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.

DATE RECEIVED

08/29/22

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

SA1-2 Short Form

Return to:

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

end of this form [pages (i)-(vii)]. ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2022 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. Owner 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. 10587 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. *1058720221* 10587 2022/1 **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. System IDENTIFICATION OF CABLE 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 Abilene (A) KS First Community KS Chapman (A) KS Solomon (A) Enterprise (A) KS KS Clay Center (B) Wake Field (B) KS 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. Pll 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

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

				FORM SA3. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM ID#
Name				10587
	Eagle Communications Inc.			10507
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
U				
(continued)				
Area				
Served				
			-	
			-	
			-	
			-	
			-	
			-	

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									SYS	TEM I
	Eagle Communications	Inc.									105
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 information										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing										
Fransmission	last day of the accounting period	· · ·					0 1100	o oniot	ng on an	5	
Service: Sub-	Number of Subscribers: Both										
scribers and	down by categories of secondary										
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. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca				• •	•					
	first set" and would be counted of										
	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.		0 01 1110		puon						
	BLC	DCK 1					В	LOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF S	FRVI)F		. OF RIBERS	RAT
	Residential:	ODDOCIVID			0A11				00000	RIDERO	
	Service to first set		1.826	25.00							
	Service to additional set(s)		.,0_0								•
	• FM radio (if separate rate)										
	Motel, hotel			21.95							
	Commercial		296	72.95							
	oonninereidi		200	12.00							1
	Converter										T
	• Residential										
	Residential										
	Residential Non-residential	ONDARY TRA		SIONS: RATES							
	Residential					all your cable s	system	ı's serv	ices that	were	
	Residential Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rai not covered in space E, that is, t	te (not subscri hose services	ber) info that are	rmation with res not offered in co	pect to a ombination	on with any se	conda	ary tran	smission		
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Name	LEGAL NAME OF OWNE	R OF CABLE SYSTEM	M:	5	SYSTEM ID					
Name	Eagle Communications Inc. 105									
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable syst	em during the accou	inting period, exce	ng translator stations and low power television stations) ept (1) stations carried only on a part-time basis under						
Primary ransmitters: Television	76.59(d)(2) and (4), 76.61 substitute program basis,	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 noncomme 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 to FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
	KSNW NBC	3	N	Wichita KS						
	KMTW MYTV	35	I	Wichita KS						
	KAKE ABC	10	N	Wichita KS						
	KSNL Telemundo	58	N	Wichita KS						
	KSNL Justice	58.1	N-M	Wichita KS						
	KMTW Charge TV	25								
		35	N	Wichita KS						
	KPTS Explore PBS	59.2	E-M	Wichita KS Topeka KS						
	KPTS Explore PBS	-								
	•	59.2	E-M	Topeka KS						
	KPTS Create PBS	59.2 59.3	E-M E-M	Topeka KS Topeka KS						
	KPTS Create PBS KAKE MeTV	59.2 59.3 10	E-M E-M I	Topeka KS Topeka KS Wichita KS						
	KPTS Create PBS KAKE MeTV KMTW Stadium	59.2 59.3 10 35	E-M E-M I	Topeka KS Topeka KS Wichita KS Wichita KS						
	KPTS Create PBS KAKE MeTV KMTW Stadium KTWU Create PBS	59.2 59.3 10 35 11	E-M E-M I N E	Topeka KS Topeka KS Wichita KS Wichita KS Topeka KS						
	KPTS Create PBS KAKE MeTV KMTW Stadium KTWU Create PBS KTWU World PBS	59.2 59.3 10 35 11 11.1	E-M E-M I E E-M	Topeka KS Topeka KS Wichita KS Wichita KS Topeka KS Topeka KS						
	KPTS Create PBS KAKE MeTV KMTW Stadium KTWU Create PBS KTWU World PBS KPTS Kids PBS	59.2 59.3 10 35 11 11.1 59	E-M E-M I N E E-M E	Topeka KS Topeka KS Wichita KS Wichita KS Topeka KS Topeka KS Topeka KS						
	KPTS Create PBS KAKE MeTV KMTW Stadium KTWU Create PBS KTWU World PBS KPTS Kids PBS KSNW HD NBC	59.2 59.3 10 35 11 11.1 59 3	E-M E-M I N E E-M E N-M	Topeka KS Topeka KS Wichita KS Topeka KS Topeka KS Topeka KS Wichita KS						

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ACCOUNTING PERIOD: 2022/1

ORM SA1-2. F EGAL NAME OI Eagle Comn	F OWNER OF (YSTEM:				SYSTEM ID# 10587	Name
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.								
eceivable if (1) in the basis of it for detailed infor Column 1: Io Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou dentify the call state whether t the radio stati this by placing Sive the statior	y the syst be receive t the the sign of e he statio ion's sign g a check h's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hear system's FM anter on this point, see ed by the cable sy e station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC) it can b ertain sta e genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							

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FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF								SA1-2. PAGE 5.
Name	Eagle Communications							2	3YSTEM ID# 10587
		5 1110.							10007
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat Note: If your answer is "No log in block 2.	fy every no. counting pe- ing that must r CONCEF iod, did you tion? ", leave the	nnetwork televi: eriod, under spe st be included ir RNING SUBS ur cable syster e rest of this pa	sion program broadcast b coffic present and former F n this log, see page (v) of f TITUTE CARRIAGE n carry, on a substitute b	y a distant CC rules, he genera pasis, any	regulatio <u>l instruct</u> nonnetv	ons, or autho tions. work televis	orizations. F sion progra	For a further m XNo
	 LOG OF SUBSTITUTE In General: List each substiclear. If you need more spat Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a gram was substituted for pr effect on October 19, 1976. 	e progran uted for th eneral ins ram titles, r "No." gram. the station he station te progran ur cable s 01:15 p.m. gramming iod; enter	i) that, c e progra tructions for exar is licen is identi n. Use r ystem. I to 6:28 that yo the lette	during the a amming of s for furthe mple, "I Lo nsed by the ified). numerals, v List the tim 3:30 p.m. sh our system er "P" if the	accounting another sta r informatio ve Lucy" of FCC or, in with the mo es accurat nould be was requir listed pro	ation on. r onth ely ed			
	SI	JBSTITUT	E PROGRAM				SUBSTITU GE OCCUF		7. REASON FOR
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MOI	NTH	6. TIM ROM —		DELETION

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	10587	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent 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 a page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	nission service amount, se	K Gross Receipts
during the accounting period IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 376,805.00 (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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,80(L Copyright Royalty Fee
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for 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 \$137,10	00)	
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	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)	
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	1,130.05	
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	\$ 2,449.05	
FILING FEE AND TOTAL REMITTANCE DUE		
F		
I. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 2,449.05	
g F 2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 20.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 2,469.05	
EFT Trace # or TRANSACTION ID #	Not Available	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	or more information.	

	, -	FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Eagle Communications Inc.	10587
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast	stations
Channela	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	
	system carried television broadcast stations	16
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	192
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
IN	we can write or call about this statement of account.)	
Individual to		
Be Contacted for Further	Name Marie Censoplano Telephone S	914-235-8313
Information		714-200-0010
	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	1
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce reg	ulations
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
		5
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	e B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	e system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	e system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	wner 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 contain	ed herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	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: 8/22/22	

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

FORM SA1-2. PAGE	GE 8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#
Eagle Communications Inc.	10587 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 following 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." 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 	- Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	
Name 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.	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	-
x	days
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)	
* 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.	3
** 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 th

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.