## 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	AC	COUNTING 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.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Eagle Communications Inc.								
				*(	331572	20202*			
					63157	2020/2			
		PO Box 817 Hays KS 67601							
С		, 0		y the business and operation of the system ur		!			
System	1	IDENTIFICATION OF CABLE SYSTEM:							
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite nu (City, town, state, zip code)							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities 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 of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below								
		identified city. CITY OR TOWN	STATE	CITY OR TOWN	ST	ATE			
First Community	Re	d Cloud	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

Name	Eagle Communications Inc.			SYSTEM 631
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
ontinued)				
Area				
Served				
			-	
			-	

**ACCOUNTING PERIOD: 2020/2** FORM SA3. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63157 **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: 36 · Service to first set 17.95 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 17.95 Commercial 16 17.95 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	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
• Pay cable	17.95	Motel, hotel			
• Pay cable—add'l channel	42.50	Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	15.00	Burglar protection			
Additional set(s)	1	Other services:			
• FM radio (if separate rate)		Reconnect	30.00		
Converter	2.50	Disconnect			
		Outlet relocation	49.99		
		Move to new address			

**ACCOUNTING PERIOD: 2020/2** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63157 **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 **KFXL - FOX** 4 Lincoln NE KHGI - ABC 13 Ν Grand Island NE KHGI - TBD 13.1 N-M Grand Island NE Ε **KLNE PBS** 3 Lincoln NE **KSNB NBC Grand Island NE** 5 Ν Grand Island NE KGIN CBS 11 Ν KNHL MeTV/MyNet 97 ı Hastings NE

ACCOUNTING PERIOD: 202 FORM SA1-2. PAGE 4.							NG PERIOD: 2020/2		
LEGAL NAME OF		CABLE S'	YSTEM:					SYSTEM ID#	Name
Eagle Comm	nunications	Inc.						63157	
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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.							Primary Transmitters: Radio		
For detailed info	ormation about	t the the	Copyright Office regulations						
			each station carried. on is AM or FM.						
			nal was electronically process	se	d by the cable s	ystem as a se <sub>l</sub>	parate a	nd discrete	
			k mark in the "S/D" column. on (the community to which th	he	station is licens	sed by the FC0	C or, in t	ne case of	
			the community with which the						
			,						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						l			
						l 			

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			I I		1 1	

	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	Eagle Communications	s Inc.						63157		
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LO	 G					
	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.									
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting per				sis anv nonne	etwork televisi	on program			
Statement and Program Log	broadcast by a distant stat		·	<b>,</b> ,	, <b>,</b>			⊠No		
r rogram 20g	<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 progran	า		
	2. LOG OF SUBSTITUTE	PROGRA	MS							
	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 call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in							ion		
	the case of Mexican or Can	adian static	ons, if any, the	community with which the	station is ide	ntified).				
	<b>Column 5:</b> Give the mor first. Example: for May 7 gives		when your sys	tem carried the substitute	program. Us	e numerals, w	ith the mon	th		
	Column 6: State the time	es when the		gram was carried by your				у		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01	:15 p.m. to 6:	28:30 p.m. sh	ould be			
		er "R" if the	listed program	was substituted for progr	amming that	your system w	as required	t		
	to delete under FCC rules a gram was substituted for pr									
	effect on October 19, 1976.	-	that your syste	em was permitted to delet	e under PCC	rules and regu	ilations in			
		CARRIAGE								
	S	UBSTITUT	E PROGRAM	ROGRAM 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 AND DAY	6. TIN	MES TO	ONBELLION		
		100 01 110	O/ IEE GIGIT	1. CIATION CEGATION	7418 8711	THOM				
						_				
						_				
						_				
						_				
								<b>†</b>		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Eagle Communications Inc.	SYSTEM ID# 63157	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente 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	er the total of	K Gross Receipts
page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period	\$ 6,017.79 (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 \$20.  • 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 accounting period is \$52.00	s 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	. \$ 52.00	
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		
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 electronic payment payable to Register of Copyrights. See page general instructions for more information.	e I of the	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Eagle Communications Inc.	63157
	CHANNELS	
М		stations
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sto its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels	to its subscribers and (2) the cable system's total number of activated charmers, during the accounting period.	
	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	46
	and nonbroadcast services	
	NIDWINIA TO DE CONTACTED E FUDTUED INFORMATION IO NIEFDED. (14-15)	
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	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	ations
0	as explained in the general instructions.)	nions,
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
oor an outlon	, and analysighted, history sommy and (or som one), and one something	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified 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	system 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 ow	ner 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.	ed 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)]	
	[16 0.3.0., Section 1001(1960)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	, ' '	
	Title CVD Einensiel Blanning	
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)	
	Date: 2/26/2021	
	Z/ZU/ZUZ I	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	63157	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
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.	s.	Concerning Gross Receipts Exclusion
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.	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	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<b>-</b> 0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	charge) 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 Offclist below the owner, address, first community served, ID number, and accounting period as given in the origin		
Owner Address		
ID number		
First community served		
Accounting period		

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