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			
3/4/2022	\$ 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	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:					
Accounting Period	July 1-December 31, 202	21					
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. 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.						
	LEGAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM					
	Eagle Communications Inc.						
				1437 2021/2			
	PO Box 817						
	Hays KS 67601						
С	INSTRUCTIONS: 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	IDENTIFICATION OF CARLE SYSTEM:						
	1						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
D	in FCC rules: "a separate and distinct co areas and including single, discrete unin	ommunity or municipal entitiy (includ corporated areas)." 47 C.F.R. 76.9	A "community" is the same as a "community u ling unincorporated communites within uninco 5(dd). The first community that live will serve	orporated as a form			
Area Served	of system identification hereafter known as the "first community." Please use it as the first community on all future filings. 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			
First Community	Marion Florence	KS KS					
Community	Hillsboro	KS					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

FORM SA3. PAGE 1b.

	LEGAL NAME OF OWNER OF CABLE SYS	OWNER OF CABLE SYSTEM: SYSTEM ID#						
Name	Eagle Communications Inc.							
	CITY OR TOWN	STATE	CITY OR TOWN	1437 STATE				
	SITT SICTOWN	37.112	SIII SIK ISWI	017/112				
D								
(continued)								
Area								
Served								

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 1437 **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 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 388 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 43 25.00 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, enter only the letters "PP" in the rate column. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Rates Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other 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 Pay cable 21.95 · Motel, hotel • Pay cable—add'l channel 66.50 Commercial · Fire protection · Pay cable • Pay cable-add'l channel Burglar protection Installation: Residential · Fire protection First set 15.00 · Burglar protection · Additional set(s) 5.00 Other services: • FM radio (if separate rate) Reconnect 30.00 Converter 2.50 Disconnect

Outlet relocation

Move to new address

49.99

ACCOUNTING PERIOD: 2021/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 1437 **Eagle Communications Inc.** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** 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 Transmitters: 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 Television 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 identifed. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION KSNW NBC** Wichita KS 3 Ν KMTW MYTV 35 Wichita KS ı **KAKE ABC** 10 Ν Wichita KS **KSNW Telemundo** N-M Wichita KS 3.1 **KSNW Justice** Wichita KS 3.2 N-M **KMTW Charge TV** 35.1 N-M Wichita KS Kake MeTV 10.2 I-M Wichita KS N-M **KMTW Stadium** 35.2 Wichita KS **KSNW HD NBC** 3.1 N-M Wichita KS KMTW HD MyTV 35.1 I-M Wichita KS N-M **KAKE HD ABC** 10.1 Wichita KS

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM ID#	Name
Eagle Comm	nunications	Inc.						1437	
PRIMARY TRA	NSMITTERS:	RADIO							
	•		rried on a separate and discre						Н
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	bl	le system during	the accountir	ng period	d.	
			-Band FM Carriage: Under C						Primary Transmitters:
on the basis of i	monitoring, to	be receiv	ved at the headend, with the s	sy	stem's FM antei	nna, during ce	rtain sta	ted intervals.	Radio
Column 1: lo Column 2: S	lentify the call tate whether t	sign of e he statio	Copyright Office regulations of each station carried. is AM or FM.						
			nal was electronically process	ec	by the cable sy	stem as a sep	parate a	na discrete	
			mark in the "S/D" column.	_	atation is licens	ad by the FCC	\ a.v. i.v. th		
			on (the community to which the the community with which the				or, in u	ie case oi	
Mexicall of Call	aulan stations	, II aliy, t	the community with which the	5	tation is identifie	·u).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				;	SYSTEM ID#
Name	Eagle Communications	s Inc.						1437
_	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
ı	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a							
Substitute		substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.						
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?							
Program Log	broadcast by a distant station? Yes XNo Note: If your answer is "Yes," you must complete the program							
	log in block 2.							
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations	wherever pos	sible. if the	ir meaning is	
	clear. If you need more spa-	ce, please a	attach additiona	al pages.			_	
	period, was broadcast by a	distant stati	ion and that yo		d for the prog	ramming of	f another static	n
	under certain FCC rules, re- Do not use general categori							
	"NBA Basketball: 76ers vs.	Bulls."			•	p.o,	2.0 200, 0.	
	Column 3: Give the call s	sign of the s	station broadca	"Yes." Otherwise enter "N sting the substitute progra	ım.			
	Column 4: Give the broathe case of Mexican or Can			e community to which the			e FCC or, in	
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	program. Use	numerals,	with the month	1
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable system.	List the tim	nes accurately	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	:8:30 p.m. s	should be	
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a gram was substituted for pro							
	effect on October 19, 1976.							
		LIDOTITLIT				EN SUBST		7 DEACON
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		0,		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> </u>	
						 	_	
		 				 		
						 		
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Eagle Communications Inc.	1437	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identified in space E) during the accounting period. For a further explanation of how to compute the 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.	nsmission service	K 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 or equal to the space W is the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See 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 accounting period is \$52.00	or this six-month	
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	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)	
1. Base amount under statutory formula	00_	
Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1	<u> </u>	
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 \$5	27,600)	
Enter the amount of gross receipts from space K		
Base amount under statutory formula	00_	
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
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		
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See general instructions for more information.	page I of the	

Cannot	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#
Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its autocribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. 1. Individual to BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (identify an individual to whom we can write or call about this statement of account.) Name Marie Censoplano Telephone 914-235-8313 Name Marie Censoplano Telephone 914-235-8313 Address 4 International Dr Suite 330 (Neutron, user, and user, and user to account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • 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 identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; • I have examined between the descount and hereby declare under penalty of lew that all statements of fact contained herein are true, complete, and covers to the best of my knowledge, information, and balld, and are nade in good faith. [18 U.S.C., Section 1001 (1988)] Title: SVP Financial Planning (Title of difficial position head is corporation or partnership)	Name	Eagle Communications Inc. 1437
Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its autocribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. 1. Individual to BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (identify an individual to whom we can write or call about this statement of account.) Name Marie Censoplano Telephone 914-235-8313 Name Marie Censoplano Telephone 914-235-8313 Address 4 International Dr Suite 330 (Neutron, user, and user, and user to account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • 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 identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; • I have examined between the descount and hereby declare under penalty of lew that all statements of fact contained herein are true, complete, and covers to the best of my knowledge, information, and balld, and are nade in good faith. [18 U.S.C., Section 1001 (1988)] Title: SVP Financial Planning (Title of difficial position head is corporation or partnership)		CHANNELS
to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Einter the total number of achannels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services. 188 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) North and the carried of the cable system carried television broadcast stations and nonbroadcast services. North and nonbroadcast services. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) Address 4 International Dr. Suite 330 (Floring, strice, frain road, apermute, or suits number) Ryc Brook, NY 10573 (Cit), town sides, 2(i) Email (optional) marrie, censoplano@vyvebb.com Fax (optional_914.234.8363 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) Certification • I, the undesigned, hardey 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 identified 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 in line 1 of space B and must the owner is not a corporation or partnership, or (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. • 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(1980)] The of didds position field it corporation or partnership)	M	
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 on which the cable system carried television broadcast stations and nonbroadcast services. 188 Notation Nota	IVI	
1. Enter the total number of channels on which the cable system carried television broadcast stations and rondroadcast services. Name	Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
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. INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) Name Marie Censoplano Address 4 International Dr Suite 330 (Number, sizet, unifole, spatners, to pulse number) Rye Brook, NY 10573 (Chy, bown, sizet, 29) Email (optional) marie.censoplano (8 vyvebb.com Fax (optional; 214-234-3853) CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as optianed in the general instructions.) - I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (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 X (Officer or partners) man officer (if a corporation) or a partner (if a partnership; of the logal entity identified as owner of the cable system in line 1 of space B, and correct to the best of my knowledge, information, and belief, and are made in good tath. (18 U.S.C., Section 1001 (1986)) Title: SVP Financial Planning (This of diosal position hed in corporation or partnership))	Gildillicis	1. Enter the total number of channels on which the cable
2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. Note: Individual to the carried television broadcast stations and nonbroadcast services.		1 11
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identity an individual to whom we can write or call about this statement of account.) Name Marie Censoplano Telephone 914-235-8313 Address 4 International Dr Suite 330 (Numeri, street, rural rovie, spartment, or auto number) Rye Brook, NY 10573 (City, trans, vaie, 26) Email (optional) marie, censoplano@yyvebb.com Fax (optional) 314-234-3363 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offce regulations, as explained in the general instructions.) 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 identified in line 1 of space B and that the owner is not a corporation or partnership or in line 1 of space B and that the owner is not a corporation or partnership or in line 1 of space B. 1 have examined the statement of account and bereby 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)] Title: SVP Financial Planning (Title or or or partnership) Title: SVP Financial Planning (Title or or or partnership)		
Individual to Be Contacted for Further Information Marie Censoplano Address 4 International Dr Suite 330 (Number, stee, unafrous, spatrare), or suite number) Rye Brook, Ny 10573 (Chy, town, sales, 29) Email (optional) Marie Censoplano Certification Certification Certification Certification City town of the statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) - 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 identified in line 1 of space B and that the owner is not a coporation or partnership) of the legal entity identifed as owner of the cable system in line 1 of space B. - I have examined the statement of account and hereby declare under penalty of law that all statements of fact 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)) Title: SVP Financial Planning (Title of difficial position held in copporation or partnership)		2. Enter the total number of activated channels
Individual to Be Contacted for Further Information Marie Censoplano Address 4 International Dr Suite 330 (Number, store, rune from, spanners, or sale number) Rye Brook, NY 10573 (Obj. town, store, rune from, spanners, or sale number) Rye Brook, NY 10573 (Chy. town, store, rune from, spanners, or sale number) Rye Brook, NY 10573 (Chy. town, store, rune from, spanners, or sale number) Rye Brook, NY 10573 (Chy. town, store, rune) Email (optional) Marie Censoplano © vyvebb.com Fax (optional, 914-234-8363) CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) - 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 identified 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. Handwritten signature: // Daniel J White Typed or printed name: Daniel J White Title: SVP Financial Planning (Title of dilical position held in corporation or partnership)		on which the cable system carried television broadcast stations
we can write or call about this statement of account.) Marie Marie Censoplano Telephone 914-235-8313 Address 4 International Dr Suite 330 (Namber, street, rual route, apartment, or suite number) Rye Brook, NY 10573 (Cby, tiwn, state, zp) Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363 Certification Fax (optional 914-234-8363 Certification This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.) (Owner other than corporation or partnership) I am the owner of the cable system as identified 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 X (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. It is a system		and nonbroadcast services
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(Title of official position held in corporation or partnership)		l yped or printed name: Daniel J White
(Title of official position held in corporation or partnership)		
		Title: SVP Financial Planning
Date: 02/26/2022		(Title of official position held in corporation or partnership)
Date: 02/26/2022		
		Date: 02/26/2022

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	1437	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	basic clude sub-	P Special Statement
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 transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		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 late payment or underproperty for an explanation of interest assessment, see page (viii) of the general instructions.	oayment.	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	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.00	274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest of	:harge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the original		
Owner Address		
ID number		
First community served		
Accounting period		

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