	categories, that person or entity					• •	•					
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice 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											
	sufficient.	DCK 1			1		BLOC	K 0				
		NO. OF					BLUC	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA			
	Residential:											
	Service to first set		62	27.95								
	 Service to additional set(s) 											
	 FM radio (if separate rate) 											
	Motel, hotel			27.95								
	Commercial		13	27.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		Nemie					•	•			
_	In General: Space F calls for rat					all your cable sy	stem's ser	vices that were				
F	not covered in space E, that is, t	hose services	that are	e not offered in	combinati	on with any sec	ondary tra	nsmission				
	service for a single fee. There are											
Services Other Than	furnished at cost or (2) services amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		usualiy	/ billed. If ally la		harged on a var	ianie hei-h	nograffi basis,				
ransmissions:	Block 1: Give the standard rat		the cab	le system for ea	ich of the	applicable serv	ices listed					
Rates	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 brief (two- or three-word) description and include the rate for each.											
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	E RA1			
	Continuing Services:			ation: Non-resi			CATLO		- 1041			
	• Pay cable	27.95		otel, hotel	aomaa							
	• Pay cable—add'l channel	52.50		mmercial			•••••					
	Fire protection	02.00		y cable								
	•Burglar protection			y cable-add'l ch	annel							
	Installation: Residential			e protection								
	First set	15.00		rglar protection								
	Additional set(s)	5.00		services:								
	• FM radio (if separate rate)	5.00		connect		30.00						
	• Converter	15.00		sconnect		50.00						
		15.00		itlet relocation		49.99						
					200							
			• IVIC	ove to new addre	535							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Eagle Communications Inc. PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

G

Name

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, or authorizations:

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections

List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.

Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; 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 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	E	Hastings NE
KSBN MeTV	10	I	Lincoln NE
KGIN	11	N	Grand Island NE
КНСІ	13	N	Grand Island NE
KNHL SonLife	5	I	Hastings NE

ACCOUNTING PERIOD: 2020/2

ORM SA1-2. F EGAL NAME OF agle Comm	OWNER OF (YSTEM:					SYSTEM ID# 28804	Name
RIMARY TRA	NSMITTERS:	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
ceivable if (1) in the basis of i or detailed infor Column 1: Id Column 2: S Column 3: If gnal, indicate Column 4: G	it is carried by monitoring, to prmation about lentify the call tate whether t the radio stati this by placing vive the station	y the syst be recein t the the sign of e he statio ion's sign g a check h's locatio	-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. In 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	tt sy or eo	the system's heat ystem's FM anten this point, see d by the cable sy station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC) it can b ertain sta e genera parate a	e expected, ated intervals. Il instructions. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		3/0	LOCATION OF STATION		UALL SIGN		3/0	LOCATION OF STATION	
				- 1					

			11			1

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Fagle Communications Inc										
	Eagle Communications	s inc.					28804				
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program</i> 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 Statement and Program Log	1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stati Note: If your answer is "No"	CONCER od, did you on?	NING SUBST r cable system	TUTE CARRIAGE	sis, any nonne	etwork television proc	s ⊠No				
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE										
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		7. REASON FOR DELETION				

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 28804	
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.	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	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
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	
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#								
	Eagle Communications Inc.	28804								
	CHANNELS									
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat									
	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. Enter the total number of activated channels									
	on which the cable system carried television broadcast stations and nonbroadcast services	257								
N	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)									
	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 regulati	ons,								
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	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									
	(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#	
Eagle Communications Inc. 28804	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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	P Special Statement Concerning Gross Receipts
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 YES. Enter the total here and list the satellite carrier(s) below. \$	Exclusion
Name 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 2 Multiply line 1 by the interest rate* and enter the sum here	
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)	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	· · ·
	1

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