## 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: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 General instructions are at the 8/28/23 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:										
Accounting Period	January 1-June 30, 2023										
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. <i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit</i> <i>a single statement of account and royalty fee payment covering the entire accounting period.</i> 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 Comr	nunications Inc.									
					*1058720231*						
					10587 2023/1						
PO Box 817 Hays KS 67601											
С			siness or trade names used to ider	tify the business and operation of the syst	tem unless these						
C				e system, if different from the address give							
System	1	OF CABLE SYSTEM:									
	MAILING ADDRES	S OF CABLE SYSTEM:									
	2 (Number, street, rural	route, apartment, or suite nu	mber)								
	(City, town, state, zip o	code)									
	Instructions: List e	each separate comm	nunity served by the cable system.	A "community" is the same as a "commur	nity unit" as defined						
D				uding unincorporated communites within u	•						
Area	-		. ,	5.5(dd). The first community that list will set use it as the first community on all future fi							
Served	-			r mobile home parks should be reported ir	•						
	the identified city.										
<b>F</b> 1(	CITY OI Abilene (A)	R TOWN	STATE KS	CITY OR TOWN	STATE KS						
First Community			KS	Marion	KS						
	Chapman (A) Solomon (A)		KS	Minneapolis	KS						
	Enterprise (A)		KS								
	Clay Center (B)		KS								
	Wake Field (B)		KS								
l	1										
				personally identifying information (PII) requested on race an individual, such as name, address and teleph							
numbers. By provid	ng PII, you are agreeing t	o the routine use of it to e	stablish and maintain a public record, which	includes appearing in the Offce's public indexes and	1 in						
			PII requested is that it may delay processin suffciency of the fling, a determination that w	g of your statement of account and its placement in the would be made by a court of law.	10						
56p.6.64 100014 0	or account, a										

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

				FORM SA3. PAGE						
ame	LEGAL NAME OF OWNER OF CABLE SYSTEM:       SYSTEM ID:         Eagle Communications Inc.       1058									
		CTATE								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
D										
ued)										
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Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	TEM ID		
Name	Eagle Communications	Inc.							1058		
Е	SECONDARY TRANSMISSION										
E	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										
Secondary											
Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the ast day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-	<b>Number of Subscribers:</b> 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										
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).										
	Rate: Give the standard rate of					•	,	irde and the			
	unit in which it is generally billed	-	-	•				-			
	category, but do not include disc										
	Block 1: In the left-hand block	•		•		•					
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca					U .					
	first set" and would be counted of										
	Block 2: If your cable system	0									
	printed in block 1 (for example, t										
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-n	Ianu Diock. A tv	o- or the	e-word descrip		e service is			
		DCK 1					BLOC	K 2			
	CATEGORY OF SERVICE		NO. OF SUBSCRIBERS RATE			EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI		
	Residential:	SOBSCIUD	LING		UATI			GOBOCINIBEIKO			
	Service to first set		1,465	25.00							
	Service to additional set(s)		.,	_0.00							
	• FM radio (if separate rate)										
	Motel, hotel			21.95							
	Commercial		297	72.95							
	Converter		201	72.00							
	Residential										
	Non-residential										
	Hon rookonku										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	6						
F	In General: Space F calls for ra		,		•						
F	not covered in space E, that is, t										
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (	,			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		,	,		0					
ransmissions:	Block 1: Give the standard rat			•							
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not										
	listed in block 1 and for which a separate charge was made or established. List these other brief (two- or three-word) description and include the rate for each.							ne ionn or a			
	CATEGORY OF SERVICE	BLO RATE	-	ORY OF SER	/ICE	RATE	CATE	BLOCK 2 SORY OF SERVICE	RATI		
	Continuing Services:			ation: Non-resi			0.1120				
	• Pay cable	21.95	• Mot	tel, hotel							
	• Pay cable—add'l channel	66.50		nmercial							
	• Fire protection			/ cable							
	•Burglar protection			/ cable-add'l ch	annel						
	Installation: Residential			protection							
	First set	15.00		glar protection							
	Additional set(s)	5.00		services:							
	• FM radio (if separate rate)			connect		30.00					
	Converter	2.50		connect							
				let relocation		49.99					
				ve to new addre	222	-10.00					
		1	100								

Name	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	<b>И</b> :	SY	STEM II 1058					
Nume	Eagle Communications Inc.									
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	<ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</li> <li>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.</li> <li>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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.</li> <li>Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.</li> </ul>									
	This may be different from associated with a station a the same on the form. <b>Column 3:</b> Indicate in e educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the loc	the channel on whi ccording to its over- each case whether t ering the letter "N" ( , "E" (for noncomm erms, see page (iv) ation of each statio	ch your cab;e sys -thje-air designation he station is a ne for network), "N-N ercial educational of the general ins n. For U.S. station	tem carried the station. Identify each multicast stream on. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial 1" (for network multicast), "I" (for independent), "I-M" ), or "E-M" (for noncommercial educational multicast).						
	1. CALL     2. B'CAST     3. TYPE     6. LOCATION OF STATION       SIGN     CHANNEL     OF       NUMBER     STATION									
	KAAS - Comet	24.3	I-M	WICHITA, KS						
	KAAS - D2 - MyNetwo	24.2	I-M	WICHITA, KS						
	KAAS - FOX	24	I	WICHITA, KS						
	KAAS - FOX HD	24.1	I-M	WICHITA, KS						
	KAAS MNT .2 HD	24.2	I-M	WICHITA, KS						
	KAKE ABC	10	N	WICHITA, KS						
	KAKE HD ABC	10.1	N-M	WICHITA, KS						
	KAKE MeTV	10.2	I-M	WICHITA, KS						
	KMTW Charge TV	36.3	I-M	HUTCHINSON, KS						
	KMTW DABL	36	I	HUTCHINSON, KS						
	KMTW DABL HD	36.1	I-M	HUTCHINSON, KS						
	KMTW Stadium	36.2	I-M	HUTCHINSON, KS						
	KPTS Create PBS	8.3	E-M	HUTCHINSON, KS						
	KPTS Explore PBS	8.2	E-M	HUTCHINSON, KS						
	KPTS Kids PBS	8.4	E-M	HUTCHINSON, KS						
	KPTS PBS	8	E	HUTCHINSON, KS						
	KSCW Antenna	33.3	I-M	WICHITA, KS						
	KSCW CW	33		WICHITA, KS						
	KSCW-Catchy Come		I-M	WICHITA, KS						
		33.1	I-M	WICHITA, KS						
	KSCW HD CW									
	KSCW HD CW	33.4	I_M	WICHITA, KS						
	KSCW HD CW KSCW Start TV KSNW HD NBC	33.4 3.1	I-M N-M	WICHITA, KS WICHITA, KS						

LEGAL NAME OF OWNE	R OF CABLE SYSTE	M:	Sì	STEM I				
Eagle Communica	tions Inc.			105				
PRIMARY TRANSMITTERS: TELEVISION								
carried by your cable syste	em during the acco	unting period, exc	ept (1) stations carried only on a part-time basis under					
substitute program basis, a Substitute Basis Stati	as explained in the ons: With respect	next paragraph. to any distant stati						
<ul> <li>basis under specifc FCC rules, regulations, or authorizations:</li> <li>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.</li> </ul>								
basis. For further inform <b>Column 1:</b> List each st	nation concerning s ation's call sign. Do	substitute basis sta o not report origina	tions, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc.					
associated with a station a the same on the form.	ccording to its over	r-thje-air designatio	on. For example, report multicast stream "WETA-2" as					
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 SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
KSNW Telemundo .2	3.2	I-M	WICHITA, KS					
KSNW True Crime	3.4	I-M	WICHITA, KS					
KTWU Create PBS	11.1	E-M	TOPEKA, KS					
KTWU HD PBS	11	Е	TOPEKA, KS					
KTWU World PBS	11.2	E-M	TOPEKA, KS					
кисн свз	12.1	N-M						
	12.2							
	Eagle Communica         PRIMARY TRANSMITTERS:         In General: In space G, id         carried by your cable syste         FCC rules and regulations         76.59(d)(2) and (4), 76.61(         substitute pagina basis, sa         Substitute Basis Stati         basis under specifc FCC rn         Do not list the station here, and         basis. For further inform         Column 1: List each static         Column 2: Give the nu         This may be different from         associated with a station at         the same on the form.         Column 3: Indicate in e         column 4: Give the loc         FCC. For Mexican or Canage         1. CALL         SIGN         KSNW True Crime         KTWU Create PBS         KTWU HD PBS         KTWU World PBS	Eagle Communications Inc.         PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every televis carried by your cable system during the accord FCC rules and regulations in effect on June 27 6.59(d)(2) and (4), 76.61(e)(2) and (4), or 76 substitute program basis, as explained in the Substitute Basis Stations: With respect basis under specifc FCC rules, regulations, o         • Do not list the station here in space G—but station was carried only on a substitute basis. For further information concerning s Column 1: List each station's call sign. Do Column 2: Give the number of the channed the same on the form.         Column 3: Indicate in each case whether educational station, by entering the letter "N" (for independent multicast), "E" (for noncomn For the meaning of these terms, see page (iv Column 4: Give the location of each statio FCC. For Mexican or Canadian stations, if ar         1. CALL SIGN       2. B'CAST CHANNEL NUMBER         1. CALL SIGN       2. B'CAST CHANNEL NUMBER         1. CALL SIGN       2. B'CAST CHANNEL NUMBER         KSNW Telemundo .2       3.2         KSNW True Crime       3.4         KTWU Oreate PBS       11.1         KTWU World PBS       11.2         KWCH CBS       12.1         KWCH CH Circle       12.4         KWCH HD CBS       12	PRIMARY TRANSMITTERS: TELEVISION         In General: In space G, identify every television station (includi carried by your cable system during the accounting period, excer FCC rules and regulations in effect on June 24, 1981, permitting 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 74 substitute paragram basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant statib basis under specifc FCC rules, regulations, or authorizations:         • Do not list the station here in space G—but do list it in space I station was carried only on a substitute basis.         • List the station here, and also in space I, if the station was carribasis. For further information concerning substitute basis stat Column 1: List each station's call sign. Do not report origina Column 2: Give the number of the channel on which the stat This may be different from the channel on which your cab; e sys associated with a station according to its over-thie-air designation the same on the form.         Column 3: Indicate in each case whether the station is a nell educational station, by entering the letter "N" (for network), "N-M (for independent multicast), "E" (for noncommercial educational station. For U.S. station FCC. For Mexican or Canadian stations, if any, give the name of the CALL SIGN         1. CALL       2. B'CAST       3. TYPE         SIGN       11.1       E-M         KTWU World PBS       11.1       E         KTWU World PBS       11.2       E-M         KWCH Circle       12.4       I-M         KWCH Hero's & Icon       12.3       I-M	Eagle Communications Inc.           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, premitting the carriage of certain network programs [sections 376.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)); and (2) certain stations carried on a substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:           • Do not list the station here in space G—but do list it in space 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis.           • List the station here in space G—but do list it in space 1 (the station scenaried in structions. Column 1: List each station? 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 is reported static arcried in its own community. This may be different from the channel on which your cab; system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.           Column 3: Indicate in each case whether the station is a network multicast). Tri (for independent), "I-M" (for independent multicast). Te (for independent), "I-M" (for independent), "I-M" (f				

## ACCOUNTING PERIOD: 2023/1

FORM SA1-2. F LEGAL NAME OF Eagle Comm	OWNER OF		YSTEM:				SYSTEM ID# 10587	Name
							10007	
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.								
eceivable if (1)	it is carried by	y the sys	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s	the system's hea	adend, and (2)	it can b	e expected,	Primary Transmitters: Radio
Column 1: Id	lentify the call	sign of e	Copyright Office regulations o each station carried. n is AM or FM.	on this point, see	page (v) of the	e genera	l instructions.	
ignal, indicate	this by placing	g a check	nal was electronically processons mark in the "S/D" column.					
			on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
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	·							
	·					·		
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	·							

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:						ç	SYSTEM ID#	
Name	Eagle Communication	s Inc.								10587	
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm	fy <i>every no</i> counting pe	<i>nnetwork televi</i> eriod, under spe	<i>sion program</i> broadcast b ecific present and former F	y a d CC r	rules, regul	ations, or a		,		
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE							
Special	<ul> <li>During the accounting per</li> </ul>				acie	any nonr	network tel	ovis	ion progra	m	
Statement and Program Log	broadcast by a distant sta			frouny, on a substitute b	,0010	, any nom				ХNо	
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer	is "۱	Yes," you r	must comp	lete	the progra	am	
	log in block 2. 2. LOG OF SUBSTITUTE		AMS								
	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. <b>Column 1:</b> 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."					1 /		,		
	Column 2: If the program Column 3: Give the call										
	Column 4: Give the broa	adcast stati	on's location (	the community to which t	the s	station is li		the	FCC or, ir	ı	
	the case of Mexican or Car Column 5: Give the mor							ls, v	with the mo	onth	
	first. Example: for May 7 giv	ve "5/7."				-					
	Column 6: State the tim to the nearest five minutes.									ely	
	stated as "6:00–6:30 p.m."									1	
	Column 7: Enter the lett to delete under FCC rules a									ea	
	gram was substituted for pr	ogramming								1	
	effect on October 19, 1976.										
	SI	IBSTITUT	E PROGRAM	1			EN SUBST			7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5	5. MONTH		TIM		FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION		AND DAY	FROM	_	TO		
								_			
								_			
					-			_			
								_			
					-			_			
					.			_			

<u> </u>	RM SA1-2. PAGE 6. .EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
	Eagle Communications Inc. 10587	Namo
	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	K Gross Receipts
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)	
In • • •	DPYRIGHT ROYALTY FEE structions: 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 e 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-mon 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	
	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 \$ 309,738.00	
	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	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 \$ 1,778.38	
	FILING FEE AND TOTAL REMITTANCE DUE	
r il		
i n	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
g 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 \$ 1,798.38	]
	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 PERIOD: 2023/1

		FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID 10587						
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations						
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	33						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	184						
N Individual to	<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.)							
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) 914-234-836	3						
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) and the owner of the cable system as identifed in line 1 of space B; or</li> </ul>							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 container 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)]	d herein						
	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: 8/25/23							

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.

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	10587	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 th lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclu scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1	isic de sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?	sions	Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name     Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions.	yment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	·	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- narge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, p list below the owner, address, first community served, ID number, and accounting period as given in the original		
Owner Address		
ID number		
First community served Accounting period		
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