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**

Return to:

SΕ 400

			-	
STATEMENT OF ACCOUNT	FOR COPYRIGHT	Library of Congress Copyright Office		
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division	
Cable Systems (Short Form)			101 Independence Ave. S	
General instructions are at the		\$	Washington, DC 20557-64 (202) 707-8150	
end of this form [pages (i)-(vii)].	3/23/2023	ALLOCATION NUMBER	For contra deliteria	
			For courier deliveries, see page ii of the general instructions	

Α	ACCOUNTING PERIOD COVE							
Accounting Period	July 1-December 31,	2020						
B Owner	incorrect information and print or type the Give the full legal name of the own rate title of the subsidiary, not that of the List any other name or names und If there were different owners duri a single statement of account and roya	he correct information beside it. her of the cable system. If the owner is a sub e parent corporation. er which the owner conducts the business of	the last day of the accounting period should sub ng period.					
	LEGAL NAME OF OWNER/MAILING							
	Eagle Communications	Inc.						
				*633712020				
				63371 2020				
	PO Box 817							
	Hays KS 67601	, husiness at trade names used to identif	when husiness and exerction of the system	upless these				
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:							
	MAILING ADDRESS OF CABLE SYS	TEM:						
	2 (Number, street, rural route, apartment, or s	uite number)						
	(City, town, state, zip code)							
D	in FCC rules: "a separate and distin areas and including single, discrete	ct community or municipal entitiy (includi unincorporated areas)." 47 C.F.R. 76.5	"community" is the same as a "community unincorporated communities within uninc (dd). The first community that list will serve	corporated as a form				
Area Served		•	it as the first community on all future filings nobile home parks should be reported in pa					
		STATE	CITY OR TOWN	STATE				
First	CITY OR TOWN							
First Community	CITY OR TOWN Monroe	NE						
First Community								

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2020/2

Name	LEGAL NAME OF OWNER OF CABLE SYS	STEM:		SYSTEM
Name	Eagle Communications Inc.			633
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
-				
D				
ontinued)				
Area				
Served				
			-	

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM IC			
Name	Eagle Communications	Inc.							6337			
					TEO							
E	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of t	the cable				
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information											
Secondary	bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Transmission		d (June 30 or December 31, as the case may be). n blocks in space E call for the number of subscribers to the cable system, broken										
Service: Sub-		•										
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged											
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).											
	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				ny standa	rd rate variation	s within a p	particular rate				
	category, but do not include disc				.			46 -4 61-				
	Block 1: In the left-hand block systems most commonly provide			-		•						
	that applies to your system. Not											
	categories, that person or entity			-		-						
	subscriber who pays extra for ca					ι,	•					
	first set" and would be counted o											
	Block 2: If your cable system	-		•								
	printed in block 1 (for example, t					,	<i>,</i> ,	, 0				
	with the number of subscribers a sufficient.	and rates, in th	e right-ha	апа рюск. А ти	o- or thre	e-wora descript	ion of the s	service is				
		DCK 1					BLOCK	()				
		NO. OF	-				DECOI	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	 Service to first set 		12	27.95								
	 Service to additional set(s) 											
	• FM radio (if separate rate)											
	Motel, hotel			27.95								
	Commercial		1	27.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES	;							
F	In General: Space F calls for rat	te (not subscril	ber) infor	mation with re	spect to a	Il your cable sys	stem's serv	vices that were				
F	not covered in space E, that is, t					,	,					
Comisso	service for a single fee. There a											
Services Other Than	furnished at cost or (2) services amount of the charge and the ur											
Secondary	enter only the letters "PP" in the		s usually i	Silicu. If ally la		larged on a van		logram basis,				
ransmissions:	Block 1: Give the standard rat		the cable	system for ea	ch of the	applicable servi	ces listed.					
Rates	Block 2: List any services that	• •			-	-	-					
	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) descrip	otion and inclue	de the rat	e for each.			-					
		BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services:			tion: Non-resi	dential							
	• Pay cable	27.95		el, hotel								
	 Pay cable—add'l channel 	52.50		mercial								
	Fire protection		•Pay									
	 Burglar protection 		•Pay	cable-add'l ch	annel							
	Installation: Residential		• Fire	protection								
	• First set	15.00	• Burg	lar protection								
	 Additional set(s) 	5.00	Other s	ervices:								
	• FM radio (if separate rate)		• Reco	onnect		30.00						
	• Converter	15.00		onnect								
	- ·			et relocation		49.99						
				e to new addre	299							
			1000									

Name	LEGAL NAME OF OWNE	R OF CABLE SYSTE	M:	SYS	STEM ID				
Name	Eagle Communica	ations Inc.			6337 ⁻				
	PRIMARY TRANSMITTERS: TELEVISION								
G rimary smitters: levision	 In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: 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 independent multicas For the meaning of these	t), "E" (for noncomn terms, see page (iv	nercial educational) of the general ins), or "E-M" (for noncommercial educational multicast). structions.					
	(for independent multicas For the meaning of these Column 4: Give the lo	t), "E" (for noncomn terms, see page (iv cation of each statio adian stations, if an 2. B'CAST CHANNEL) of the general inson. For U.S. station y, give the name of 3. TYPE OF), or "E-M" (for noncommercial educational multicast).					
	(for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN	t), "E" (for noncomn terms, see page (iv cation of each statio adian stations, if an 2. B'CAST CHANNEL NUMBER	ercial educational) of the general ins on. For U.S. station y, give the name of 3. TYPE OF STATION), 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. 6. LOCATION OF STATION					
	(for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KSNB	t), "E" (for noncomn terms, see page (iv cation of each statio adian stations, if an 2. B'CAST CHANNEL NUMBER 3	nercial educational) of the general ins on. For U.S. station y, give the name of 3. TYPE OF STATION N), or "E-M" (for noncommercial educational multicast). structions. Ins, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Hastings NE					
	(for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KSNB KFXL	t), "E" (for noncomn terms, see page (iv cation of each statio adian stations, if an 2. B'CAST CHANNEL NUMBER 3 51	arcial educational) of the general inson. For U.S. station y, give the name of 3. TYPE OF STATION N), 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. 6. LOCATION OF STATION Hastings NE Lincoln NE					
	(for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KSNB KFXL KHNE	t), "E" (for noncomm terms, see page (iv cation of each statio adian stations, if an 2. B'CAST CHANNEL NUMBER 3 51 28	ercial educational) of the general ins on. For U.S. station y, give the name of 3. TYPE OF STATION N I E), 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. 6. LOCATION OF STATION Hastings NE Lincoln NE Hastings NE					
	(for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KSNB KFXL KHNE KSBN MeTV	t), "E" (for noncomn terms, see page (iv cation of each statio adian stations, if an 2. B'CAST CHANNEL NUMBER 3 51 28 10	ercial educational) of the general ins on. For U.S. station y, give the name of 3. TYPE OF STATION I E I), 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. 6. LOCATION OF STATION Hastings NE Lincoln NE Lincoln NE 					
	(for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KSNB KFXL KHNE KSBN MeTV KGIN	t), "E" (for noncomm terms, see page (iv cation of each statio adian stations, if an 2. B'CAST CHANNEL NUMBER 3 51 28 10 11	nercial educational) of the general inson. For U.S. station y, give the name of 3. TYPE OF STATION I E I N), or "E-M" (for noncommercial educational multicast). structions. Ins, list the community to which the station is licensed by the of the community with which the station is identifed. 6. LOCATION OF STATION Hastings NE Lincoln NE Hastings NE Lincoln NE Grand Island NE					
	(for independent multicas For the meaning of these Column 4: Give the lo FCC. For Mexican or Can 1. CALL SIGN KSNB KFXL KHNE KSBN MeTV	t), "E" (for noncomn terms, see page (iv cation of each statio adian stations, if an 2. B'CAST CHANNEL NUMBER 3 51 28 10	ercial educational) of the general ins on. For U.S. station y, give the name of 3. TYPE OF STATION I E I), 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. 6. LOCATION OF STATION Hastings NE Lincoln NE Lincoln NE 					

ACCOUNTING PERIOD: 2020/2

ORM SA1-2. F EGAL NAME OF Eagle Comm	FOWNER OF (/STEM:					SYSTEM ID# 63371	Name
-agie Comm								03371	
	t every radio s	tation ca	rried on a separate and discr nerally receivable" by your ca						н
eceivable if (1) n the basis of or detailed info Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about dentify the call tate whether t the radio stati this by placing	the system be received to the the sign of e he station ion's sign a check	-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. hal was electronically process mark in the "S/D" column. on (the community to which th	at f sy or	the system's hea ystem's FM ante n this point, see d by the cable sy	adend, and (2) nna, during ce page (v) of the /stem as a se) it can b ertain sta e genera parate a	be expected, ated intervals. al instructions. nd discrete	Primary Transmitters Radio
			the community with which the				, in t		
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.

Name	LEGAL NAME OF OWNER OF C Eagle Communications		EM:				SYSTEM ID# 63371		
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identifi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant state	y every non counting per ng that mus CONCER od, did you on?	network televis. riod, under spec t be included in NING SUBST r cable system rest of this pag	<i>ion program</i> broadcast by cific present and former FC <u>this log, see page (v) of th</u> TUTE CARRIAGE carry, on a substitute ba	a distant statio :C rules, regula <u>e general instr</u> sis, any nonne	ation that your cable system carried on a gulations, or authorizations. For a further			
	In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a gram was substituted for pro- effect on October 19, 1976.	itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day re "5/7." es when the Example: a er "R" if the nd regulatic	Im on a separa attach additiona nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente station broadca on's location (th ns, if any, the when your sys e substitute pro a program carri- listed program ons in effect du	al pages. ision program (substitute ur cable system substitut s. See page (v) of the ger stball." List specific progra r "Yes." Otherwise enter " asting the substitute progra ne 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 progravity of the accounting perio	program) that ed for the pro neral instruction m titles, for ex- no." am. e station is lice e station is lice e station is ide program. Us cable system :15 p.m. to 6: "amming that d; enter the leve under FCC	t, during the accounting gramming of another sta ons for further informatio xample, "I Love Lucy" of ensed by the FCC or, in entified). e numerals, with the mo n. List the times accurat 28:30 p.m. should be your system was require etter "P" if the listed pro	ation on. onth ely ed		
	SI 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	OCCURRED 6. TIMES FROM TO	7. REASON FOR DELETION		

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 63371	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	K Gross Receipts
 COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information. 	L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula \$ 263,800.00	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K	
2. Base amount under statutory formula	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.	

		FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Eagle Communications Inc.	63371
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st	ations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	_	
	1. Enter the total number of channels on which the cable	7
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	256
	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		
	A la formational Dr. Swite 220	
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Dvo Brook NV 10572	
	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 regulation	ons
0	as explained in the general instructions.)	
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Gertification		
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s	ustem 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	or of the cable system
	in line 1 of space B.	er of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	Iherein
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Handwritten signature: /s/ Daniel J. White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 2/26/2021	
	I	

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 SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#	Nama
Eagle Communications Inc.	63371	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include su scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."		P Special Statement Concerning
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 transmissions made by satellite carriers to satellite dish owners?	5	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 underpayment For an explanation of interest assessment, see page (viii) of the general instructions.	nt.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
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)		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	se	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.		
Owner Address		
ID number First community served Accounting period		

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.