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)

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

_		00/20/22		(202) 707-8150
General instru	uctions are at the			_
end of this for	m [pages (i)-(vii)].		ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMEN	IT:	
Accounting Period	January 1-June 30, 20	22		
B Owner	incorrect information and print or type the Give the full legal name of the owner rate title of the subsidiary, not that of the p List any other name or names under	correct information beside it. of the cable system. If the owne parent corporation. which the owner conducts the bu		e full corpo-
	a single statement of account and royalty	fee payment covering the entire	owner on the last day of the accounting period s e accounting period. s' ID number assigned by the Licensing Divisior	
	LEGAL NAME OF OWNER/MAILING A Eagle Communications In			
				143720221
				1437 2022/1
	PO Box 817			
	Hays KS 67601			
С			d to identify the business and operation of ess of the system, if different from the addro	
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTE	М:		
	2 (Number, street, rural route, apartment, or suite	number)		
	(City, town, state, zip code)			
D	in FCC rules: "a separate and distinc	t community or municipal ent	system. A "community" is the same as a "o itiy (including unincorporated commuinites .F.R. 76.5(dd). The first community that lis	within unincorporated
Area Served			Please use it as the first community on all niums, or mobile home parks should be rep	•
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First	Marion	KS		
Community	Florence	KS		
	Hillsboro	KS		
Privacy Act Notic	e: Section 111 of title 17 of the United States Coo	le authorizes the Copyright Offce to	collect the personally identifying information (PII) requ	ested 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 SA1-2c Rev 04/2011

				FORM SA3. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM ID#
Name	Eagle Communications Inc.			1437
		CTATE		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
(continued)				
Area				
Served				
			-	
			-	
			-	
			-	
			-	

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM II	
Hume	Eagle Communications	Inc.							14:	
Е	SECONDARY TRANSMISSION									
	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission	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 (June 30 or December 31, as the case may be).									
Service: Sub-	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 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).									
	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 disc									
	Block 1: In the left-hand block	•		0						
	systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system Note: Where an individual or organization is receiving service that falls under different									
	that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential									
	subscriber who pays extra for ca					•				
	first set" and would be counted o									
	Block 2: If your cable system									
	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.									
	BLC	BLO	CK 2							
		NO. OF		DATE	0.1.7		D 405	NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RA	
			206	25.00						
	Service to first set		200	25.00						
	• Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel		76	25.00						
	Commercial		76	25.00						
	Converter Residential									
	Non-residential									
	SERVICES OTHER THAN SEC				e					
_	In General: Space F calls for rat					all your cable sy	/stem's s	ervices that were		
F	not covered in space E, that is, t									
	service for a single fee. There ar									
Services Other Than	furnished at cost or (2) services									
Secondary	amount of the charge and the ur enter only the letters "PP" in the		usually	billed. If any fa	lies are ci	larged on a va	nable per	-program basis,		
-	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
ransmissions:	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
ransmissions: Rates		your cable sy	Sterrinu	rnished or offer	ed during	the accounting	ponou a			
ransmissions: Rates	Block 2: List any services that listed in block 1 and for which a	separate charg	ge was i	made or establi	0		•	the form of a		
	Block 2: List any services that	separate charg	ge was i	made or establi	0		•	the form of a		
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charge otion and inclue BLO	ge was i de the ra CK 1	made or establi ate for each.	shed. List	these other se	rvices in	BLOCK 2		
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charged	ge was i de the ra CK 1 CATEC	made or establi ate for each. GORY OF SER	shed. List		rvices in		RAT	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate chargo otion and inclue BLO RATE	ge was i de the ra CK 1 CATEC Installa	made or establi ate for each. GORY OF SER ation: Non-res	shed. List	these other se	rvices in	BLOCK 2	RAT	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charç otion and inclue BLO RATE 21.95	ge was i de the r CK 1 CATEC Installa • Mo	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel	shed. List	these other se	rvices in	BLOCK 2	RAT	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate chargo otion and inclue BLO RATE	ge was i de the ra CK 1 CATEC Installa • Mo • Col	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	shed. List	these other se	rvices in	BLOCK 2	RAT	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	separate charç otion and inclue BLO RATE 21.95	de was i de the r CK 1 CATEC Install • Mo • Col • Pay	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	shed. List √ICE idential	these other se	rvices in	BLOCK 2	RAT	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	separate charç otion and inclue BLO RATE 21.95	ge was i de the r CK 1 CATEC Installa • Mo • Col • Pay	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	shed. List √ICE idential	these other se	rvices in	BLOCK 2	RAT	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	separate charg bition and inclue BLOU RATE 21.95 66.50	ge was i de the r CK 1 CATEC Installa • Mo • Col • Pay • Pay	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	shed. List √ICE idential	these other se	rvices in	BLOCK 2	RAT	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	separate charg bition and inclue BLOO RATE 21.95 66.50 15.00	ge was i de the r CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bui	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	shed. List √ICE idential	these other se	rvices in	BLOCK 2	RAT	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate charg bition and inclue BLOU RATE 21.95 66.50	ge was i de the ra- CK 1 CATEC Installa • Mo • Coi • Pay • Fire • Bui Other	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	shed. List √ICE idential	RATE	rvices in	BLOCK 2	RA	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg otion and inclue BLOO RATE 21.95 66.50 15.00 5.00	ge was i de the r. CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bui • Col • Pay	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	shed. List √ICE idential	these other se	rvices in	BLOCK 2	RA	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	separate charg bition and inclue BLOO RATE 21.95 66.50 15.00	ge was i de the r CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other • Re • Dis	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect connect	shed. List √ICE idential	RATE	rvices in	BLOCK 2	RAT	
	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg otion and inclue BLOO RATE 21.95 66.50 15.00 5.00	ge was i de the r CK 1 CATEC Installa • Mo • Col • Pay • Pay • Fire • Bui • Bui • Other • Rea • Dis • Ou	made or establi ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	vice idential	RATE	rvices in	BLOCK 2	RA	

Nama	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	Л:	SYST	EM ID#		
Name	Eagle Communica	tions Inc.			1437		
	PRIMARY TRANSMITTERS:	TELEVISION					
G Primary Transmitters: Television	 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 the station. 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 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, 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			
	ΚΜΤΨ ΜΥΤΥ	35	I	Wichita KS			
	КАКЕ АВС	10	N	Wichita KS			
	KSNW Telemundo	3.1	N-M	Wichita KS			
	KSNW Justice	3.2	N-M	Wichita KS			
	KMTW Charge TV	35.1	N-M	Wichita KS			
	Kake MeTV	10.2	I-M	Wichita KS			
	KMTW Stadium	35.2	N-M	Wichita KS			
	KSNW HD NBC	3.1	N-M	Wichita KS			
	KMTW HD MyTV	35.1	I-M	Wichita KS			
	KAKE HD ABC	10.1	N-M	Wichita KS			

ACCOUNTING PERIOD: 2022/1

ORM SA1-2. F EGAL NAME OI Eagle Comn	F OWNER OF (YSTEM:				SYSTEM ID# 1437	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.							Н	
Special Instruct eceivable if (1) in the basis of it for detailed info Column 1: It Column 2: S Column 3: If ignal, indicate Column 4: G	ctions Concerning, it is carried by monitoring, to prmation about dentify the call tate whether t the radio statis this by placing Sive the station	rning All y the syst be receivent 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 o 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	Copyright Office re the system's hea ystem's FM anter in this point, see ed by the cable se e station is licens	egulations, an adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC	FM sigr) it can b ertain sta e genera parate a	al is generally e expected, ted intervals. l 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	

			11		

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						SA1-2. PAGE 5.
Name	Eagle Communication								1437
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every not	nnetwork televis eriod, under spe	sion program broadcast ecific present and former	by a FCC	distant stati rules, regu	lations, or auth		
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	Note: If your answer is "No		e rest of this pa	ige blank. If vour answe	er is '	"Yes." vou	must complet		X No am
	log in block 2.					·, , · ·			
	 LOG OF SUBSTITUTE In General: List each substiclear. If you need more space 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 giv 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 	titute progra ce, please of every no distant sta gulations, o ies like "mo Bulls." n was broa sign of the adcast stati adian stati ath and day /e "5/7." es when th Example: er "R" if the and regulat ogramming	am on a separ attach addition onnetwork tele- tion and that y or authorization ovies" or "bask dcast live, entu- station broadco on's location (to ons, if any, the y when your sy e substitute pri a program carri- e listed program ions in effect d	nal pages. vision program (substitu our cable system subst ns. See page (v) of the etball." List specific pro er "Yes." Otherwise ent casting the substitute pr the community to which e community with which stem carried the substitute ogram was carried by y ried by a system from 6 n was substituted for pr luring the accounting pe	ute p itute gena gran er "N ogra the the tute 'our :01: cogra	brogram) the d for the pr eral instruct n titles, for d No." station is li station is li program. U cable syste 15 p.m. to 6 amming tha ; enter the	at, during the ogramming o tions for furthe example, "I Lo censed by the lentified). se numerals, m. List the tir 5:28:30 p.m. s t your system letter "P" if the	accounting f another st er information by Lucy" of e FCC or, ir with the mo- nes accurate should be was require e listed pro	ation on. r onth œly ed
	effect on October 19, 1976.								
								7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. TIN FROM —		DELETION
								• • • • • • • • • • • • • • • • • • • •	
								•	
								••••••	
								•••••••••••••••••••••••••••••••••••••••	
							_		
								•••••••••••••••••••••••••••••••••••••••	
							_		

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	1437	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmisss (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ion service ount, se	K Gross Receipts
during the accounting period	-,	
IMPORTANT: You must complete a statement in space P concerning 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 • 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 Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this 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 \$ 3. Subtract line 2 from line 1 \$ 4. Enter the amount of gross receipts from space K \$	s six-montf 5 52.00 0.00 5 52.00	L Copyright Royalty Fee
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 \$ 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)	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		
FILING FEE AND TOTAL REMITTANCE DUE		
F		
II I. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
g F 2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00	
EFT Trace # or TRANSACTION ID #	lot Available	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	nore information.	

		FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Nume	Eagle Communications Inc.	1437
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcas	t stations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	Enter the total number of channels on which the cable system carried television broadcast stations	11
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	188
	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	Name Marie Censoplano Telephone	914-235-8313
Information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional)914-234-836	3
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce reg as explained in the general instructions.)	ulations,
0		
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of spac	e B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab	e system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as c in line 1 of space B.	wner of the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain	and 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	
	1	

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:	SYSTEM ID#	Name
Eagle Communications Inc.	1437	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 i lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include 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 transmission made by satellite carriers to satellite dish owners?	ic e sub- 9."	P Special Statement Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayr For an explanation of interest assessment, see page (viii) of the general instructions.	nent.	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 Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.0027	days 4	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- arge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pl contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	lease	
** 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, ple list below the owner, address, first community served, ID number, and accounting period as given in the original fili		
Owner Address		
ID number First community served Accounting period		
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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.