## 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

## 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				
DATE RECEIVED	AMOUNT			
3/24/2023	\$ ALLOCATION NUMBER			

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:								
Accounting Period	July 1-December 31, 20	20								
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  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.  62									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Eagle Communications Inc.									
			*(	6215220202*						
				62152 2020/2						
	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:		<u>, , , , , , , , , , , , , , , , , , , </u>							
	MAILING ADDRESS OF CABLE SYSTEM	:								
	2 (Number, street, rural route, apartment, or suite no	umber)								
	(City, town, state, zip code)									
D	in FCC rules: "a separate and distinct co	ommunity or municipal entitiy (includi	"community" is the same as a "community un ing unincorporated commuinites within uninco (dd). The first community that list will serve a:	rporated						
Area Served	,	•	e it as the first community on all future filings. mobile home parks should be reported in para	theses below						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
First Community	Palmer	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. 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 SA1-2c Rev 04/2011

(continued)  Area Served	CITY OR TOWN	STATE	CITY OR TOWN	STATE
continued) Area				
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Area				
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**ACCOUNTING PERIOD: 2020/2** FORM SA3. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62152 **Eagle Communications Inc.** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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 should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: 38 · Service to first set 27.95 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 27.95 Commercial 3 27.95 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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					
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE		
Continuing Services:		Installation: Non-residential				
• Pay cable	27.95	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>	52.50	Commercial				
Fire protection		• Pay cable				
•Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		Fire protection				
• First set	15.00	Burglar protection				
Additional set(s)	5.00	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	30.00			
Converter	15.00	Disconnect				
		Outlet relocation	49.99			
		<ul> <li>Move to new address</li> </ul>				

**ACCOUNTING PERIOD: 2020/2** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 62152 **Eagle Communications Inc.** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary 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 Transmitters: 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 Television basis under specifc FCC rules, regulations, or authorizations: · 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. 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 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER STATION **KSNB** 3 Ν **Hastings NE KFXL** 51 ı Lincoln NE **KHNE** 28 Ε **Hastings NE KSBN MeTV** ī 10 Lincoln NE **KGIN** Ν **Grand Island NE** 11 Grand Island NE KHGI 13 Ν **KNHL SonLife** ı 5 **Hastings NE** 

FORM SA1-2. PAGE 4.							NG PERIOD: 2020/2		
LEGAL NAME OF	F OWNER OF (		YSTEM:					SYSTEM ID#	Name
Eagle Comn	nunications	s Inc.						62152	
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	
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally								Primary	
on the basis of For detailed info Column 1: lo Column 2: S Column 3: If	monitoring, to ormation aboud dentify the call state whether the tall of the radio state.	be receing the the sign of each character in the station in the st	tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. on is AM or FM. hal was electronically process or mark in the "S/D" column.	S O	ystem's FM ante n this point, see	nna, during ce page (v) of the	ertain sta e genera	ated intervals. al instructions.	Transmitters: Radio
Column 4: G	Sive the station	n's locati	on (the community to which the community with which the				C or, in t	he case of	
		_							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	ļ	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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				-					

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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#				
Name	Eagle Communications	s Inc.						62152				
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG											
Subatituta	<b>In General:</b> 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.											
Substitute Carriage:	1. SPECIAL STATEMENT				o general man	uotions.						
Special					sis anv nonne	etwork televisi	on program					
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes 🗓 Yes											
	<b>Note:</b> If your answer is "No log in block 2.	', leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complete	the progran	n				
	2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every no distant statigulations, o ies like "mo Bulls." In was broad sign of the static adian static adian static adian static at and day or "5/7." It was when the Example: a ler "R" if the and regulatic ogramming	am on a separa attach additionannetwork televi ion and that your authorizationa vies" or "basked dcast live, ente station broadca on's location (the ons, if any, the when your sys a substitute pro a program carri- listed program ons in effect du	al pages. ision program (substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra r "Yes." Otherwise enter " asting the substitute progra te community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progra ring the accounting period	program) that ed for the program titles, for exam.  e station is lice station is ide program. Use cable system: 15 p.m. to 6::  amming that the le	, during the acgramming of a sins for further kample, "I Love ensed by the finitified). The numerals, where the time 28:30 p.m. show the reason with the single production of the single production	ccounting another stat information e Lucy" or FCC or, in ith the mon as accuratel ould be was required isted pro	th y				
	s		SUBSTITUTE CARRIAGE OCCURRED 7. REASOI FOR DELETI									
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	MES TO	ONDELLION				
		163 01 140	CALL SIGN	4. STATIONS EGGATION	ANDDAT	TROW —	10					
					-							

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Eagle Communications Inc.	SYSTEM ID# 62152	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 transmit (as identified 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)  during the accounting period.	ssion service mount, see  \$ 6,562.73	<b>K</b> Gross Receipts
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 \$2 to 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.	(Amount of gross receipts)	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		
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 \$137,1	00)	
1. Base amount under statutory formula		
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)	
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	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Eagle Communications Inc.	62152
	CHANNELC	
R.A	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Gildillicis	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	255
	and nonbroadcast services	200
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
14	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone 9	914-235-8313
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 regula	tions
0	as explained in the general instructions.)	10113,
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Certification	1, the undersigned, hereby certaly that (Officer 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	3· or
	(Office office and Society) and the same of the same o	5, 01
		· · · · · · · · · · · · · · · · · · ·
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	ner of the cable system
	If fine 1 of space b.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe	d 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)]	
	[10 0.0.0., decilor 1001(1900)]	
	Handwritten signature: /s/ $oldsymbol{\mathcal{D}aniel}$ $oldsymbol{\mathcal{J}}$ $oldsymbol{White}$	
	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	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	62152	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	basic clude sub-	P Special Statement
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 transmade by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below.	3.	Concerning Gross Receipts Exclusion
Name Mailing Address 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.	rpayment.	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	<b>-</b> days	ſ
Line 3 Multiply line 2 by the number of days late and enter the sum here	<b>-</b> 0274	l
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)		ı
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	<b>3</b> ,	ſ
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		ı
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the origin		ſ
Owner Address		ſ
ID number		ı
First community served		ı
Accounting period		1

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