# THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2 Short Form

# STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
02/28/23	\$				
	ALLOCATION NUMBER				

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

Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:						
Accounting	July 1-December 31, 2022							
Period								
<b>B</b> Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full 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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Eagle Communications Inc.							
			*2	2581220222*				
				25812 2022/2				
	PO Boy 817							
	PO Box 817 Hays KS 67601							
		siness or trade names used to iden	tify the business and operation of the system	unless these				
С	names already appear in space B. In lir	ne 2, give the mailing address of the	system, if different from the address given in	ı space B.				
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite nu	mber)						
	(City, town, state, zip code)							
		unity carved by the cable system	A "community" is the same as a "community of	unit" as defined				
D	•		ding unincorporated communities within unincorporated					
	5 5 .	•	.5(dd). The first community that list will serve					
Area Served		·	se it as the first community on all future filing mobile home parks should be reported in pa					
001100	the identified city.	otels, apartinents, condiminiums, or	mobile nome parks should be reported in pa	Tauteses below				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	St Francis	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. 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

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Eagle Communications Inc.							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
_								
D								
(continued)								
Area								
Served								
	<u> </u>							

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 25812 **Eagle Communications Inc.** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission 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 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. 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 cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." 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 BLOCK 1 BLOCK 2 NO. OF NO OF SUBSCRIBERS CATEGORY OF SERVICE **RATE** CATEGORY OF SERVICE SUBSCRIBERS **RATE** Residential: 27 · Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 9 64.95 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. CATEGORY OF SERVICE CATEGORY OF SERVICE RATE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential · Motel, hotel · Pay cable 21.95 • Pay cable—add'l channel 66.50 Commercial Fire protection Pav cable · Pay cable-add'l channel Burglar protection Installation: Residential · Fire protection First set Burglar protection 15.00 Additional set(s) Other services: 5.00 • FM radio (if separate rate) Reconnect 30.00

Disconnect

Outlet relocation

· Move to new address

49.99

2.50

LEGAL NAM

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 25812

### **Eagle Communications Inc.**

# G

Name

#### Primary Transmitters: Television

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 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 noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KSAS - FOX	9	I	Wichita KS
KWKS PBS	3	E	Colby KS
KUSA NBC	4	N	Denver CO
KLBY ABC	6	N	Colby KS
KCNC CBS OOM	7	N	Denver CO
KSNK NBC	5	N	Oberlin KS
KMGH ABC OOM	11	N	Wichita KS
KBSL CBS	12	N	Goodland KS

FORM SA1-2. F									
LEGAL NAME O			YSTEM:					SYSTEM ID#	Name
Eagle Communications Inc. 25812									
PRIMARY TRA	NEMITTEDE	PADIO							
			arried on a separate and disc	re	te basis and list	those FM stati	ons carr	ied on an	Н
			enerally receivable" by your o						• •
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.						Primary Transmitters: Radio			
For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.  Column 1: Identify the call sign of each station carried.  Column 2: State whether the station is AM or FM.  Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete									
			mark in the "S/D" column.	30	d by the cable 3	ystem as a se	parate a	na disorcio	
Column 4: G	Sive the station	n's locati	on (the community to which t				C or, in t	ne case of	
Mexican or Car	nadian stations	s, if any,	the community with which the	e s	station is identific	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	ТЕМ:				;	SYSTEM ID#	
Name	Eagle Communications Inc.								
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the ad explanation of the programm	ify every nor ecounting pe ing that mus	nnetwork televis eriod, under spe st be included in	sion program broadcast by ecific present and former Fo n this log, see page (v) of the	ν a distant stat CC rules, regu	lations, or auth			
Special Statement and Program Log	<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?</li> </ul>								
	Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTI			ge blank. If your answer	is "Yes," you	must complet	e the progr	am	
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call Column 4: Give the broothe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules gram was substituted for present the state of	ace, please of every not distant state gulations, or ies like "mo Bulls." m was broa sign of the adcast statinadian station than day ve "5/7." es when the Example: a ter "R" if the land regulation of gramming	attach addition connetwork tele- tion and that y- or authorization ovies" or "bask dcast live, ent- station broadd- oon's location (i- oons, if any, the- or when your sy- e substitute pri- a program carri- e listed program- ions in effect d	nal pages. vision program (substitute our cable system substitute ns. See page (v) of the ge etball." List specific progreer "Yes." Otherwise enter easting the substitute programe to community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0 m was substituted for progluring the accounting peri	e program) the steed for the preparation is line station is line station is line station is line program. Usur cable systems 1:15 p.m. to en the program is line station is line program. Usur cable systems of the program in the gramming the sod; enter the	at, during the ogramming or tions for further example, "I Lo decensed by the dentified). Is a numerals, em. List the tin 6:28:30 p.m. styour system letter "P" if the	accounting f another si er informati ove Lucy" of e FCC or, in with the m mes accura should be u was require e listed pro	tation on. or onth tely	
	effect on October 19, 1976					EN SUBSTIT		7 854000	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S  CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN		7. REASON FOR DELETION	
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FORM SA1-2. PAGE 6.  LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Eagle Communications Inc.	25812	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ice	<b>K</b> Gross Receipts
during the accounting period	6,171.00	
IMPORTANT: You must complete a statement in space P concerning gross receipts.  (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 \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions for more information.		L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-more accounting period is \$52.00	n'	
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	
o. Interest charge. Enter the amount from line 4, space Q, page o	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)		
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)	<u>0</u>	
6. Interest charge. Enter the amount from line 4, space Q, page 8	<u>0</u>	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTANCE DUE		
F ii		
i 1. 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 # Not Av	ailable	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inf	ormation.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Eagle Communications Inc.  SYSTEM ID# 25812							
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
	1. Enter the total number of channels on which the cable 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							
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)							
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313							
	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							
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, 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 B; 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 identified as 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 contained 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: <b>Daniel J White</b>							
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)							
	Date: 2/28/2023							

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#	Name
Eagle Communications Inc.		25812	Name
lowing sentence:  "In determining the total number of subscribers and service of providing secondary transmissions of proceed scribers and amounts collected from subscribers references information on when to exclude these amounts,	section 111(d)(1)(A), of the Copyright Act by adding the fol- d the gross amounts paid to the cable system for the basic imary broadcast transmitters, the system shall not include st eceiving secondary transmissions pursuant to section 119."	ub-	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s	s) below		1
Name Mailing Address	Name Mailing Address		l
INTEREST ASSESSMENTS			
	ents submitted as a result of a late payment or underpaymer of the general instructions.	nt.	Q
Line 1 Enter the amount of late payment or underpayment	nt		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the s	um here	days	l
Line 3 Multiply line 2 by the number of days late and enter	x 0.00274	<u> </u>	l
Line 4 Multiply line 3 by 0.00274** enter here and on line space L, (page 7)		-	1
* To view the interest rate chart click on www.copyrigh contact the Licensing Division at (202) 707-8150 or l	t.gov/licensing/interest-rate.pdf. For further assistance pleas	,	ı
** This is the decimal equivalent of 1/365, which is the	interest assessment for one day late.		ı
	t of account already submitted to the Copyright Offce, please number, and accounting period as given in the original filing.		l
Owner Address			ı
ID number			1
First community served			1
Accounting period			1

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