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 COVERED BY THIS STATEMENT:					
Accounting	July 1-December 31, 2022					
Period						
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 ADD Eagle Communications Inc.					
		•				
			,	*850420222*		
				8504 2022/2		
	PO Box 817					
	Hays KS 67601					
		siness or trade names used to ident	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	າ space B.		
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEM:					
	(Number, street, rural route, apartment, or suite nu	ımber)				
	(City, town, state, zip code)					
	Instructions: List each separate comm	nunity served by the cable system.	A "community" is the same as a "community	unit" as defined		
D	-		ding unincorporated communities within unin-	•		
Area	0 0 ,		.5(dd). The first community that list will serve se it as the first community on all future filing			
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below					
	the identified city. CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First	Goodland	KS	CITTOR TOWN	SIAIE		
Community						
				,		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. 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

N	LEGAL NAME OF OWNER OF CABLE S		SYSTEM ID# 8504			
Name	Eagle Communications Inc.					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
	CITT CIC TOWN	JIAIL	OH FOR TOWN	OIATE		
D			_			
continued)			_			
Area Served						
Serveu						
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			_			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 8504 **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: · Service to first set 31 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 72.95 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 Converter Disconnect 2.50

Outlet relocation

· Move to new address

49.99

ACCOUNTING PERIOD: 2022/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 8504 **Eagle Communications Inc.** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 Television 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 identifed. 1. CALL 2 B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** ΩF **NUMBER STATION** KAAS - FOX 13 N Wichita KS **KOOD PBS** 2 Ε **Bunker Hills KS KUSA NBC** 3 Ν **Denver CO** Ν **KLBY ABC** 4 Wichita KS KMTW MYTV 5 ı Wichita KS **KBSH CBS** 7 Ν Wichita KS **KSNW NBC** 8 Wichita KS Ν KSCW CW 8.1 I-M Wichita KS

FORM SA1-2. F	PAGE 4.								
LEGAL NAME O			YSTEM:					SYSTEM ID#	Name
Eagle Communications Inc. 8504									
PRIMARY TRA	NSMITTERS:	RADIO							
	st every radio station carried on a separate and discrete basis and list those FM stations carried on an					Н			
all-band basis v	whose signals were "generally receivable" by your cable system during the accounting period.								
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.							Primary Transmitters: Radio		
Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.									
			nal was electronically process mark in the "S/D" column.	se	d by the cable s	ystem as a se	parate a	nd discrete	
			on (the community to which the	he	station is licens	ed by the FC0	or, in the	ne case of	
Mexican or Car	adian stations	s, if any,	the community with which the	e s	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
			<u> </u>						
									

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#			
Name	Eagle Communication	s Inc.						8504			
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.										
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions.										
Carriage: Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and Program Log	broadcast by a distant sta	tion'?		•			Yes	XNo			
	Note: If your answer is "No log in block 2.	", leave the	rest of this pa	ge blank. If your answer	is "Yes," you	must comp	olete the prog	am			
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro										
		gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
	Q	LIBSTITLIT	E PROGRAM	ı	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REA						
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH 6. TIMES FOR			FOR DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>				
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FORM SA1-2. PA	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SY	STEM ID# 8504	Name
			0304	
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (as identifed in space E) during the accounting period. For a further explanation of how to compute this are page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ssion service		K Gross Receipts
	during the accounting period	\$ 6	,086.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	s receipts)	
Instructions:	ROYALTY FEE To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 the general instructions for more information.	63,800		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 traccounting period is \$52.00	his six-mon		
	Line 1. Royalty fee for accounting period	\$	52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)			
	1. Base amount under statutory formula			
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)			
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula			
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance		\$	52.00	
Due	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 Availab	ole	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	or more informa	tion.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc. SYSTEM ID# 8504
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 Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) 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
O Certification	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • 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; 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 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 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: Eagle Communications Inc.	SYSTEM ID# 8504	
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXC The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), or lowing sentence: "In determining the total number of subscribers and the gross amounts p service of providing secondary transmissions of primary broadcast transmissions and amounts collected from subscribers receiving secondary transmissions."	of the Copyright Act by adding the fol- paid to the cable system for the basic mitters, the system shall not include sub- ansmissions pursuant to section 119." Special Statemer	nt
For more information on when to exclude these amounts, see the note on page. During the accounting period did the cable system exclude any amounts of gross made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	es receipts for secondary transmissions Exclusio	eipts
Name Mailing Address Mailing Address	ess	
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a reserved for an explanation of interest assessment, see page (viii) of the general instruction		
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		
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)	x 0.00274 \$ (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	, ,	
** This is the decimal equivalent of 1/365, which is the interest assessment for	for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already sulist below the owner, address, first community served, ID number, and accounting		
Address		
ID number		
First community served		
Accounting period		

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