#### 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					
8/28/23	\$					
	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	AC	COUNTING PERIOD COVEREI	BY THIS STATEMENT:					
Accounting	January 1 - June 30, 2023							
Period								
B	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.							
	LE	GAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM					
		Eagle Communications Inc.						
					*2152	0231*		
					215	2023/1		
		DO D 045						
		PO Box 817						
		Hays KS 67601	.:	Aif. He business of the surface of t				
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:							
	2	(Number, street, rural route, apartment, or suite nui	nber)					
		(City, town, state, zip code)						
	Inci		unity conved by the coble system	A "community" is the same as a "community	unit" on de	finad		
D		·		ding unincorporated communities within unin				
		•		.5(dd). The first community that list will serve	•			
Area		•	•	use it as the first community on all future filing				
Served		e: Entities and properties such as ho identified citv.	otels, apartments, condiminiums, or	r mobile home parks should be reported in pa	ıratheses t	pelow		
		CITY OR TOWN	STATE	CITY OR TOWN	STA	ATE		
First	Bu	rlington	СО					
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

Mana	LEGAL NAME OF OWNER OF CABLE SYS	STEM:		SYSTEM ID#
Name	Eagle Communications Inc.		215	
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
(continued)				
Area				
Served				
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			_	

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 215 **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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers 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 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 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 54 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 39 62.95 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential 27.95 · Motel, hotel · Pay cable • Pay cable—add'l channel 50.50 Commercial Fire protection • Pay cable Burglar protection Pay cable-add'l channel Installation: Residential Fire protection First set Burglar protection 15.00

Other services:

Reconnect

Disconnect

Outlet relocation

· Move to new address

30.00

49.99

5.00

15.00

· Additional set(s)

Converter

• FM radio (if separate rate)

\_\_\_\_\_

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 215

#### **Eagle Communications Inc.**



Name

# Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
  - Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.
  - Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KWGN CW	2	I	Denver CO
KCNC CBS	4	N	Denver CO
KDVR FOX	31	I	Denver CO
KRMA PBS	6	E	Denver CO
KMGH ABC	7	N	Denver CO
KTVD MYTV	20	I	Denver CO
KUSA NBC	9	N	Denver CO

FORM SA1-2. F									
LEGAL NAME OF	FOWNER OF (	CABLE S	YSTEM:					SYSTEM ID#	Name
Eagle Comm	nunications	Inc.						215	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discr						Н
all-band basis w	vhose signals	were "ge	enerally receivable" by your ca	ab	le system durino	the accounti	ng perio	d.	
<b>Special Instructions Concerning All-Band FM Carriage:</b> Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.							Primary Transmitters: Radio		
			Copyright Office regulations						Raulo
Column 1: lo Column 2: S	dentify the call tate whether t	sign of e	each station carried. n is AM or FM.						
			nal was electronically process	e	d by the cable s	ystem as a se	parate a	nd discrete	
			cmark in the "S/D" column. on (the community to which th	2	station is licens	ed by the FCC	or in t	ne case of	
			the community with which the				<i>J</i> OI, III U	ic case of	
		, ,,	,			,			
			T		T	1	ı		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ш	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				;	SYSTEM ID#
Name	Eagle Communication	s Inc.						215
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm  1. SPECIAL STATEMEN  • During the accounting pel broadcast by a distant sta  Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re	E: SPECIA ify every no ecounting pe ing that must T CONCEP riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant sta egulations, of	nnetwork televireriod, under spest be included in RNING SUBS ur cable systemers of this particular and an a separattach addition onnetwork telection and that your authorizatio	sion program broadcast by ecific present and former Final this log, see page (v) of the TITUTE CARRIAGE on carry, on a substitute burge blank. If your answer that line. Use abbreviation and pages. vision program (substitution cable system substitutions. See page (v) of the given in this program is the program of the given in the give	y a distant stat CC rules, regu he general ins asis, any non is "Yes," you  ns wherever p e program) th uted for the pr eneral instruc	network telever must complete cossible, if the cogramming of tions for furth	vision progra Yes te the progra eir meaning accounting of another sier informati	am  IX No ram  is tation ion.
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a gram was substituted for pr effect on October 19, 1976	Bulls." m was broat sign of the adcast stationation station and day we "5/7." es when the Example: ter "R" if the and regulation of the control of the contr	adcast live, ent station broadd ion's location ( ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of	er "Yes." Otherwise enter casting the substitute proof the community to which the community with which the stem carried the substitute ogram was carried by youried by a system from 6:00 m was substituted for producing the accounting periods the substituted for producing the	"No." gram. he station is line station is line station is line te program. Use the program. Use the program. The line is line to line is line	icensed by the dentified).  Ise numerals, em. List the tire decreased in the control of the cont	e FCC or, in with the m mes accura should be n was requin e listed pro egulations in	n onth tely red
	1. TITLE OF PROGRAM	SUBSTITUTE PROGRAM  2. LIVE? 3. STATION'S						7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
						_	-	

FURM SA1-2. I	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Eagle Communications Inc.	SYSTEM ID# 215	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	otal ol ervice see	K Gross Receipts
	during the accounting period. \$  IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amo	17,155.00 unt of gross 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 \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  If 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-accounting period is \$52.00	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	
	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)		
	1. 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)	9.00_	
	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00 15.00	
	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.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Eagle Communications Inc.  SYSTEM ID#  215
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.
Chameis	1. Enter the total number of channels on which the cable system carried television broadcast stations
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)
	Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]
	Handwritten signature: /s/ Daniel J White
	Typed or printed name: Daniel J White
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)
	Date: 8/25/23

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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Eagle Communications Inc.	SYSTEM ID# 215	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Coplowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission	cable system for the basic system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the During the accounting period did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	general instructions. for secondary transmissions	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions.	te payment or underpayment.	Q
Line 1 Enter the amount of late payment or underpayment	x	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	xdays	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day	/ late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period a	o the Copyright Offce, please	
Owner Address		
ID number		
First community served Accounting period		

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