## 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.

DATE RECEIVED

8/28/23

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

\$

AMOUNT

ALLOCATION NUMBER

## SA1-2 Short Form

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: January 1-June 30, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Owner 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 single statement of account and royalty fee payment covering the entire accounting period. 28108 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Eagle Communications Inc. \*2810820231\* 28108 2023/1 PO Box 817 Hays KS 67601 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area 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 Milford KS First 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 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 suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

		VOTEM		SYSTEM I					
Name	Eagle Communications Inc. 2810								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
D									
continued)									
Area									
Served									
			· ·						
			•						

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SY	STEM I
Nume	Eagle Communications	Inc.							281
Е	SECONDARY TRANSMISSION								
<b>-</b>	In General: The information in s system, that is, the retransmission	•		0		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period							ung en une	
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								
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					•	,	ge and the	
	unit in which it is generally billed					lard rate variatio	ns within a	particular rate	
	category, but do not include disc							ing that as his	
	<b>Block 1:</b> 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						nder "Serv	ice to the	
	first set" and would be counted of Block 2: If your cable system	0			· · ·		o difforant	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.		-						
	BLC	DCK 1					BLOC		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CA	TEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	CODOCIAD		TUTE	0,1		I WIGE	CODECITIBEI	, 1011
	Service to first set		2	25.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial			72.95					
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for ra	•	,		espect to	all your cable sy		vices that were	
•	not covered in space E, that is, t			mat affared in		tion with any coo	and any the	n a mala al a m	
service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services						tion with any sec	,		
Services	service for a single fee. There ar furnished at cost or (2) services	e two exceptio	ns: you	do not need to	o give rat	e information cor	ncerning (1	) services	
Other Than	furnished at cost or (2) services amount of the charge and the ur	e two exceptio or facilities furr hit in which it is	ns: you nished t	do not need to o nonsubscribe	o give rat ers. Rate	e information cor information shou	ncerning (1 uld include	) services both the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	e two exceptio or facilities furr hit in which it is rate column.	ns: you nished t usually	do not need to o nonsubscribe billed. If any r	o give rat ers. Rate ates are	e information cor information shou charged on a var	ncerning (1 uld include iable per-p	) services both the program basis,	
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Name	LEGAL NAME OF OWN	ER OF CABLE SYSTE	M:	SYS	STEM II
Hume	Eagle Communic	ations Inc.			2810
	PRIMARY TRANSMITTER	S: TELEVISION			
G Primary ransmitters: Television	carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis <b>Substitute Basis Sta</b> basis under specifc FCC • Do not list the station h station was carried or • List the station here, ar basis. For further info <b>Column 1:</b> List each <b>Column 2:</b> Give the r	stem during the acco ns in effect on June 2 1(e)(2) and (4), or 7( , as explained in the <b>itions:</b> With respect rules, regulations, o ere in space G—but nly on a substitute ba d also in space I, if t rmation concerning s station's call sign. Do number of the channe	unting period, exc 24, 1981, permitting 5.63 (referring to 7 next paragraph. to any distant stati or authorizations: do list it in space I asis. the station was car substitute basis station or report original el on which the station	ng translator stations and low power television stations) ept (1) stations carried only on a part-time basis under g the carriage of certain network programs [sections 6.61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ried both on a substitute basis and also on some other tions, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc. tion's broadcasts are carried in its own community.	
	associated with a station the same on the form. <b>Column 3:</b> Indicate in educational station, by e (for independent multicat For the meaning of these <b>Column 4:</b> Give the let	according to its ove a each case whether ntering the letter "N" st), "E" (for noncomn e terms, see page (iv ocation of each statio	r-thje-air designation the station is a ne (for network), "N-N nercial educational c) of the general ins con. 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 4" (for network multicast), "I" (for independent), "I-M" ), or "E-M" (for noncommercial educational multicast). structions. Is, list the community to which the station is licensed by the 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	
	KTMJ	43	I	Topeka KS	
	KSNT	27	N	Topeka KS	
	KTKA ABC	49	N-M	Topeka KS	
	KTWU	11	E	Topeka KS	
	KTKA CW	5	I-M	Topeka KS	
	WIBW	13	N-M	Topeka KS	
	WIBW-MyTV	13.2	I-M	Topeka KS	

## ACCOUNTING PERIOD: 2023/1

FORM SA1-2. F LEGAL NAME OF <b>Eagle Comm</b>	OWNER OF		YSTEM:					SYSTEM ID# 28108	Name
								20100	
	t every radio s	tation ca	rried on a separate and discre nerally receivable" by your ca						н
eceivable if (1)	it is carried by	the sys	-Band FM Carriage: Under C tem whenever it is received at	t the s	system's hea	idend, and (2)	it can b	e expected,	Primary Transmitters:
or detailed info <b>Column 1:</b> Id	ormation abou lentify the call	t the the sign of e	ved at the headend, with the s Copyright Office regulations o each station carried. n is AM or FM.	-		-			Radio
signal, indicate	this by placing	g a check	nal was electronically process mark in the "S/D" column.		-				
			on (the community to which th the community with which the				c or, in tl	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	C	ALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·								
	·								
	·								

								I SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF		TEM:				9	SYSTEM ID#
	Eagle Communication	s inc.						28108
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	E: SPECI/ ify every no. ccounting pe- ing that must <b>T CONCEF</b> riod, did you tion? ", leave the <b>E PROGR/</b> titute progra- ace, please of every no distant sta egulations, of ries like "mod Bulls."	AMS am on a separ attach additio ponetwork televit and the system and the system and the system attach additio connetwork televit tion and that y por authorizatio povies" or "bask	sion program broadcast by ecific present and former FC n this log, see page (v) of th <b>TITUTE CARRIAGE</b> m carry, on a substitute ba age blank. If your answer is rate line. Use abbreviations nal pages. vision program (substitute rour cable system substitute ns. See page (v) of the ge tetball." List specific program	a distant stati C rules, regu e general inst sis, any noni s "Yes," you s wherever p program) the ted for the pr neral instruct am titles, for o	lations, or a tructions. network tel must comp ossible, if t at, during ti ogramming tions for fur	evision progra	For a further
						lentified). se numera em. List the 5:28:30 p.m t your syste letter "P" if	Is, with the me times accura n. should be em was requir the listed pro regulations ir	onth tely red 1 7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	FOR DELETION

FC	RM SA1-2. PAGE 6.	
	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nome
	Eagle Communications Inc. 28108	Name
	GROSS RECEIPTS nstructions: 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 bage (vii) of the general instructions.	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	
	during the accounting period.       \$ 342.00         MPORTANT: You must complete a statement in space P concerning gross receipts.       (Amount of gross receipts)	
=		
ln: • • •	DPYRIGHT ROYALTY FEE itructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Jse block 1 if the amount of gross receipts in space K is \$137,100 or less Jse block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Jse 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	
	nstructions: 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	
	ine 1. Royalty fee for accounting period	
	ine 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	ine 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)	-
	I. 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)	
	3. 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)	-
	I. 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)	
	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	
	FILING FEE AND TOTAL REMITTANCE DUE	•
F		
il i	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)       \$ 52.00	
n 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 \$ 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 PERIOD: 2023/1

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID 28108
М	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.	tations
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	7
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	43
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	
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulas explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	ations,
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s	
	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 own in line 1 of space B.	ner of the cable system
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	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.

FORM SA1-2. PAGE 8.	FORM	SA1-2	PAGE	8
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
Eagle Communications Inc. 281	I08 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: <ul> <li>"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. 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</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     Name       Mailing Address     Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x	
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) \$ (interest charge)	
* 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.	
** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served 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) rec	uested on th

Privacy Act Notice: Section 111 of title 1/ of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 filing, a determination that would be made by a court of law.