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

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. 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. *2810820242* 28108 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 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)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	Eagle Communications Inc.	Communications Inc.					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
D							
ontinued)							
Area							
Served							
			L				
			Ц.				
			Ц				
			Ц				

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:							SYS	TEM ID
	Eagle Communications Inc.										2810
Е	SECONDARY TRANSMISSION										
-	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						51 50			•	
Service: Sub-	Number of Subscribers: Both	n blocks in spa	ce E ca	all for the numb	er of su	bscribers to	the ca	ble syster	n, broken		
scribers and	down by categories of secondar	•				•					
Rates	each category by counting the n separately for the particular serv								s charged		
	Rate: Give the standard rate of						•	,	rge and the	;	
	unit in which it is generally billed	. (Example: "\$	20/mth'	'). Summarize a	any stai	ndard rate va	riation	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									ory	
	categories, that person or entity			-		-				ntial	
	subscriber who pays extra for ca						unt ur	der "Serv	rice to the		
	first set" and would be counted o	0			•	,	ot or	different	from these		
	Block 2: If your cable system printed in block 1 (for example, t	-		•							
	with the number of subscribers a					-					
	sufficient.	*	Ũ				•				
	BLC	DCK 1		-				BLOC			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	0	ATEGORY C			NO. SUBSCI		RATE
	Residential:	SUBSCRID	EKS	NATE		ATEGORT	F SEF	(VICE	306301	RIDERS	NATE
	Service to first set		3	40.00							
	Service to additional set(s)		•	-10100							
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial			40.00							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
F	In General: Space F calls for ra	te (not subscril	ber) info	ormation with re	espect	•	-			were	<u> </u>
F	In General: Space F calls for rain not covered in space E, that is, t	te (not subscril hose services	ber) info that are	ormation with re e not offered in	espect f	nation with ar	y seco	ondary tra	nsmission	were	
F	In General: Space F calls for ra	te (not subscril hose services re two exceptio	ber) info that are ons: you	ormation with re e not offered in u do not need to	espect f combir o give r	nation with an ate information	y seco on con	ondary tra cerning (′	nsmission I) services	were	<u></u>
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- Services Other Than Secondary	In General: Space F calls for ran not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	te (not subscril hose services re two exceptic or facilities furn hit in which it is rate column.	ber) info that are ons: you nished usually	ormation with re e not offered in u do not need to to nonsubscribe y billed. If any r	espect f combir o give ra ers. Rai ates are	nation with ar ate information te information e charged on	y seco on con o shou a vari	ondary tra cerning (´ ld include able per-µ	nsmission I) services both the program ba		
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Name	LEGAL NAME OF OWNE	R OF CABLE SYSTE	M:	SY	(STEM II 281					
Nume	Eagle Communications Inc.									
	PRIMARY TRANSMITTERS: TELEVISION									
G	carried by your cable syste FCC rules and regulations	em during the acco in effect on June 2	unting period, exc 24, 1981, permitting	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						
Primary Fransmitters: Television	 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 									
	station was carried only	re in space G—but / on a substitute ba	do list it in space l isis.	(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 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 a the same on the form.	according to its ove	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						
	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						
	KTMJ FOX	43	I	Topeka KS						
	KSNT NBC	27	N	Topeka KS						
	КТКА АВС	49	N	Topeka KS						
	KTWU PBS	11	Е	Topeka KS						
	KTKA CW	5	I-M	Topeka KS						
		13	N	Topeka KS						
		13.2	I-M	Topeka KS						

ACCOUNTING PERIOD: 2024/2

FORM SA1-2. P LEGAL NAME OF Eagle Comm	OWNER OF (YSTEM:				SYSTEM ID# 28108	Name
							20100	
	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	I-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
or detailed info Column 1: Id	rmation abou entify the call	t the the sign of e	Copyright Office regulations c each station carried. n is AM or FM.					
Column 3: If	the radio stati	ion's sigr	nal was electronically processe	ed by the cable sy	/stem as a sep	oarate a	nd discrete	
Column 4: G	ive the statior	n's locatio	s mark in the "S/D" column. on (the community to which the the community with which the			cor, in th	he case of	
CALL SIGN	AM or EM	8/D	LOCATION OF STATION	CALL SIGN	AM or FM	8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN		S/D	LOCATION OF STATION	

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF		TEM:					;	SYSTEM ID#
Name	Eagle Communication	s Inc.							28108
Substitute Carriage: Special Statement and Program Log	 and cog 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 						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 station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community with 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 lidentified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro								
	effect on October 19, 1976.						EN SUBST		
	SI 1. TITLE OF PROGRAM	JBSTITUT 2. LIVE? Yes or No	E PROGRAN 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. M	CARR IONTH D DAY		URRED TIMES — TO	7. REASON FOR DELETION
								— —	

	DRM SA1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: S	YSTEM ID#	
	Eagle Communications Inc.	28108	Name
	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. IMPORTANT: You must complete a statement in space P concerning gross receipts.	720.00 pss receipts)	K Gross Receipts
Ir • • •	OPYRIGHT ROYALTY FEE istructions: 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 ee 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	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	
F	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	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 \$ 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 REMITTANCE DUE		
F			
il i n	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 Availa	able	
L	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	au011.	

ACCOUNTING PERIOD: 2024/2

		FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID						
	Eagle Communications Inc.	28108						
	CHANNELS							
Μ	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.							
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	45						
	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						
intornation								
	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						
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regu as explained in the general instructions.)	lations,						
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						
		2, 0.						
	(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	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 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)] 	ed herein						
	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							

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.

ACCOUNTING PERIOD: 2024/2

FORM SA1-2.	PAGE 8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 28108	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	P Special Statement Concerning Gross Receipts Exclusion
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 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)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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) requested	d 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.