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 3/30/22 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2020 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В 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 corpo-Owner rate 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. 8504 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. 8504 2020/2 **PO Box 817** Hays KS 67601 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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. Area Served 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 Goodland KS First Community 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 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 suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2020/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	Eagle Communications Inc.	-		8					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
D									
ontinued)									
Area									
Served									
			1						
			-						
			-						
			+						

Name	LEGAL NAME OF OWNER OF CA		SYS	TEM ID							
Name	Eagle Communications	Inc.							850		
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES						
E	In General: The information in sp	bace E should	cover a	Il categories of	secondary	/ transmission s	ervice of th	ne cable			
	system, that is, the retransmissio										
Secondary	about other services (including pa						nose existi	ng on the			
Transmission Service: Sub-	last day of the accounting period						le system	broken			
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken 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										
	3 ,	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				es of seco	ondary transmis	sion servic	e that cable			
	systems most commonly provide										
	that applies to your system. Note										
	categories, that person or entity s subscriber who pays extra for cal						•				
	first set" and would be counted of					In the count und					
	Block 2: If your cable system h					service that are	different fr	om those			
	printed in block 1 (for example, ti					,	<i>, , , , , , , , , ,</i>	, 0			
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tw	o- or three	e-word description	on of the s	ervice is			
	sufficient.	DCK 1					BLOCK	()			
	BEC	NO. OF					BLUC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential:										
	 Service to first set 		49	21.95							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel			21.95							
	Commercial		2	21.95							
	Converter										
	• Residential										
	Non-residential										
	SERVICES OTHER THAN SECO						, .				
F	In General: Space F calls for rate not covered in space E, that is, th										
-	service for a single fee. There are										
Services	furnished at cost or (2) services of	•			•		• • •				
Other Than	amount of the charge and the un		usually	billed. If any rat	es are ch	arged on a varia	ble per-pr	ogram basis,			
Secondary ransmissions:	enter only the letters "PP" in the r		ho cable	system for ear	sh of the a	nnlicable servic	os listad				
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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										
		BLO	CK 1		BLOCK						
	CATEGORY OF SERVICE	RATE		ORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Installa	ation: Non-resi	dential						
	• Pay cable	21.95	• Mot	tel, hotel							
	 Pay cable—add'l channel 	66.50	• Cor	nmercial							
	Fire protection		• Pay	/ cable		[]					
	•Burglar protection		• Pay	/ cable-add'l ch	annel	<u> </u>					
	Installation: Residential		• Fire	e protection		[]					
	• First set	15.00	• Bur	glar protection							
	 Additional set(s) 	5.00	Other s	services:							
	• FM radio (if separate rate)		• Red	connect		30.00			[
	· FINITAULO (IL Separate Tate)			Johneot							
	• Converter	2.50	• Dis	connect							
	· · · /	2.50				49.99					
	· · · /	2.50	• Out	connect	ess	49.99					

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

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-thie-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. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER STATION **KAAS - FOX** Wichita KS 13 Ν **KOOD PBS** 2 Ε **Bunker Hills KS KUSA NBC** Ν 3 **Denver CO KLBY ABC** 4 Ν Wichita KS **KMTW MYTV** 5 Wichita KS L **KBSH CBS** 7 Ν Wichita KS **KSNW NBC** 8 Ν Wichita KS **KSCW CW** 8.1 I-M Wichita KS

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FORM SA1-2. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							Name		
Eagle Comm								8504	
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	
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. 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 signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the 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).								Primary Transmitters: Radio	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+							
		+							
		+							
		<u>+</u>		1					

	LEGAL NAME OF OWNER OF C	CABLE SYST	EM:				SYSTEM ID#			
Name	Eagle Communications	s Inc.					8504			
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Program 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 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.									
	SI		E PROGRAM		CARF	EN SUBSTITUTE RIAGE 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. TIMES FROM — TO				
						_				
						_				
					1	_				
					1	_				
			t		1					
						_				

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 8504	
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: Eagle Communications Inc.	SYSTEM ID# 8504
м	CHANNELS	tions
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	lions
Channels		
	1. Enter the total number of channels on which the cable	8
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	53
	and nonbroadcast services	
Ν	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 Information	Name Marie Censoplano Telephone 9	14-235-8313
mormation		
	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 regulation as explained in the general instructions.)	ons,
O Certifcation	 I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	
Certification		
	(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 sy in line 1 of space B and that the owner is not a corporation or partnership; or	vstem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own 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. [18 U.S.C., Section 1001(1986)] 	herein
	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	

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.

ACCOUNTING PERIOD: 2020/2

FORM SA1-2. PAG	E 8	3.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nomo
Eagle Communications Inc.	8504	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 l service of providing secondary transmissions of primary broadcast transmitters, the system shall not incost scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmised by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	basic lude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion
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 underp For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	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	- 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- harge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistanc contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e 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 Offce list below the owner, address, first community served, ID number, and accounting period as given in the origina	-	
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 info		

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