## 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

|   |               |   | Return to:  |
|---|---------------|---|---|
| STATEMENT OF ACCOUNT  | FOR COPYRIGH  | Library of Congress<br>Copyright Office |   |
| for Secondary Transmissions by                                      | DATE RECEIVED | AMOUNT                                  | Licensing Division  |
| Cable Systems (Short Form)  |               | \$                                      | 101 Independence Ave. SE<br>Washington, DC 20557-6400                                   |
| General instructions are at the end of this form [pages (i)-(vii)]. | 02/28/23      | ALLOCATION NUMBER                       | (202) 707-8150<br>For courier deliveries,<br>see page ii of the general<br>instructions |
|   |               |   |   |

| Α                    | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:  |   |  |  |            |  |  |  |
|----------------------|---|---|--|--|------------|--|--|--|
| Accounting<br>Period | July 1-December 31, 2022  |   |  |  |            |  |  |  |
| <b>B</b><br>Owner    | inco<br>rate  | rrect information and print or type the co<br>Give the full legal name of the owner o<br>title of the subsidiary, not that of the pa<br>List any other name or names under w<br><i>If there were different owners during th</i><br>ingle statement of account and royalty for | orrect information beside it.<br>f the cable system. If the owner is a sub<br>rrent corporation.<br>rhich the owner conducts the business of | the last day of the accounting period should sub-<br>ing period. |            |  |  |  |
|                      | LE  | GAL NAME OF OWNER/MAILING AD  | DRESS OF CABLE SYSTEM  |  |            |  |  |  |
|                      |   | Eagle Communications Inc  | 2.   |  |            |  |  |  |
|                      |   |   |  | *  | 288772022  |  |  |  |
|                      |   |   |  |  | 28877 2022 |  |  |  |
|                      |   | PO Box 817  |  |  |            |  |  |  |
|                      |   | Hays KS 67601   |  |  |            |  |  |  |
| С                    | <b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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               | 1 IDENTIFICATION OF CABLE SYSTEM:   |   |  |  |            |  |  |  |
|                      |   | MAILING ADDRESS OF CABLE SYSTEM   | 1:   |  |            |  |  |  |
|                      | 2   | (Number, street, rural route, apartment, or suite n   | umber)   |  |            |  |  |  |
|                      |   | (City, town, state, zip code)   |  |  |            |  |  |  |
| D<br>Area<br>Served  | areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form<br>of system identification hereafter known as the "first community." Please use it as the first community on all future filings.       |   |  |  |            |  |  |  |
|                      | the   | identified city.<br>CITY OR TOWN  | STATE  | CITY OR TOWN   | STATE      |  |  |  |
| First                | Wr  |   | CO   |  |            |  |  |  |
| Community            |   |   |  |  |            |  |  |  |
|                      |   |   |  |  |            |  |  |  |
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Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

| Name       | LEGAL NAME OF OWNER OF CABLE SYSTEM: |       |              |       |  |  |  |  |  |
|------------|--------------------------------------|-------|--------------|-------|--|--|--|--|--|
| Name       | Eagle Communications Inc.            |       |              | 288   |  |  |  |  |  |
|            | CITY OR TOWN                         | STATE | CITY OR TOWN | STATE |  |  |  |  |  |
| -          |                                      |       |              |       |  |  |  |  |  |
| D          |                                      |       |              |       |  |  |  |  |  |
| continued) |                                      |       |              |       |  |  |  |  |  |
| Area       |                                      |       |              |       |  |  |  |  |  |
| Served     |                                      |       |              |       |  |  |  |  |  |
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|            |                                      |       |              |       |  |  |  |  |  |

| Name                                     | LEGAL NAME OF OWNER OF C   | ABLE SYSTEM:  |   |  |  |   |   | SY  |          |  |  |
|--|--|---|---|--|--|---|---|---|----------|--|--|
| Name                                     | Eagle Communications   | Inc.  |   |  |  |   |   |   | 2887     |  |  |
| -  | SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES  |   |   |  |  |   |   |   |          |  |  |
| E  | In General: The information in s   | •   |   | -  |  | •   |   |   |          |  |  |
|  | system, that is, the retransmission  |   |   |  |  |   |   |   |          |  |  |
| Secondary                                | about other services (including p  |   |   |  |  |   | iose existir  | ng on the   |          |  |  |
| Transmission<br>Service: Sub-            | last day of the accounting period  |   |   |  |  |   | le system   | broken  |          |  |  |
| scribers and                             | <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken 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   |   |   |  |  |   |   |   |          |  |  |
|  | <b>Rate:</b> Give the standard rate c<br>unit in which it is generally billed  | -   | -   | •  |  |   | -   |   |          |  |  |
|  | category, but do not include disc  | · · ·   | ,   |  | ny stanua  |   | wiunn a p   |   |          |  |  |
|  | Block 1: In the left-hand block  |   |   |  | ries of sec  | ondary transmiss  | sion service  | e that cable  |          |  |  |
|  | systems most commonly provide  | to their subscri  | bers. G   | live the numbe   | er of subso  | cribers and rate f  | or each list  | ed category   |          |  |  |
|  | that applies to your system. Not   |   |   | -  |  | -   |   |   |          |  |  |
|  | categories, that person or entity  |   |   |  | • •  |   | •   |   |          |  |  |
|  | subscriber who pays extra for ca<br>first set" and would be counted of   |   |   |  |  | a in the count und  | ier "Servic   | e to the  |          |  |  |
|  | Block 2: If your cable system  |   |   |  |  | service that are  | different fro   | om those  |          |  |  |
|  | printed in block 1 (for example, t   | -   |   | •  |  |   |   |   |          |  |  |
|  | with the number of subscribers a   | ind rates, in the   | right-ha  | and block. A tv  | vo- or thre  | e-word description  | on of the se  | ervice is   |          |  |  |
|  | sufficient.  |   |   |  | T  |   |   | ( )   |          |  |  |
|  | BL   | OCK 1<br>NO. OF   |   |  |  |   | BLOCK   | NO. OF  |          |  |  |
|  | CATEGORY OF SERVICE  | SUBSCRIBE   | RS  | RATE   | CAT  | EGORY OF SEF  | RVICE   | SUBSCRIBERS   | RATE     |  |  |
|  | Residential:   |   |   |  |  |   |   |   |          |  |  |
|  | <ul> <li>Service to first set</li> </ul>   |   | 9   | 25.00  |  |   |   |   |          |  |  |
|  | <ul> <li>Service to additional set(s)</li> </ul>   |   |   |  |  |   |   |   |          |  |  |
|  | • FM radio (if separate rate)  |   |   |  |  |   |   |   |          |  |  |
|  | Motel, hotel   |   |   |  |  |   |   |   |          |  |  |
|  | Commercial   |   | 7   | 72.95  |  |   |   |   |          |  |  |
|  | Converter  |   |   |  |  |   |   |   |          |  |  |
|  | Residential  |   |   |  |  |   |   |   |          |  |  |
|  | Non-residential  |   |   |  |  |   |   |   |          |  |  |
|  |  |   |   |  |  |   |   |   |          |  |  |
|  | SERVICES OTHER THAN SEC  | ONDARY TRAN   | SMISS   | SIONS: RATE  | s  |   |   |   |          |  |  |
| F  | In General: Space F calls for rat  | •   | ,   |  | •  |   |   |   |          |  |  |
| •  | -  |   |   |  | combinatio   | on with any seco  | ndary trans   |   |          |  |  |
|  | i service for a single fee. There ar   | e iwo excepiion   |   | 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                                 | 5  | •   |   |  | give rate  | information conc  | • • • •   |   |          |  |  |
| Services<br>Other Than                   | furnished at cost or (2) services<br>amount of the charge and the ur   | or facilities furni   | shed to   | nonsubscribe   | give rate<br>rs. Rate ir   | information conc<br>nformation should   | l include b   | oth the   |          |  |  |
| Other Than<br>Secondary                  | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the   | or facilities furni<br>it in which it is u<br>rate column.  | shed to<br>usually t  | nonsubscribe<br>billed. If any ra  | give rate<br>ers. Rate ir<br>ates are ch   | information conc<br>nformation should<br>narged on a varia  | l include b<br>ble per-pro  | oth the   |          |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard rat  | or facilities furni<br>iit in which it is u<br>rate column.<br>e charged by th  | shed to<br>usually to<br>e cable  | nonsubscribe<br>billed. If any ra  | give rate<br>ers. Rate ir<br>ates are ch<br>ach of the a   | information conc<br>offormation should<br>narged on a varia   | l include b<br>ble per-pro  | oth the<br>ogram basis,                                     |          |  |  |
| Other Than<br>Secondary                  | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard rat<br><b>Block 2:</b> List any services that  | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst  | shed to<br>usually t<br>le cable<br>tem furr  | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offere   | give rate<br>ers. Rate in<br>ates are ch<br>ach of the a<br>ed during  | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p                             | l include b<br>ble per-pro<br>es listed.<br>eriod that v                | oth the<br>ogram basis,<br>were not                         |          |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard rat<br><b>Block 2:</b> List any services that<br>listed in block 1 and for which a   | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge   | shed to<br>usually t<br>e cable<br>tem furr<br>was m  | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offen<br>ade or establis   | give rate<br>ers. Rate in<br>ates are ch<br>ach of the a<br>ed during  | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p                             | l include b<br>ble per-pro<br>es listed.<br>eriod that v                | oth the<br>ogram basis,<br>were not                         |          |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard rat<br><b>Block 2:</b> List any services that  | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>otion and include  | shed to<br>usually b<br>te cable<br>tem furr<br>was m<br>the rat  | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offen<br>ade or establis   | give rate<br>ers. Rate in<br>ates are ch<br>ach of the a<br>ed during  | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p                             | l include b<br>ble per-pro<br>es listed.<br>eriod that v                | oth the<br>ogram basis,<br>were not<br>form of a            |          |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1:</b> Give the standard rat<br><b>Block 2:</b> List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip   | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>otion and include<br>BLOC  | shed to<br>usually t<br>tem furr<br>was m<br>the rat  | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>hade or establi-<br>te for each.  | give rate<br>rrs. Rate ir<br>ates are ch<br>ach of the a<br>ed during<br>shed. List                              | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv         | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E   RATE |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip   | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>otion and include<br>BLOC<br>RATE                                    | shed to<br>usually the<br>tem furr<br>was m<br>the rate<br>CK 1<br>CATEG  | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>ade or establi-<br>te for each.   | give rate<br>rs. Rate ir<br>ates are ch<br>ach of the<br>ed during<br>shed. List                                 | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p                             | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a            | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br><b>Continuing Services</b> :  | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>otion and include<br>BLOC<br>RATE                                    | shed to<br>usually b<br>e cable<br>tem furr<br>was m<br>e the rat<br>CK 1<br>CATEG<br>Installa  | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>ade or establi-<br>te for each.<br>GORY OF SER<br>tion: Non-res   | give rate<br>rs. Rate ir<br>ates are ch<br>ach of the<br>ed during<br>shed. List                                 | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv         | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br>Block 1: Give the standard rat<br>Block 2: List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable   | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>tion and include<br>BLOC<br>RATE<br>21.95                            | shed to<br>usually the<br>e cable<br>tem furr<br>e was m<br>e the rate<br>CATEG<br>Installa<br>• Mot  | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>ade or establi-<br>te for each.<br>GORY OF SER<br>tion: Non-res<br>el, hotel  | give rate<br>rs. Rate ir<br>ates are ch<br>ach of the<br>ed during<br>shed. List                                 | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv         | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br><b>Continuing Services</b> :<br>• Pay cable<br>• Pay cable—add'I channel  | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>otion and include<br>BLOC<br>RATE                                    | shed to<br>usually t<br>e cable<br>tem furr<br>was m<br>the rate<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con   | nonsubscribe<br>billed. If any ra<br>system for ea<br>nished or offer<br>ade or establi-<br>te for each.<br>GORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial  | give rate<br>rs. Rate ir<br>ates are ch<br>ach of the<br>ed during<br>shed. List                                 | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv         | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Fire protection   | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>tion and include<br>BLOC<br>RATE<br>21.95                            | shed to<br>usually h<br>e cable<br>tem furr<br>e was m<br>e the rate<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay  | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>ade or establi-<br>te for each.<br>GORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable   | give rate<br>irs. Rate ir<br>ates are ch<br>ach of the<br>ed during<br>shed. List<br>WICE<br>sidential           | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv         | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection  | or facilities furni<br>it in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>tion and include<br>BLOC<br>RATE<br>21.95                            | shed to<br>usually t<br>e cable<br>tem furr<br>e was m<br>e the rate<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay   | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>ade or establi-<br>te for each.<br>CORY OF SER<br>titon: Non-res<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch  | give rate<br>irs. Rate ir<br>ates are ch<br>ach of the<br>ed during<br>shed. List<br>WICE<br>sidential           | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv         | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br><b>CONTINUING SERVICE</b><br><b>CATEGORY OF SERVICE</b><br><b>CATEGORY OF SERVICE</b><br><b>CATEGORY OF SERVICE</b><br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br><b>Installation: Residential</b> | or facilities furni<br>iit in which it is u<br>rate column.<br>The charged by the<br>your cable syst<br>separate charge<br>otion and include<br>BLOC<br>RATE<br>21.95<br>66.50              | shed to<br>usually t<br>e cable<br>tem furr<br>e was m<br>e the rate<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire   | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer-<br>ade or establi-<br>te for each.<br>CORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection                                  | give rate<br>irs. Rate ir<br>ates are ch<br>ach of the a<br>ed during<br>shed. List<br><u>evice</u><br>sidential | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv         | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set  | or facilities furni<br>iit in which it is u<br>rate column.<br>The charged by the<br>your cable syst<br>separate charge<br>otion and include<br>BLOC<br>RATE<br>21.95<br>66.50<br>15.00     | shed to<br>usually t<br>e cable<br>tem furr<br>e was m<br>e the rate<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burg                                 | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>ade or establi-<br>te for each.<br>CORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable<br>cable-add'l ch<br>protection<br>glar protection                | give rate<br>irs. Rate ir<br>ates are ch<br>ach of the a<br>ed during<br>shed. List<br><u>evice</u><br>sidential | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv         | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br><b>Continuing Services:</b><br>• Pay cable<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br><b>Installation: Residential</b><br>• First set<br>• Additional set(s)                                     | or facilities furni<br>iit in which it is u<br>rate column.<br>The charged by the<br>your cable syst<br>separate charge<br>otion and include<br>BLOC<br>RATE<br>21.95<br>66.50<br>15.00     | shed to<br>usually t<br>e cable<br>tem furr<br>was m<br>e the rate<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burg<br>Other s                        | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>ade or establi-<br>te for each.<br>GORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable-add'l ch<br>protection<br>glar protection<br>services:            | give rate<br>irs. Rate ir<br>ates are ch<br>ach of the a<br>ed during<br>shed. List<br><u>WICE</u><br>sidential  | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv<br>RATE | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)                  | or facilities furni<br>iit in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>tion and include<br>BLOC<br>RATE<br>21.95<br>66.50<br>15.00<br>5.00 | shed to<br>usually t<br>e cable<br>tem furr<br>was m<br>the rate<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burg<br>Other s<br>• Rec                 | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>ade or establi-<br>te for each.<br>GORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable-add'l ch<br>protection<br>glar protection<br>services:<br>connect | give rate<br>irs. Rate ir<br>ates are ch<br>ach of the a<br>ed during<br>shed. List<br><u>WICE</u><br>sidential  | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv         | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br><b>Continuing Services:</b><br>• Pay cable<br>• Pay cable<br>• Pay cable—add'l channel<br>• Fire protection<br>• Burglar protection<br><b>Installation: Residential</b><br>• First set<br>• Additional set(s)                                     | or facilities furni<br>iit in which it is u<br>rate column.<br>The charged by the<br>your cable syst<br>separate charge<br>otion and include<br>BLOC<br>RATE<br>21.95<br>66.50<br>15.00     | shed to<br>usually t<br>e cable<br>tem furr<br>was m<br>the rate<br>CK 1<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burg<br>Other s<br>• Rec<br>• Disc       | nonsubscribe<br>billed. If any ra<br>system for ea<br>nished or offer<br>ade or establi-<br>te for each.<br>GORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable-add'l ch<br>protection<br>glar protection<br>services:<br>connect | give rate<br>irs. Rate ir<br>ates are ch<br>ach of the a<br>ed during<br>shed. List<br><u>WICE</u><br>sidential  | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv<br>RATE | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |
| Other Than<br>Secondary<br>ransmissions: | furnished at cost or (2) services<br>amount of the charge and the ur<br>enter only the letters "PP" in the<br><b>Block 1</b> : Give the standard rat<br><b>Block 2</b> : List any services that<br>listed in block 1 and for which a<br>brief (two- or three-word) descrip<br>CATEGORY OF SERVICE<br>Continuing Services:<br>• Pay cable<br>• Pay cable<br>• Pay cable—add'I channel<br>• Fire protection<br>• Burglar protection<br>Installation: Residential<br>• First set<br>• Additional set(s)<br>• FM radio (if separate rate)                  | or facilities furni<br>iit in which it is u<br>rate column.<br>e charged by th<br>your cable syst<br>separate charge<br>tion and include<br>BLOC<br>RATE<br>21.95<br>66.50<br>15.00<br>5.00 | shed to<br>usually t<br>e cable<br>tem furr<br>e was m<br>e the rate<br>CATEG<br>Installa<br>• Mot<br>• Con<br>• Pay<br>• Pay<br>• Fire<br>• Burg<br>Other s<br>• Rec<br>• Disc<br>• Outl | nonsubscribe<br>billed. If any ra<br>system for ea<br>hished or offer<br>ade or establi-<br>te for each.<br>GORY OF SER<br>tion: Non-res<br>el, hotel<br>nmercial<br>cable-add'l ch<br>protection<br>glar protection<br>services:<br>connect | give rate<br>ars. Rate in<br>ach of the a<br>ed during<br>shed. List<br>VICE<br>sidential                        | information conc<br>nformation should<br>harged on a varia<br>applicable servic<br>the accounting p<br>these other serv<br>RATE | I include b<br>ble per-pro<br>es listed.<br>eriod that v<br>ices in the | oth the<br>ogram basis,<br>were not<br>form of a<br>BLOCK 2 | E RATE   |  |  |

|   | LEGAL NAME OF OWNE   | R OF CABLE SYSTE   | EM:  | SYS   | TEM ID# |
|---|--|--|--|---|---------|
| Name  | Eagle Communica  |  |  |   | 28877   |
|   | PRIMARY TRANSMITTERS   |  |  |   |         |
| G<br>Primary<br>Transmitters:<br>Television | <ul> <li>carried by your cable syste</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61</li> <li>substitute program basis, a</li> <li>Substitute Basis Stati</li> <li>basis under specific FCC ritics</li> <li>Do not list the station here, station was carried only</li> <li>List the station here, and basis. For further inform</li> <li>Column 1: List each st</li> <li>Column 2: Give the nu</li> <li>This may be different from associated with a station at the same on the form.</li> <li>Column 3: Indicate in educational station, by ent</li> <li>(for independent multicast</li> <li>For the meaning of these to Column 4: Give the loce</li> </ul> | em during the account<br>in effect on June 2<br>(e)(2) and (4), or 76<br>as explained in the<br><b>ions:</b> With respect to<br>ules, regulations, our<br>re in space G—but<br>y on a substitute bat<br>also in space I, if the<br>nation concerning station's call sign. Do<br>the channel on what<br>according to its over<br>each case whether<br>the ing the letter "N"<br>), "E" (for noncomm<br>terms, see page (iv)<br>cation of each station | unting period, exce<br>44, 1981, permitting<br>5.63 (referring to 76<br>next paragraph.<br>to any distant station<br>r authorizations:<br>do list it in space I<br>sis.<br>he station was carr<br>substitute basis sta<br>ponot report original<br>el on which the stati<br>ich your cab;e syst<br>-thje-air designation<br>the station is a net<br>(for network), "N-N<br>percial educational)<br>) of the general ins<br>pon. For U.S. station | ng translator stations and low power television stations)<br>apt (1) stations carried only on a part-time basis under<br>the carriage of certain network programs [sections<br>6.61(e)(2) and (4))]; and (2) certain stations carried on a<br>ons carried by your cable system on a substitute program<br>(the Special Statement and Program Log)—if the<br>ied both on a substitute basis and also on some other<br>tions, see page (v) of the general instructions.<br>tion program services such as HBO, ESPN, etc.<br>ion's broadcasts are carried in its own community.<br>tem carried the station. Identify each multicast stream<br>on. For example, report multicast stream "WETA-2" as<br>work station, an independent station, or a noncommercial<br>I" (for network multicast), "I" (for independent), "I-M"<br>, or "E-M" (for noncommercial educational multicast).<br>tructions.<br>s, list the community to which the station is licensed by the<br>f the community with which the station is identifed. |         |
|   | 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER   | 3. TYPE<br>OF<br>STATION   | 6. LOCATION OF STATION  |         |
|   | KWGN CW  | 34   | I  | Denver CO   |         |
|   | KCDO K3  | 23   | I  | Denver CO   |         |
|   | KCNC CBS   | 35   | N  | Denver CO   |         |
|   | KDVR FOX   | 32   | I  | Denver CO   |         |
|   | KRMA PBS   | 6  | E  | Denver CO   |         |
|   | KMGH ABC   | 7  | N  | Denver CO   |         |
|   | KUSA NBC   | 9  | N  | Denver CO   |         |
|   | KTVD MYTV  | 19   | 1  | Denver CO   |         |
|   |  |  |  |   |         |

## ACCOUNTING PERIOD: 2022/2

| FORM SA1-2. F<br>LEGAL NAME OF<br>Eagle Comm  | OWNER OF (    |           | YSTEM:  |   |           |          |      | SYSTEM ID#<br>28877               | Name |
|---|---------------|-----------|---|---|-----------|----------|------|-----------------------------------|------|
|   | every radio s | tation ca | rried on a separate and disc<br>nerally receivable" by your c |   |           |          |      |                                   | Н    |
| all-band basis whose signals were "generally receivable" by your cable system during the accounting period.<br><b>Special Instructions Concerning All-Band FM Carriage:</b> Under Copyright Office regulations, an FM signal is generally<br>receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,<br>on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.<br>For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.<br><b>Column 1:</b> Identify the call sign of each station carried.<br><b>Column 2:</b> State whether the station is AM or FM.<br><b>Column 3:</b> If the radio station's signal was electronically processed by the cable system as a separate and discrete<br>signal, indicate this by placing a check mark in the "S/D" column.<br><b>Column 4:</b> Give the station's location (the community to which the station is licensed by the FCC or, in the case of<br>Mexican or Canadian stations, if any, the community with which the station is identified). |               |           |   |   |           |          |      | Primary<br>Transmitters:<br>Radio |      |
| 0.01/ 0100  |               | 0/5       |   | 1 |           |          | 0.15 |                                   |      |
| CALL SIGN   | AM or FM      | S/D       | LOCATION OF STATION   |   | CALL SIGN | AM or FM | S/D  | LOCATION OF STATION               |      |
|   |               |           |   | 1 |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   | = |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |
|   |               |           |   | - |           |          |      |                                   |      |
|   |               |           |   |   |           |          |      |                                   |      |

FORM SA1-2. PAGE 5.

|                      | LEGAL NAME OF OWNER OF   |              |                 |                          |               |       |                 |               | SYSTEM ID#   |
|----------------------|--|--------------|-----------------|--------------------------|---------------|-------|-----------------|---------------|--------------|
| Name                 | Eagle Communication  |              | - LWI.          |                          |               |       |                 | ,             | 28877        |
|                      | SUBSTITUTE CARRIAGE  | E: SPECIA    | AL STATEME      | NT AND PROGRAM LO        | DG            |       |                 |               |              |
| I                    | In General: In space I, identi substitute basis during the ac  |              |                 |                          |               |       |                 |               |              |
| Substitute           | explanation of the programmi   |              |                 |                          |               |       |                 |               |              |
| Carriage:<br>Special | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  |              |                 |                          |               |       |                 |               |              |
| Statement and        | <ul> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork televisio<br/>broadcast by a distant station?</li> </ul> |              |                 |                          |               |       |                 |               |              |
| Program Log          | <b>Note:</b> If your answer is "No   | ic "Voc " v  | ~               | must complo              |               | XNo   |                 |               |              |
|                      | log in block 2.  | is res, y    | oui             | nust comple              | te the progra | am    |                 |               |              |
|                      | og in block 2.<br>2. LOG OF SUBSTITUTE PROGRAMS  |              |                 |                          |               |       |                 |               |              |
|                      | In General: List each subst  |              |                 |                          | s whereve     | er p  | ossible, if the | eir meaning   | is           |
|                      | clear. If you need more spa<br>Column 1: Give the title  |              |                 |                          | e program     | ) tha | at, during the  | accounting    |              |
|                      | period, was broadcast by a   |              |                 |                          |               |       |                 |               |              |
|                      | under certain FCC rules, re<br>Do not use general categor  |              |                 |                          |               |       |                 |               |              |
|                      | "NBA Basketball: 76ers vs.   | Bulls."      |                 |                          |               |       | 1 /             | ,             |              |
|                      | Column 2: If the program<br>Column 3: Give the call  |              |                 |                          |               |       |                 |               |              |
|                      | Column 4: Give the broa  | adcast stati | on's location ( | the community to which t | ne station    |       |                 | e FCC or, ir  | n            |
|                      | the case of Mexican or Can<br>Column 5: Give the mor   |              |                 |                          |               |       |                 | , with the mo | onth         |
|                      | first. Example: for May 7 giv  | ve "5/7."    |                 |                          |               |       |                 |               |              |
|                      | <b>Column 6:</b> State the time to the nearest five minutes.   |              |                 |                          |               |       |                 |               | ely          |
|                      | stated as "6:00–6:30 p.m."   |              |                 |                          |               |       |                 |               |              |
|                      | Column 7: Enter the lett<br>to delete under FCC rules a  |              |                 |                          |               |       |                 |               | ed           |
|                      | gram was substituted for pr  | ogramming    |                 |                          |               |       |                 |               | ı            |
|                      | effect on October 19, 1976.  |              |                 |                          |               |       |                 |               |              |
|                      | SI   | JBSTITUT     | E PROGRAM       | I                        |               |       | EN SUBSTIT      |               | 7. REASON    |
|                      | 1. TITLE OF PROGRAM  | 2. LIVE?     | 3. STATION'S    |                          | 5. MON        | ΤН    | 6. TI           |               | FOR DELETION |
|                      |  | Yes or No    | CALL SIGN       | 4. STATION'S LOCATION    | AND DA        | ٩Y    | FROM —          | TO            |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          | -             |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 | -             |              |
|                      |  |              |                 |                          | -             |       |                 |               |              |
|                      |  |              |                 |                          | -             |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 | -             |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          |               |       | _               |               |              |
|                      |  |              |                 |                          | ]             |       | _               |               |              |
|                      |  |              |                 |                          |               |       | _               |               |              |
|                      |  |              |                 |                          |               |       | _               |               |              |
|                      |  |              |                 |                          | -             |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 |               |              |
|                      |  |              |                 |                          |               |       |                 |               |              |

| F                 | ORM SA1-2. PAGE 6.  |                               |
|-------------------|---|-------------------------------|
|                   | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#   | Name                          |
|                   | Eagle Communications Inc. 28877   |                               |
|                   | GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified 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)         during the accounting period. | <b>K</b><br>Gross Receipts    |
|                   | IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)   |                               |
| lr<br>•<br>•<br>• | OPYRIGHT ROYALTY FEE<br>istructions: To compute the royalty fee you owe:<br>Complete block 1, block 2, or block 3.<br>Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>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<br>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>ee page (vi) of the general instructions for more information.   | L<br>Copyright<br>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-mon<br>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 \$ 52.00   |                               |
| ┢                 | 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  |                               |
|                   | 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   |                               |
|                   | 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) \$ 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   |                               |
| F                 |   |                               |
| il<br>i<br>n      | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00  |                               |
| g<br>F            | 2. Filing Fee (See the instructions for more information on filing fee calculations)  |                               |
|                   | 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 for more information.   |                               |
|                   |   |                               |

| Accounting Feld |   | FORM SA1-2. PAGE 7      |
|-----------------|---|-------------------------|
| Name            | LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#              |
| Name            | Eagle Communications Inc.   | 28877                   |
|                 | 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  | 8                       |
|                 | system carried television broadcast stations  | -                       |
|                 |   |                         |
|                 | 2. Enter the total number of activated channels   |                         |
|                 | on which the cable system carried television broadcast stations<br>and nonbroadcast services  | 41                      |
|                 |   |                         |
|                 |   |                         |
| N               | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> . (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 regula  | 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 identifed 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 containe                                       | 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: <b>Daniel J White</b>  |                         |
|                 |   |                         |
|                 | 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. |
|------|--------|---------|
|------|--------|---------|

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID  |   |
|---|---|
| Eagle Communications Inc. 2887  | 7 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<br>Special<br>Statement<br>Concerning<br>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.<br>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<br>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,<br>space L, (page 7) \$-<br>(interest charge)  | _   |
| <ul> <li>* 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.</li> <li>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</li> </ul>  |   |
| 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<br>Address  |   |
| ID number<br>First community served<br>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) request  | ted 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.