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

3/11/25

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: July 1-December 31, 2024 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. 25812 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. *2581220242* 25812 2024/2 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 **St Francis** 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)

Name	FORM SA3. PAGE 1 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID								
Name	Eagle Communications Inc. 258								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
P									
D									
(continued)									
Area									
Served									

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Eagle Communications	Inc.							258′
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	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission									
Service: Sub-	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								
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	each category by counting the n separately for the particular serv			•••		•		scharged	
	Rate: Give the standard rate c					•	,	ge and the	
	unit in which it is generally billed	. (Example: "\$	- 20/mth"). Summarize a	any stand	ard rate variatior	s within a	particular rate	
	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						nder "Servi	ce to the	
	first set" and would be counted o						different	from these	
	Block 2: If your cable system printed in block 1 (for example, t	-		•					
	with the number of subscribers a						,.		
	sufficient.		0			•			
	BLC	DCK 1	-				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI		NO. OF SUBSCRIBERS	RATI
	Residential:	SOBSCIUD	LING		UA1		(VIOL	GODGERIDERG	
	Service to first set		13	40.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		10	40.00					
	Converter								
	Residential								
	Non-residential								
									1
	SERVICES OTHER THAN SEC								
_	In General: Space Ficalls for rat	e (not subscri	hor) infr						
F						all your cable sy			
F	not covered in space E, that is, t	hose services	that are	not offered in	combinat	ion with any sec	ondary trar	nsmission	
F Services		hose services e two exceptic	that are	e not offered in I do not need to	combinat o give rate	ion with any sec e information cor	ondary trar cerning (1	nsmission) services	
•	not covered in space E, that is, t service for a single fee. There ar	hose services e two exceptic or facilities fur	that are ons: you nished t	e not offered in I do not need to To nonsubscribe	combinat o give rate ers. Rate	ion with any sec e information con information shou	ondary trar cerning (1 ld include	nsmission) services both the	
Services Other Than Secondary	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	hose services e two exceptic or facilities fur it in which it is rate column.	that are ons: you nished t usually	e not offered in 1 do not need to 20 nonsubscribe 2 billed. If any re	combinat o give rate ers. Rate ates are o	ion with any sec e information cor information shou charged on a var	ondary trar cerning (1 ld include able per-p	nsmission) services both the	
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rate	hose services e two exceptio or facilities fun it in which it is rate column. e charged by	that are ons: you nished t usually the cabl	e not offered in i do not need to o nonsubscribe v billed. If any r e system for ea	combinat o give rate ers. Rate ates are o ach of the	ion with any sec e information cor information shou charged on a var e applicable servi	ondary trar cerning (1 ld include able per-p ces listed.	nsmission) services both the rogram basis,	
Services Other Than Secondary	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	hose services e two exceptio or facilities furn it in which it is rate column. e charged by your cable sy	that are ons: you nished t usually the cabl stem fu	e not offered in a do not need to to nonsubscribe t billed. If any r le system for ea rnished or offer	combinat o give rate ers. Rate ates are o ach of the red during	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting	ondary trar cerning (1 ld include able per-p ces listed. period that	nsmission) services both the rogram basis, t were not	
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rate	hose services e two exceptio or facilities fur it in which it is rate column. e charged by your cable sy separate charge	that are ons: you nished t usually the cabl stem fu ge was	e not offered in a do not need to to nonsubscribe / billed. If any r e system for ea rnished or offer made or establ	combinat o give rate ers. Rate ates are o ach of the red during	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting	ondary trar cerning (1 ld include able per-p ces listed. period that	nsmission) services both the rogram basis, t were not	
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	hose services e two exceptio or facilities fun it in which it is rate column. e charged by your cable sy separate charge tion and inclu	that are ons: you nished t usually the cabl stem fu ge was de the r	e not offered in a do not need to to nonsubscribe / billed. If any r e system for ea rnished or offer made or establ	combinat o give rate ers. Rate ates are o ach of the red during	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting	ondary trar cerning (1 ld include able per-p ces listed. period that	nsmission) services both the rogram basis, t were not e form of a	
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	hose services e two exceptio or facilities furi it in which it is rate column. e charged by your cable sy separate charge tion and inclu- BLO	that are ons: you nished t usually the cabl stem fu ge was de the r	e not offered in a do not need to to nonsubscribe / billed. If any r e system for ea rnished or offer made or establ	combinat o give rate ers. Rate ates are o ach of the red during ished. Lis	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RAT
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	hose services e two exceptio or facilities fun it in which it is rate column. e charged by your cable sy separate charge tion and inclu	that are ons: you nished t usually the cabl stem fu ge was de the r CK 1 CATEC	e not offered in a do not need to to nonsubscribe v billed. If any r e system for ea rnished or offer made or establ ate for each.	combinat o give rate ers. Rate ates are o ach of the red during ished. Lis	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting at these other ser	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a	RATE
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	hose services e two exceptio or facilities furi it in which it is rate column. e charged by your cable sy separate charge tion and inclu- BLO	that are ons: you hished t usually the cabi stem fu ge was de the r CK 1 CATEC Install	e not offered in a do not need to to nonsubscribe v billed. If any r e system for ea made or establ ate for each.	combinat o give rate ers. Rate ates are o ach of the red during ished. Lis	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting at these other ser	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	E RATE
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	hose services e two exceptio or facilities fur it in which it is rate column. e charged by your cable sy separate charge tion and inclue BLO RATE	that are ons: you hished t usually the cabl stem fu ge was de the r CK 1 CATEC Install • Mo	e not offered in a do not need to to nonsubscribe y billed. If any r e system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res	combinat o give rate ers. Rate ates are o ach of the red during ished. Lis	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting at these other ser	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	E RATE
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	hose services e two exceptio or facilities fur it in which it is rate column. e charged by t your cable sy separate charg tion and inclue <u>BLO</u> <u>RATE</u> 21.95	that are ons: you hished to usually the cabl stem fu ge was de the r CK 1 CATEC Install • Mo • Co	e not offered in a do not need to to nonsubscribe y billed. If any r e system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel	combinat o give rate ers. Rate ates are o ach of the red during ished. Lis	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting at these other ser	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATE
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	hose services e two exceptio or facilities fur it in which it is rate column. e charged by t your cable sy separate charg tion and inclue <u>BLO</u> <u>RATE</u> 21.95	that are ons: you nished t usually the cabi stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa	e not offered in a do not need to to nonsubscribe y billed. If any r e system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial	combinat o give rate ers. Rate ates are o ach of the red during ished. Lis <u>WICE</u> sidential	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting at these other ser	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	E RATE
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	hose services e two exceptio or facilities fur it in which it is rate column. e charged by t your cable sy separate charg tion and inclue <u>BLO</u> <u>RATE</u> 21.95	that are ons: you hished to usually the cabi stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa	e not offered in a do not need to to nonsubscribe y billed. If any r e system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable	combinat o give rate ers. Rate ates are o ach of the red during ished. Lis <u>WICE</u> sidential	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting at these other ser	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	hose services e two exceptio or facilities fur it in which it is rate column. e charged by t your cable sy separate charg tion and inclue <u>BLO</u> <u>RATE</u> 21.95	that are ons: you nished t usually the cabl stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Fire	e not offered in a do not need to to nonsubscribe v billed. If any re- e system for ea made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch	combinat o give rate ers. Rate actes are o ach of the red during ished. Lis <u>evice</u> sidential	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting at these other ser	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	E RATE
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	hose services e two exceptio or facilities furniti in which it is rate column. e charged by ty your cable sy separate charge tition and inclue <u>BLO</u> <u>RATE</u> 21.95 66.50 15.00	that are ons: you nished t usually the cabl stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Fin • Bu	e not offered in a do not need to to nonsubscribe y billed. If any r e system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection	combinat o give rate ers. Rate actes are o ach of the red during ished. Lis <u>evice</u> sidential	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting at these other ser	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	E RATE
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set	hose services e two exceptio or facilities furniti in which it is rate column. e charged by ty your cable sy separate charge tition and inclue <u>BLO</u> <u>RATE</u> 21.95 66.50 15.00	that are ons: you nished t usually the cabi stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Fire • Bui Other	e not offered in a do not need to to nonsubscribe y billed. If any r e system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'I cl e protection rglar protection	combinat o give rate ers. Rate actes are o ach of the red during ished. Lis <u>evice</u> sidential	ion with any sec e information cor information shou charged on a var e applicable servi g the accounting at these other ser	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection Installation: Residential • First set • Additional set(s)	hose services e two exceptio or facilities furniti in which it is rate column. e charged by ty your cable sy separate charge tition and inclue <u>BLO</u> <u>RATE</u> 21.95 66.50 15.00	that are ons: you nished t usually the cabi stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Fire • Bu Other • Re	e not offered in a do not need to to nonsubscribe y billed. If any r e system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'I cl e protection rglar protection services:	combinat o give rate ers. Rate actes are o ach of the red during ished. Lis <u>evice</u> sidential	ion with any sec e information corrinformation shou charged on a var e applicable serving the accounting these other serving RATE	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	
Services Other Than Secondary 'ransmissions:	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard rat Block 2 : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	hose services e two exceptio or facilities fur it in which it is rate column. e charged by t your cable sy separate charge titon and inclue <u>BLOU</u> <u>RATE</u> 21.95 66.50 15.00 5.00	that are ons: you nished t usually the cabl stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Firr • Bu Other • Re • Dis	e not offered in a do not need to to nonsubscribe y billed. If any r e system for ea rnished or offer made or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	combinat o give rate ers. Rate actes are o ach of the red during ished. Lis <u>evice</u> sidential	ion with any sec e information corrinformation shou charged on a var e applicable serving the accounting these other serving RATE	ondary trar cerning (1 ld include able per-p ces listed. period that vices in the	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI

Name	LEGAL NAME OF OWNER	R OF CABLE SYSTE	M:	SY	STEM I
Nume	Eagle Communica	tions Inc.			258
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a	em during the acco in effect on June 2 e)(2) and (4), or 76 as explained in the	unting period, exc 24, 1981, permittin 5.63 (referring to 7 next paragraph.	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	
	 basis under specifc FCC re Do not list the station her station was carried only 	e in space G—but	do list it in space l	(the Special Statement and Program Log)—if the	
	basis. For further inform Column 1: List each st Column 2: Give the nu	nation concerning s ation's call sign. Do mber of the channe	substitute basis sta o not report origina el on which the sta	ried both on a substitute basis and also on some other ations, 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 a the same on the form.	ccording to its over	r-thje-air designati	tem carried the station. Identify each multicast stream on. For example, report multicast stream "WETA-2" as twork station, an independent station, or a noncommercial	
	(for independent multicast) For the meaning of these t Column 4: Give the loc), "E ["] (for noncomm erms, see page (iv ation of each statio	nercial educational) of the general in on. For U.S. station	M" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. ns, list the community to which the station is licensed by the of the community with which the station is identifed.	2
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	KAAS-Fox Wichita, K	24	I	WICHITA, KS	
	KAAS-MyNetwork 24	24.2	I-M	WICHITA, KS	
	KBSH CBS	7	N	WICHITA, KS	
	KLBY ABC	4	N	COLBY, KS	
		7	N	DENVER, CO	
		2	N	HAYS, KS	
	KWKS PBS	8	E	HAYS, KS	
			T		

ACCOUNTING PERIOD: 2024/2

FORM SA1-2. F LEGAL NAME OF Eagle Comm	OWNER OF O		YSTEM:				SYSTEM ID# 25812	Name
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.								н
receivable if (1) on the basis of r For detailed info Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	it is carried by monitoring, to prmation abou lentify the call tate whether t the radio stati this by placing vive the statior	y the sys be receivent t the the sign of e he statio ion's sign g a check h's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea system's FM anter on this point, see p ed by the cable sy e station is licens	idend, and (2) nna, during ce bage (v) of the vstem as a sep ed by the FCC	it can b rtain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0				3,0		
	·							

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	Eagle Communication	s Inc.						25812	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant stat	fy every not counting pe ing that mus CONCEF iod, did you	nnetwork televi eriod, under spe st be included in RNING SUBS	sion program broadcast b ecific present and former F n this log, see page (v) of f TITUTE CARRIAGE	y a distant sta CC rules, reg he general in	ulations, or aut structions.	horizations.	For a further	
	 Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 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 statiunder 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 mor 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 accurate 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. WHEN SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASO 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S								
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	·	
			 	·				·	
					-			·	
					-				

FORM SA1-2. PAGE 6.		-
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	25812	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to compage (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ndary transmission service	K Gross Receipts
during the accounting period.	\$ 5,870.00	
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
 COPYRIGHT ROYALTY FEE Instructions: 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 a Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than 3 See page (vi) of the general instructions for more information. 		L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LE	SS	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you accounting period is \$52.00	must pay for this 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		
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	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	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 les	ss than \$527,600)	
1. Enter the amount of gross receipts from space K		
2. Base amount under statutory formula	263,800.00	
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	\$ 1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTAN	CE DUE	
F		
ii i 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
g F 2. 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 Available	
See page i of the general instructions in the paper SA1-2 form and the Excel ins	structions tab for more information.	

ACCOUNTING PERIOD: 2024/2

	•	FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
	Eagle Communications Inc.	25812						
	CHANNELS							
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations						
<u>.</u>	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels	1. Enter the total number of channels on which the cable							
	system carried television broadcast stations	7						
	2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations	44						
	and nonbroadcast services							
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)							
Individual to								
Be Contacted								
for Further Information	Name Marie Censoplano Telephone	914-235-8313						
mormation								
	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	3						
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regul	ations,						
0	as explained in the general instructions.)							
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	3; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	aveter as identified						
	in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow	ner of the cable system						
	in line 1 of space B.	···· ·· ··· ··· ··· · · ···· · · · · ·						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe	d herein						
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.							
	[18 U.S.C., Section 1001(1986)]							
	Danial 7 Milita							
	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: 2/1/2025							
	1							

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
---------------------	------	-------	------	---

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#
Eagle Communications Inc.	25812 Name
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	Statement Concerning Gross Receipts
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.	^{t.} 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) (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.	e
** 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.	3
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) requested on th

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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.