## 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.

DATE RECEIVED

3/24/2023

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

## SA1-2 Short Form

Return to:

Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

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. 33218 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM **Eagle Communications Inc.** \*3321820202\* 33218 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 Schyler NE First Community Columbus NE Richland NE NE **Platte Center** Humphrey NE 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

Name	LEGAL NAME OF OWNER OF CABLE SYS	STEM:		SYSTEM
Name	Eagle Communications Inc.			332
	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		SYS	STEM ID						
Nume	Eagle Communications	Inc.							3321	
E Secondary Transmission Service: Sub- scribers and Rates	Eagle Communications Inc.       332         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 to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different									
	categories, that person or entity subscriber who pays extra for ca					•				
	first set" and would be counted of	once again und	er "Ser	vice to additiona	l set(s)."					
	Block 2: If your cable system	0								
	printed in block 1 (for example, t with the number of subscribers a						,.			
	sufficient.							014.0		
	BLC	CK 1 NO. OF					BLO	CK 2 NO. OF	<u>т                                    </u>	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	Service to first set		444	27.95						
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel			27.95						
	Commercial		89	27.95						
	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 not covered in space E, that is, those services that are not offered in combination with any secondary transmi service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) ser furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-progra 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 wer listed in block 1 and for which a separate charge was made or established. List these other services in the for brief (two- or three-word) description and include the rate for each.							ransmission (1) services de both the r-program basis, ed. hat were not		
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SERV		RATE	CATE	GORY OF SERVICE	RATI	
	Continuing Services:	27.05		ation: Non-resi itel, hotel	dential					
	Pay cable     Pay cable—add'l channel	27.95 52.50		mmercial			•••••			
	Fire protection	52.50		y cable						
	•Burglar protection			y cable-add'l ch	annel					
	Installation: Residential		• Fire	e protection						
	• First set	15.00	• Bu	rglar protection						
	<ul> <li>Additional set(s)</li> </ul>	5.00	Other	services:						
	• FM radio (if separate rate)			connect		30.00				
	Converter	15.00		connect						
				tlet relocation		49.99				
			• Mo	ve to new addre	ess					

Name	LEGAL NAME OF OWI	NER OF CABLE SYST	EM:	SYSTEM	/ ID# 3218						
Name	Eagle Communications Inc.										
	PRIMARY TRANSMITTER	S: TELEVISION									
G	carried by your cable sy	stem during the acc	ounting period, exce	ng translator stations and low power television stations) ept (1) stations carried only on a part-time basis under							
Primary ansmitters: elevision	76.59(d)(2) and (4), 76.6 substitute program basis	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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program									
Television	basis under specifc FCC	C rules, regulations, nere in space G—bu	or authorizations: It do list it in space l	(the Special Statement and Program Log)—if the							
	basis. For further info Column 1: List each	ormation concerning station's call sign. I	substitute basis sta Do not report origina	ried both on a substitute basis and also on some other itions, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc. tion's broadcasts are carried in its own community.							
	associated with a station the same on the form.	n according to its ov	er-thje-air designati	tem carried the station. Identify each multicast stream on. For example, report multicast stream "WETA-2" as twork station, an independent station, or a noncommercial							
	(for independent multica For the meaning of thes <b>Column 4:</b> Give the	ast), "E" (for noncom e terms, see page (i location of each stat	mercial educational iv) of the general ins tion. For U.S. station	I" (for network multicast), "I" (for independent), "I-M" ), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed.							
		1		· · · · · · · · · · · · · · · · · · ·							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION							
		CHANNEL	OF	6. LOCATION OF STATION Omaha NE							
	SIGN	CHANNEL NUMBER	OF STATION								
	SIGN KXVO Charge	CHANNEL NUMBER 15	OF STATION	Omaha NE							
	SIGN KXVO Charge KETV ABC	CHANNEL NUMBER 15 7	OF STATION I N	Omaha NE Omaha NE							
	SIGN KXVO Charge KETV ABC KXVO CW	CHANNEL NUMBER 15 7 15	OF STATION I N N	Omaha NE Omaha NE Omaha NE							
	SIGN KXVO Charge KETV ABC KXVO CW KETV MeTV	CHANNEL NUMBER 15 7 15 7 15 7.2	OF STATION I N N I-M	Omaha NE Omaha NE Omaha NE Omaha NE							
	SIGN KXVO Charge KETV ABC KXVO CW KETV MeTV KXVO TBD CW	CHANNEL NUMBER 15 7 15 7.2 15	OF STATION I N N I-M N	Omaha NE Omaha NE Omaha NE Omaha NE Omaha NE							
	SIGN KXVO Charge KETV ABC KXVO CW KETV MeTV KXVO TBD CW KXVO Stadium	CHANNEL NUMBER 15 7 15 7.2 15 15 15.2	OF STATION I N I-M I-M	Omaha NE Omaha NE Omaha NE Omaha NE Omaha NE Omaha NE							
	SIGN KXVO Charge KETV ABC KXVO CW KETV MeTV KXVO TBD CW KXVO TBD CW KXVO Stadium KETV HD ABC	CHANNEL NUMBER 15 7 15 7.2 15 15 15.2 7.1	OF STATION I N I-M I-M I-M N-M	Omaha NE							
	SIGN KXVO Charge KETV ABC KXVO CW KETV MeTV KXVO TBD CW KXVO TBD CW KXVO Stadium KETV HD ABC	CHANNEL NUMBER 15 7 15 7.2 15 15 15.2 7.1	OF STATION I N I-M I-M I-M N-M	Omaha NE							
	SIGN KXVO Charge KETV ABC KXVO CW KETV MeTV KXVO TBD CW KXVO TBD CW KXVO Stadium KETV HD ABC	CHANNEL NUMBER 15 7 15 7.2 15 15 15.2 7.1	OF STATION I N I-M I-M I-M N-M	Omaha NE							
	SIGN KXVO Charge KETV ABC KXVO CW KETV MeTV KXVO TBD CW KXVO TBD CW KXVO Stadium KETV HD ABC	CHANNEL NUMBER 15 7 15 7.2 15 15 15.2 7.1	OF STATION I N I-M I-M I-M N-M	Omaha NE							

## ACCOUNTING PERIOD: 2020/2

ORM SA1-2. F EGAL NAME OF Eagle Comm	FOWNER OF (		YSTEM:					SYSTEM ID# 33218	Name
	iunications	5 116.						33218	
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) in the basis of or detailed infor <b>Column 1:</b> Io <b>Column 2:</b> S <b>Column 3:</b> If gnal, indicate <b>Column 4:</b> G	it is carried by monitoring, to prmation about dentify the call tate whether t the radio stati this by placing tive the statior	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 a ved at the headend, with the Copyright Office regulations of each station carried. n is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which th	it f sy or	the system's hea ystem's FM ante n this point, see d by the cable sy e station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se red by the FCC	) it can b ertain sta e genera parate a	e expected, ated intervals. al instructions. nd discrete	Primary Transmitters Radio
			the community with which the	) S					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	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.					33218				
					_						
	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 CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and	<ul> <li>During the accounting peri</li> </ul>				sis, any nonne	etwork television pr	rogram				
Program Log	broadcast by a distant stati					ΠY					
	<b>Note:</b> 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.										
	log in block 2. 2. LOG OF SUBSTITUTE	BBOCBA	Me								
				te line. Use abbreviations	wherever po	ssible, if their mear	ning is				
	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, reg	gulations, o	r authorizations	s. See page (v) of the gen	eral instructio	ons for further inform	mation.				
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	m titles, for ex	kample, "I Love Luc	cy" or				
	Column 2: If the program	n was broad									
	Column 3: Give the call s Column 4: Give the broa					append by the ECC	or in				
	the case of Mexican or Can						or, in				
	Column 5: Give the mon		when your sys	tem carried the substitute	program. Us	e numerals, with th	e month				
	first. Example: for May 7 giv Column 6: State the time		substitute pro	oram was carried by your	cable system	List the times ac	curately				
	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	vour system was re	equired				
	to delete under FCC rules a										
	gram was substituted for pro	ogramming	that your syste	em was permitted to delet	e under FCC	rules and regulatio	ns in				
	effect on October 19, 1976.										
					WHEN SU	JBSTITUTE CARF					
	S		E PROGRAM			OCCURRED	7. REASON FOR DELETION				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH	6. TIMES FROM —	то				
						_					
						_					
						_					
						_					
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					]	_					
				t	1						

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM	Namo
Eagle Communications Inc. 3321	8
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
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul>	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)	<u> </u>
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	
<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.	33218
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	ations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	Enter the total number of channels on which the cable     system carried television broadcast stations	8
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	181
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
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	one
0	as explained in the general instructions.)	5115,
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 sy	stem as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as 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: Isl Daniel J White	
	Handwritten signature: /s/ Daniel J Unite	
	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#	Nama
Eagle Communications Inc.	33218	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub-	P 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 made by satellite carriers to satellite dish owners?		Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
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
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	 0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce 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 Offor list below the owner, address, first community served, ID number, and accounting period as given in the origi		
Owner Address		
ID number First community served Accounting period		

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