## 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				
3/30/22	\$  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.							
	LE	GAL NAME OF OWNER/MAILING ADD	PRESS OF CABLE SYSTEM					
		Eagle Communications Inc.						
					63158 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							
•	nan	7 11 1	e 2, give the mailing address of the	system, if different from the address given in s	space B.			
System	1 IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	(Number, street, rural route, apartment, or suite nu	mber)					
		(City, town, state, zip code)						
	Inst		unity served by the cable system. A	\ "community" is the same as a "community ur	nit" as defined			
D		•		ling unincorporated communities within uninco	•			
Area		• • •	'	5(dd). The first community that list will serve a se it as the first community on all future filings.				
Served	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 the identified city.							
	_	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	Alr	na	NE					
3 <b>0</b>								

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 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 sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Eagle Communications Inc.						
	CITY OR TOWN	STATE	CITY OR TOWN	<b>63158</b> STATE			
	SITT OIL TOWN	JIAIL	SITT SICTOWN	OTATE			
D							
(continued)							
Area Served							
Serveu							

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 63158 **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). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers 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: 44 · Service to first set 17.95 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel 17.95 Commercial 12 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, enter only the letters "PP" in the rate column. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services 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 a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential · Pay cable 17.95 · Motel, hotel 42.50 • Pay cable—add'l channel Commercial · Fire protection · Pay cable • Pay cable-add'l channel Burglar protection Installation: Residential · Fire protection First set 15.00 · Burglar protection · Additional set(s) 5.00 Other services: • FM radio (if separate rate) Reconnect 30.00 Converter 2.50 Disconnect

Outlet relocation

Move to new address

49.99

**ACCOUNTING PERIOD: 2020/2** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63158 **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 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 **Primary** 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 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. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION KFXL - FOX** Lincoln NE 4 ı KHGI - ABC 13 **Kearney NE** Ν KHGI - TBD N-M 13.1 **Kearney NE** KLNE PBS 3 Ε Lexington NE **KSNB NBC** 5 Ν **Hastings NE** KGIN CBS 11 Ν **Grand Island NE** 

FORM SA1-2. F									
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					Name				
Eagle Communications Inc. 63158									
PRIMARY TRA	NSMITTERS:	RADIO							
In General: List	every radio s	tation ca	rried on a separate and discre	ete	e basis and list t	hose FM station	ons carr	ed on an	Н
all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
Special Instruc	tions Concer	nina All	-Band FM Carriage: Under C	ີດ	ovright Office re	gulations, an I	FM sign:	al is generally	Primary
			tem whenever it is received at						Transmitters:
			ved at the headend, with the						Radio
			Copyright Office regulations of						
			each station carried.			3 ( )	Ü		
		-	n is AM or FM.						
Column 3: If	the radio stati	on's sigr	nal was electronically process	ec	d by the cable sy	stem as a sep	oarate a	nd discrete	
signal, indicate	this by placing	a check	mark in the "S/D" column.						
Column 4: G	ive the station	i's locatio	on (the community to which th	ne	station is license	ed by the FCC	or, in th	ne case of	
Mexican or Can	adian stations	, if any, t	the community with which the	S	tation is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				ľ					
		<b>_</b>							
				ľ					
		<u> </u>							
				ľ					
		l		ιſ					

	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Eagle Communications Inc. 631						63158		
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
ı	<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								
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 period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and Program Log	broadcast by a distant station?								
Frogram Log	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 subst	itute progra	m on a separa		wherever pos	sible, if their	meaning is		
	clear. If you need more spa			al pages. sion program (substitute p	rogram) that	during the a	ccounting		
	period, was broadcast by a	distant stati	ion and that yo	ur cable system substitute	d for the prog	ramming of a	another static	n	
	under certain FCC rules, report of the property of the propert	gulations, o ies like "mo	r authorizations vies" or "haske	s. See page (v) of the general state of the general state of the second state of the s	eral instruction	ns for further ample "How	information.		
	"NBA Basketball: 76ers vs.	Bulls."					2 243, 3.		
				"Yes." Otherwise enter "N sting the substitute progra					
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		FCC or, in		
	the case of Mexican or Can <b>Column 5:</b> Give the mon	adian statio th and dav	ons, if any, the o when vour svst	community with which the tem carried the substitute	station is iden program. Use	tified). numerals. w	ith the month	1	
	first. Example: for May 7 giv	re "5/7."			_				
	to the nearest five minutes.			gram was carried by your or ed by a system from 6:01:					
	stated as "6:00–6:30 p.m."	•			·	·			
	to delete under FCC rules a			was substituted for progra ring the accounting period					
	gram was substituted for proeffect on October 19, 1976.	ogramming	that your syste	m was permitted to delete	under FCC r	ules and reg	ulations in		
	effect off October 19, 1976.				T T			1	
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REA						7. REASON		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH 6. TIMES			FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то		
							_		
							_		
							_		
					-				
					-				
					-				
							_		
					-		_		
							_		
	·		·				_		
	·		·						
	·						_		
	·						_		
			·						
							_		

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Eagle Communications Inc.	SYSTEM ID# 63158	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ter the total of	<b>K</b> Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(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 \$  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.	3263,800	<b>L</b> 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 t accounting period is \$52.00	his 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		
1. Base amount under statutory formula	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)		
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		
<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 general instructions for more information.	ge I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#						
Name	Eagle Communications Inc. 63158						
	CHANNELS						
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations						
	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						
	O Fatarilla total annihar of a Cartal abancals						
	2. Enter the total number of activated channels     on which the cable system carried television broadcast stations						
	and nonbroadcast services						
N.I	INDIVIDUAL TO DE CONTACTED IS SUBSTITUTED INFORMATION IS NEEDED. (Identify on in dividual to whom						
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						
	Littali (optional) Intalie. Censopiano e vyvebb. com						
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)						
O	as explained in the general moducatoris.)						
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 identified in line 1 of space B; or						
	(Owner other than corporation or partnership) Fam the owner of the cable system as identified in line 1 of space B, of						
	(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 identified as owner 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						
	Handwritten signature: /s/ Durutet j Wrute						
	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 sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	63158	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 ad lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see	the basic ot include sub-	Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct  During the accounting period did the cable system exclude any amounts of gross receipts for secondary tr made by satellite carriers to satellite dish owners?		Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions.	nderpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
x		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	est charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance 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 (list below the owner, address, first community served, ID number, and accounting period as given in the o	•	
Owner Address		
ID number		
First community served Accounting period		
Accounting bellon		

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.