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: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ (202) 707-8150 General instructions are at the 3/24/2023 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

	AC	COUNTING PERIOD COVER	RED BY THIS STATEMENT:						
Accounting Period	July 1-December 31, 2020								
B Owner	inco rate	rrect information and print or type the Give the full legal name of the owne title of the subsidiary, not that of the List any other name or names unde If there were different owners durin ngle statement of account and royali	r of the cable system. If the owner is	s a subsidiary of another constructions of the cable system. There on the last day of the ascingtion of the system.	orporation, give the full cor accounting period should s	po-			
	LE	GAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM						
		Eagle Communications In	nc.						
					•	*0077022020			
						007702 2020			
		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	1:						
	-	MAILING ADDRESS OF CABLE SYST	EM:						
	2								
	2	(Number, street, rural route, apartment, or sui	te number)						
		(City, town, state, zip code)							
D		•	nmunity served by the cable syste t community or municipal entitiy (
	are	as and including single, discrete u	inincorporated areas)." 47 C.F.R	. 76.5(dd). The first cor	mmunity that list will serv	/e as a form			
Area of system identification hereafter known as the "first community." Please use it as the first community						-			
Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in parathetithe identified city.									
	uic	CITY OR TOWN	STATE	C	TY OR TOWN	STATE			
First	На		KS						
Community		ssell	KS						
	Wa	Keeney	KS						
	Vic	toria	KS						
		njor	KS						
	Mu								

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2020/2

Name	LEGAL NAME OF OWNER OF CABLE SY	'STEM:		SYSTEM
Name	Eagle Communications Inc.			0077
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
-				
D			 	
ontinued)			 	
Area			 	
Served			 	

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYS	STEM ID		
Name	Eagle Communications	Inc.						00770		
Е	SECONDARY TRANSMISSION									
E	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 i									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (lupe 30 or December 31 as the case may be)									
Transmission Service: Sub-	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									
scribers and	down by categories of secondary	•				•				
Rates	each category by counting the n	•	•		•					
	separately for the particular serv						U U			
	Rate: Give the standard rate c	U U	0,				•			
	unit in which it is generally billed	· · ·	,	ny standar	d rate variation	ns within a	particular rate			
	category, but do not include disc			rion of coor	ondony transm	iccion con	vice that cable			
	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									
	first set" and would be counted o									
	• •	-	•							
	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 a	tion of the	service is							
	sufficient.	DCK 1				BLOC	K 0			
	BLC	NO. OF				BLUU	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBI		CATE	GORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential:									
	 Service to first set 		1,765 21.95							
	 Service to additional set(s) 		,							
	• FM radio (if separate rate)									
	Motel, hotel									
			202 04.05							
	Commercial		293 21.95							
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				Lyour cable sy	stem's se	vices that were			
F	SERVICES OTHER THAN SEC In General: Space F calls for rate	te (not subscrib	per) information with re	spect to al						
F	SERVICES OTHER THAN SEC	te (not subscrit hose services	ber) information with re that are not offered in	spect to al combinatic	on with any sec	ondary tra	Insmission			
F	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t	te (not subscrib hose services re two exceptio	per) information with re that are not offered in ns: you do not need to	spect to al combinatic give rate i	on with any sec information co	condary tra	nsmission 1) services			
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Name	LEGAL NAME OF OWNE	R OF CABLE SYST	EM:	SYS	STEM ID			
Name	Eagle Communica	tions Inc.			007702			
	PRIMARY TRANSMITTERS:	TELEVISION						
G Primary	carried by your cable syst FCC rules and regulations	em during the acc in effect on June	ounting period, exce 24, 1981, permitting	ng translator stations and low power television stations) pt (1) stations carried only on a part-time basis under g the carriage of certain network programs [sections 5.61(e)(2) and (4))]; and (2) certain stations carried on a				
ransmitters: Television	substitute program basis,			ons carried by your cable system on a substitute program				
Television	 basis under specifc FCC r Do not list the station he station was carried only List the station here, and basis. For further inforr 	ules, regulations, re in space G—bu y on a substitute b l also in space I, if nation concerning	or authorizations: It do list it in space l asis. the station was car substitute basis sta	(the Special Statement and Program Log)—if the ried both on a substitute basis and also on some other tions, 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							
	(for independent multicast For the meaning of these Column 4: Give the low), "E" (for noncom terms, see page (i cation of each stat	mercial educational v) of the general inst tion. For U.S. station	I" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. Is, list the community to which the station is licensed by the f the community with which the station is identifed.				
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL	OF STATION					
	KSNC NBC	2	N	Great Bend KS				
	KMTW MYTV	6.2	I-M	Wichita KS				
	KAKE ABC	11	N	Wichita KS				
	KSNC Telemundo	2.1	I-M	Great Bend KS				
	KSNC Justice	2.2	N-M	Great Bend KS				
	KMTW Charge TV	6.1	N-M	Wichita KS				
	Kake MeTV	11.1	I-M	Wichita KS				
	KMTW Stadium	6.3	N-M	Wichita KS				
	KSNC HD NBC	2	N-M	Great Bend KS				
		1	1					

0.0		
2	N-M	Great Bend KS
6.2	I-M	Wichita KS
11	N-M	Wichita KS
	6.2	6.2 I-M

ACCOUNTING PERIOD: 2020/2

ORM SA1-2. F EGAL NAME OF Eagle Comm	FOWNER OF (YSTEM:				SYSTEM ID# 007702	Name	
							507702		
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. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete									
gnal, indicate Column 4: G	this by placing live the statior	a check n's locatio	c mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION		
			[[

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF O		EM:				SYSTEM ID# 007702
	SUBSTITUTE CARRIAGE In General: In space I, identit substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT	fy every non counting pe ng that mus	network televis riod, under spec t be included in	<i>ion program</i> broadcast by a cific present and former FC this log, see page (v) of th	a distant statio C rules, regula	ations, or authorizations.	
Program Log	• During the accounting peri broadcast by a distant stat Note: If your answer is "No"	od, did you Ion?	r cable system	carry, on a substitute bas	-	Yes	XNo
	log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS 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 the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE						
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		OCCURRED	7. REASON FOR DELETION
					-		

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 007702	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	
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 \$ 254,367.94	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K \$ 254,367.94	
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 \$ 1,224.68	
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 \$ 263,800.00	
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: Eagle Communications Inc.	SYSTEM ID# 007702
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ns
Chaineis	1. Enter the total number of channels on which the cable system carried television broadcast stations	11
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	214
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information	Name Marie Censoplano Telephone 914.	-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363	
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	5,
ocratouton	(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 system in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of in line 1 of space B.	of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained he 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)] 	rein
	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:	

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 fing, a determination that would be made by a court of law.

FORM S	SA1-2. F	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	Namo
Eagle Communications Inc. 007702	
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 sub- 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? X NO	Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
xLine 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$- (interest charge)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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, please 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 suffciency of the fling, a determination that would be made by a court of law.