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

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: 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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 215 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Eagle Communications Inc. *21520221* 215 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 CO Burlington 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. 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 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.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SY	/STEM [.]		SYSTEM ID#
Name				215
	Eagle Communications Inc.			215
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
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D				
(continued)				
Area				
Served				
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Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									SYS	TEM I
Name	Eagle Communications	Inc.									2
Е	SECONDARY TRANSMISSION										
E	In General: The information in s	•		•							
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										
Secondary Transmission							bel	lose exis	ung on the		
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 Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).										
	Rate: Give the standard rate c								ne and the		
	unit in which it is generally billed	-	-	•					-	ate	
	category, but do not include disc				,				particular		
	Block 1: In the left-hand block	•		•							
	systems most commonly provide									ory	
	that applies to your system. Not			-		-				ial	
	categories, that person or entity subscriber who pays extra for ca				••			•		a	
	first set" and would be counted of						it un				
	Block 2: If your cable system	has rate categ	ories for	secondary trans	smission						
	printed in block 1 (for example, t									er	
	with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is										
	sufficient. BLC	DCK 1						BLOC	(2		
		NO. OF							NO. (
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF	SER	VICE	SUBSCR	IBERS	RA
	Residential:										
	Service to first set		92	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel		~-								
	Commercial		37	62.95							
	Converter										
	 Residential 										
	Non-residential										
	SERVICES OTHER THAN SEC					ll vour cable	e svs	tem's ser	vices that w	ere	
F		e (not subscri	ber) infoi	rmation with res	pect to a					ere	
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	LEGAL NAME OF OWNE		٨٠	FORM SA1-2. PAGE 3 SYSTEM ID#				
Name	Eagle Communica		vi.	215				
	PRIMARY TRANSMITTERS:							
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 (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 specific 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; system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				
	KWGN CW	2	I	Denver CO				
	KCNC CBS	4	N	Denver CO				
	KDVR FOX	31	I	Denver CO				
	KRMA PBS	6	Е	Denver CO				
		7	N	Denver CO				
		8	l	Denver CO				
	KUSA NBC	9	N	Denver CO				

ACCOUNTING PERIOD: 2022/1

FORM SA1-2. F LEGAL NAME OI	F OWNER OF (YSTEM:				SYSTEM ID#	Name
Eagle Comn	nunications	s Inc.					215	
 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. 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. 								H Primary Transmitters Radio
Column 2: S Column 3: If ignal, indicate Column 4: G	tate whether t the radio stati this by placing Sive the station	he statio ion's sigr g a check n's locatio	n is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC0			
			-			C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
	·							
	·							
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	·							
	·							
	·							

			11		

<u> </u>	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SA1-2. PAGE 5.	
Name	Eagle Communication							215	
I	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 ca substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. Fo explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Substitute Carriage:									
Special					asis any non	network televi	sion progra	m	
Statement and Program Log	ent and broadcast by a distant station? Yes							XNo	
	Note: If your answer is "No log in block 2.			ge blank. If your answer i	s "Yes," you	must complete	e the progra	am	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr 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."	itute progra ce, please of every no distant sta gulations, o ies like "mo Bulls." n was broa sign of the adcast stati adian statii th and day ve "5/7." es when th Example: a er "R" if the ind regulatio 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 (substitute our cable system substitu ns. See page (v) of the ge etball." List specific progr- er "Yes." Otherwise enter sasting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog uring the accounting perior	e program) th ted for the pr neral instruc am titles, for "No." ram. he station is li e station is li e program. L ur cable syste 1:15 p.m. to f gramming that bd; enter the	at, during the sogramming of tions for furthe example, "I Lo icensed by the dentified). Ise numerals, " arm. List the tim 5:28:30 p.m. so the source of the	accounting another st or informati- ve Lucy" o FCC or, ir with the me hould be was requir e listed pro	ation on. r onth æly ed	
								7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIN	IES	FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то		
						_			
						_			
						_			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 215	Name			
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service	K Gross Receipts			
Instructions: • • •	T ROYALTY FEE 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(of the general instructions for more information.	\$263,80(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 fo accounting period is \$52.00	r this six-montł				
	Line 1. Royalty fee for accounting period	. \$ 52.00				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00				
	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					
	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					
	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					
FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00				
Remittance Due	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 #	Not Available				
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	-				

FORM SA1-2. PAGE 6.

	·	FORM SA1-2. PAGE 7.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Naine	Eagle Communications Inc.	215						
	CHANNELS							
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast	st stations						
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels								
	1. Enter the total number of channels on which the cable	7						
	system carried television broadcast stations							
	2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations and nonbroadcast services	109						
N	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							
	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	julations,						
0	as explained in the general instructions.)							
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 space	e B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab in line 1 of space B and that the owner is not a corporation or partnership; or	le 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 a	owner 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	ned 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)]							
	Danial 7 9116:10							
	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)							
	Dela							
	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 S	A1-2. P	AGE 8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	EM ID#
Eagle Communications Inc.	215 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 subscribers 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.	P Special Statement Concerning Gross Receipts
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 YES. Enter the total here and list the satellite carrier(s) below. \$	Exclusion
Name 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 da	ays
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<u> </u>
* 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 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.