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

02/28/23

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

nd of this for	rm [pages (i)-(vii)].		ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions
A Accounting Period	ACCOUNTING PERIOD COVE July 1-December 31		r:	
B Owner	incorrect information and print or type the Give the full legal name of the own rate title of the subsidiary, not that of the List any other name or names und If there were different owners durin a single statement of account and royal statement of account and statement of account ac	he correct information beside it. Her of the cable system. If the owner e parent corporation. Her which the owner conducts the bus ing the accounting period, only the ou- lity fee payment covering the entire at is first filing. If not, enter the system's	vner on the last day of the accounting perio	the full corpo-
	PO Box 817	Inc.		*1058720222 10587 2022/:
С		-	to identify the business and operation s of the system, if different from the ad	
System	1 IDENTIFICATION OF CABLE SYSTE	М:		
	MAILING ADDRESS OF CABLE SYS 2 (Number, street, rural route, apartment, or s (City, town, state, zip code)			
D	Instructions: List each separate c in FCC rules: "a separate and disti	nct community or municipal entiti e unincorporated areas)." 47 C.F	stem. A "community" is the same as a y (including unincorporated communitu .R. 76.5(dd). The first community tha lease use it as the first community on a	es within unincorporated t list will serve as a form
Area Served	of system identification hereafter k Note: Entities and properties such		ums, or mobile home parks should be	reported in paratheses below
	of system identification hereafter k		ums, or mobile home parks should be	reported in paratheses below STATE
	of system identification hereafter k Note: Entities and properties such the identified city. CITY OR TOWN Abilene (A)	as hotels, apartments, condimini STATE KS		STATE KS
Served	of system identification hereafter k Note: Entities and properties such the identified city. CITY OR TOWN Abilene (A) Chapman (A)	as hotels, apartments, condimini STATE KS KS	CITY OR TOWN	STATE KS KS
Served First	of system identification hereafter k Note: Entities and properties such the identified city. CITY OR TOWN Abilene (A) Chapman (A) Solomon (A)	as hotels, apartments, condimini	CITY OR TOWN	STATE KS
Served First	of system identification hereafter k Note: Entities and properties such the identified city. CITY OR TOWN Abilene (A) Chapman (A) Solomon (A) Enterprise (A)	as hotels, apartments, condimini	CITY OR TOWN	STATE KS KS
Served First	of system identification hereafter k Note: Entities and properties such the identified city. CITY OR TOWN Abilene (A) Chapman (A) Solomon (A)	as hotels, apartments, condimini	CITY OR TOWN	STATE KS KS

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

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

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

Nama	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					SYS	TEM ID			
Name	Eagle Communications	Inc.						1058			
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS	AND RATES							
E	In General: The information in s	•		-	•						
. .	system, that is, the retransmission				•						
Secondary		about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).									
Transmission Service: Sub-	Number of Subscribers: Both					le system	broken				
scribers and		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 serv				0	,					
	Rate: Give the standard rate c unit in which it is generally billed	-				-					
	category, but do not include disc	· · ·	,			wiunn a pe					
	Block 1: In the left-hand block				condary transmiss	ion service	e that cable				
	systems most commonly provide										
	that applies to your system. Not				-						
	categories, that person or entity subscriber who pays extra for ca										
	first set" and would be counted of										
	Block 2: If your cable system					different fro	om those				
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in the	right-hand b	ock. A two- or thr	ree-word descriptic	on of the se	ervice is				
		OCK 1				BLOCK	2				
		NO. OF				DLOON	NO. OF	1			
	CATEGORY OF SERVICE	SUBSCRIB	ERS R	ATE CA	TEGORY OF SEF	RVICE	SUBSCRIBERS	RATE			
	Residential:										
	 Service to first set 		1,603	25.00							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel			21.95							
	Commercial		297	72.95							
	Converter										
	Residential										
	Non-residential										
_	SERVICES OTHER THAN SEC In General: Space F calls for rate				all your cable syst	em's servi	ces that were				
F	not covered in space E, that is, t		,	•							
	service for a single fee. There ar										
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the un		usually billed.	If any rates are o	charged on a varia	ble per-pro	gram basis,				
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		ne cable svste	em for each of the	e applicable service	es listed.					
Rates	Block 2: List any services that		•		••		vere not				
	listed in block 1 and for which a				st these other servi	ces in the	form of a				
	brief (two- or three-word) descrip										
		BLO	CK 1				BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEGORY	OF SERVICE	RATE	CATEGO	ORY OF SERVICE	RATE			
	Continuing Services:		Installation:	Non-residential							
	• Pay cable	21.95	 Motel, ho 	tel							
	 Pay cable—add'l channel 	66.50	Commerce								
	Fire protection		 Pay cable 								
	 Burglar protection 		2	e-add'l channel							
	Installation: Residential		 Fire prote 								
	First set	15.00	• Burglar p	rotection							
	 Additional set(s) 	5.00	Other servic								
	• FM radio (if separate rate)		 Reconne 	ct	30.00						
	Converter	2.50	 Disconne 	ect							
			 Outlet rel 	ocation	49.99						
				ocation new address	49.99						

	LEGAL NAME OF OWNE	R OF CABLE SYSTE	M.		TEM ID#
Name	Eagle Communica		vi.		10587
	PRIMARY TRANSMITTERS				
G Primary Transmitters: Television	 carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Stati basis under specific FCC ritics Do not list the station here, and basis. For further inform Column 1: List each st Column 2: Give the nu This may be different from associated with a station at the same on the form. Column 3: Indicate in e educational station, by ent (for independent multicast For the meaning of these the form 	em during the accour in effect on June 24 (e)(2) and (4), or 76. as explained in the n ons: With respect to ules, regulations, or re in space G—but d v on a substitute bas also in space I, if th nation concerning su ation's call sign. Do mber of the channel the channel on whice cording to its over- each case whether th ering the letter "N" (f), "E" (for noncomme erms, see page (iv) cation of each station	nting period, except 1, 1981, permitting the G3 (referring to 76.6 next paragraph. a any distant station authorizations: o list it in space I (the is. e station was carrier authorization was carrier a	translator stations and low power television stations) t (1) stations carried only on a part-time basis under the carriage of certain network programs [sections i1(e)(2) and (4))]; and (2) certain stations carried on a s carried by your cable system on a substitute program the Special Statement and Program Log)—if the d both on a substitute basis and also on some other ns, see page (v) of the general instructions. In program services such as HBO, ESPN, etc. In's broadcasts are carried in its own community. In carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" as bork station, an independent station, or a noncommercial (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). Its the community to which the station is licensed by the he 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	35	N	Wichita KS	
	KPTS Explore PBS	59.2	E-M	Topeka KS	
	KPTS Create PBS	59.3	E-M	Topeka KS	
	KAKE MeTV	10	I	Wichita KS	
	KMTW Stadium	35	N	Wichita KS	
	KTWU Create PBS	11	Е	Topeka KS	
	KTWU World PBS	11.1	E-M	Topeka KS	
	KPTS Kids PBS	59	Е	Topeka KS	
	KSNW HD NBC	3	N-M	Wichita KS	
	KMTW HD MyTV	35	N-M	Wichita KS	
	KAKE HD ABC	10.1	N-M	Wichita KS	

ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F EGAL NAME OF Eagle Comm	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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally							H Primary		
eceivable if (1) on the basis of r For detailed infor Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abour lentify the call tate whether t the radio stati this by placing ive the statior	y the sys be receivent t the the sign of e he statio ion's sign g a check h's locatio	tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. n is AM or FM. nal was electronically proces mark in the "S/D" column. on (the community to which the the community with which the	at s o se	the system's hea ystem's FM anter n 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	Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0					3,0		
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Eagle Communication	s Inc.						10587		
I	SUBSTITUTE CARRIAGI	ify every no	nnetwork televi	sion program broadcast by	a distant st					
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furthe explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage:	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
Special Statement and										
Program Log	broadcast by a distant sta	tion?					Yes	ХNо		
	Note: If your answer is "No log in block 2.	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," yo	u must comp	lete the pro	gram		
	2. LOG OF SUBSTITUTE			- A. Barris Harrish harrish Arm						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program	ace, please of every no distant sta egulations, o ries like "mo Bulls." m was broa	attach addition onnetwork tele tion and that y or authorization ovies" or "bask udcast live, ento	nal pages. vision program (substitute our cable system substitu ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter	e program) ted for the meral instru am titles, fo "No."	hat, during t programming ctions for fu	he accounti g of another rther inform	ng station ation.		
	Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett	adcast stati nadian stati nth and day ve "5/7." es when th Example: er "R" if the	on's location (i ons, if any, the v when your sy e substitute pr a program carr e listed prograr	stem carried the substitut ogram was carried by you ried by a system from 6:0 n was substituted for prog	ne station is e station is e program. Ir cable sys 1:15 p.m. to pramming tl	identified). Use numera tem. List the 6:28:30 p.n nat your syst	lls, with the times accu n. should be em was req	month rately uired		
	to delete under FCC rules a gram was substituted for pr									
	effect on October 19, 1976.						-			
								7. REASON		
			0.07471010							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONT AND DA	·	TIMES — TO	FOR DELETION		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION		·		FOR DELETION		
				4. STATION'S LOCATION		·		FOR DELETION		
				4. STATION'S LOCATION		·		FOR DELETION		
				4. STATION'S LOCATION		·				
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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 all amounts (gross receipts) paid to your cab (as identifed in space E) during the accountir page (vii) of the general instructions. Gross receipts from subscribers for seco	le system by subscribers for the ng period. For a further explana	e system's se	condary transmi	ission service		K Gross Receipts
during the accounting period	•			\$ 3	38,830.00	
IMPORTANT: You must complete a stateme					ross receipts)	
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you o Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts ir Use block 2 if the amount of gross receipts ir Use block 3 if the amount of gross receipts ir See page (vi) of the general instructions for more	n space K is \$137,100 or less n space K is more than \$137,10 n space K is more than \$263,80			263,800		L Copyright Royalty Fee
BLOCK	1: GROSS RECEIPTS OF \$1	37,100 OR	LESS			
Instructions: As a cable system with gross rece accounting period is \$52.00	eipts of \$137,100 or less, the roy	alty fee that y	rou must pay for t	this six-mon		
Line 1. Royalty fee for accounting period						
Line 2. Interest charge. Enter the amount from	n line 4, space Q, page 8				0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FO	R ACCOUNTING PERIOD Add	lines 1 and 2	2			
BLOCK 2: GROSS R	ECEIPTS OF \$263,800 OR L	ESS (but mo	ore than \$137,1	00)		
1. Base amount under statutory formula		. \$	263,800.00			
2. Enter amount of gross receipts from space I	<					
3. Subtract line 2 from line 1						
4. Enter the amount of gross receipts from spa	се К					
5. Enter the amount from line 3					•	
6. Subtract line 5 from line 4						
7. Multiply line 6 by .005 (enter figure here)						
					0.00	
8. Interest charge. Enter the amount from line	4, space Q, page 8				0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR AG	COUNTING PERIOD. Add lines	s 7 and 8				
	CEIPTS OF MORE THAN \$2	62 900 (but	loop then \$527	600)		
BLOCK 3. GROSS RE	CEIFTS OF MORE THAN \$2	03,000 (but	iess than \$527,	000)		
1. Enter the amount of gross receipts from spa	се К	. \$	338,830.00			
2. Base amount under statutory formula		\$	263,800.00			
3. Subtract line 2 from line 1		\$	75,030.00			
4. Multiply line 3 by .01			\$	750.30		
5. Royalty due on the first \$263,800 of gross re	ecepits (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 AC	COUNTING PERIOD. Add lines	s 4, 5, and 6 .	••••••	\$	2,069.30	
	FILING FEE AND TOTA	L REMITTA	NCE DUE			
r						
ii i 1. Royalty Fee Payable for Accounting Pe n	eriod (from block 1, 2, or 3, above	€)		\$	2,069.30	
g F 2. Filing Fee (See the instructions for mor	e information on filing fee calcula	ations)		.\$	20.00	
3. TOTAL AMOUNT DUE FOR ACCOUN	ITING PERIOD. Add lines 2 and	d 3		\$	2,089.30	
EF1	T Trace # or TRANSACTION ID	#		Not Avai	lable	
See page i of the general instru	ictions in the paper SA1-2 form a	and the Excel	instructions tab f	or more inforr	nation.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Eagle Communications Inc.	10587
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
	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	16
	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	192
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	
	(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 regul	ations,
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 identified in line 1 of space B	3; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	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 ow	ner 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 contained	d 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: 2/28/2023	

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 sufficiency of the fling, a determination that would be made by a court of law.

FORM SA1-2. PAGE 8	FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	10587	Name
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUTE The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of a lowing sentence: "In determining the total number of subscribers and the gross amounts paid service of providing secondary transmissions of primary broadcast transmit scribers and amounts collected from subscribers receiving secondary trans For more information on when to exclude these amounts, see the note on page (vii During the accounting period did the cable system exclude any amounts of gross remade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	the Copyright Act by adding the fol- d to the cable system for the basic tters, the system shall not include sub- imissions pursuant to section 119." i) of the general instructions. Beceipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a resul For an explanation of interest assessment, see page (viii) of the general instruction		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)	\$ - (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-ra contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ate.pdf. For further assistance 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 sub- list below the owner, address, first community served, ID number, and accounting	1,7,6	
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	ı tr

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.