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

Return to:

Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 General instructions are at the 3/4/2022 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2021 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. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate 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. 20447 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. 20447 2021/2 **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 **Cedar Rapids** NE 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

ACCOUNTING PERIOD: 2021/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Nume	Eagle Communications Inc.									
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
D										
ontinued)										
Area Served										
001700										
			-							
			+							

Name	LEGAL NAME OF OWNER OF CA	SYSTEM ID#										
hano	Eagle Communications		2044									
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES							
E	In General: The information in sp			0	-							
0	system, that is, the retransmission											
Secondary Transmission	about other services (including plast day of the accounting period						nose existii	ng on the				
Service: Sub-							ole system.	broken				
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the nu	umber of billing	in tha	at category (the	number of	persons or org	anizations	charged				
	separately for the particular servi											
	Rate: Give the standard rate cl	-	-	•			-					
	unit in which it is generally billed. category, but do not include disc				ny stanuar		s wiu iir a p					
	Block 1: In the left-hand block				ries of seco	ondary transmis	sion servic	e that cable				
	systems most commonly provide											
	that applies to your system. Note			0		0						
	categories, that person or entity					• •	•					
	subscriber who pays extra for cal					in the count un	der "Servic	e 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, ti	-		-								
	with the number of subscribers a	nd rates, in the	e right-h	and block. A tv	vo- or three	e-word descripti	on of the s	ervice is				
	sufficient.											
	BLC	DCK 1	-				BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:	CODOCIND		TOTIL	0,111			CODOCINIDENC	TOTIL			
	Service to first set		37	25.00								
	Service to additional set(s)		51	20.00								
	• FM radio (if separate rate)											
	Motel, hotel			04.05								
	Commercial		2	64.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NGMIG		2							
-	In General: Space F calls for rate				-	l your cable syst	tem's servi	ces that were				
F	not covered in space E, that is, th		,		•	• •						
	service for a single fee. There are											
Services	furnished at cost or (2) services of											
Other Than Secondary	amount of the charge and the un		usually	billed. If any ra	ates are ch	arged on a varia	able per-pro	gram basis,				
Transmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that	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.											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	DRY OF SERVICE	RATE			
	Continuing Services:			ation: Non-res	idential							
	• Pay cable	27.95	• Mc	otel, hotel								
	 Pay cable—add'l channel 	52.50	• Co	mmercial								
	 Fire protection 		•Pa	y cable								
	 Burglar protection 		•Pa	y cable-add'l cł	nannel							
			• Fir	e protection		<u> </u>						
	Installation: Residential					1						
	Installation: Residential First set 	15.00	• Bu	rglar protection								
		15.00 5.00	1	rglar protection services:								
	• First set		Other			30.00						
	• First set • Additional set(s)	5.00	Other • Re	services:		30.00						
	• First set • Additional set(s) • FM radio (if separate rate)		Other • Re • Dis	services: connect sconnect								
	• First set • Additional set(s) • FM radio (if separate rate)	5.00	Other • Re • Dis • Ou	services: connect		30.00 49.99						

Name	LEGAL NAME OF OW	INER OF CABLE SYST	EM:	SY	STEM ID					
	Eagle Communi	ications Inc.			2044					
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	carried by your cable sy FCC rules and regulatio 76.59(d)(2) and (4), 76. substitute program basis Substitute Basis St basis under specifc FCC • Do not list the station station was carried o • List the station here, a basis. For further inf Column 1: List each Column 2: Give the This may be different fr associated with a statio the same on the form. Column 3: Indicate educational station, by (for independent multic: For the meaning of thes Column 4: Give the	ystem during the acco ons in effect on June 2 61(e)(2) and (4), or 74 is, as explained in the tations: With respect C rules, regulations, c here in space G—but only on a substitute ba and also in space I, if ormation concerning a n station's call sign. D number of the channel om the channel on wh in according to its over in each case whether entering the letter "N" ast), "E" (for noncomr se terms, see page (iv location of each stati	unting period, excep 24, 1981, permitting 5.63 (referring to 76 next paragraph. to any distant statio or authorizations: do list it in space I (sis. the station was carri- substitute basis stat o not report originati- el on which the station ich your cab;e syster r-thje-air designation the station is a netw (for network), "N-M" nercial educational), of the general inst on. For U.S. stations	g translator stations and low power television stations) of (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ns carried by your cable system on a substitute program the Special Statement and Program Log)—if the ed both on a substitute basis and also on some other ions, see page (v) of the general instructions. on program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial ' (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the the community with which the station is identifed.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
	KSNB	3	N	Hastings NE						
	KFXL	51	I	Lincoln NE						
	KHNE	28	E	Hastings NE						
	KSBN MeTV	10	I	Lincoln NE						
	KSBN MeTV KGIN	<u>10</u> 11	I N	Lincoln NE Grand Island NE						
			I N N							
	KGIN	11		Grand Island NE						
	KGIN KHGI	11 13		Grand Island NE Grand Island NE						
	KGIN KHGI	11 13		Grand Island NE Grand Island NE						

ACCOUNTING PERIOD: 2021/2

FORM SA1-2. F LEGAL NAME OF		CABLE SY	YSTEM:					SYSTEM ID#	Name
Eagle Comm	nunications	s Inc.						20447	
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 if For detailed info Column 1: Ic Column 2: S Column 3: If signal, indicate 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 syst 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 a ved at the headend, with the Copyright Office regulations o each station carried. n is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	at th sys on sed	ne system's hea stem's FM anter this point, see p by the cable sy station is license	dend, and (2) nna, during ce bage (v) of the stem as a sep ed by the FCC	it can b rtain sta genera parate a	e expected, ated intervals. I instructions. nd discrete	Primary Transmitters: Radio
		s, ii airy, t		- 36					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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				$\left \right $					
				- -					
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				- -					
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FC	DRM S	A1-2. F	PAGE	5

									VI SA I-Z. PAGE 5.
Name	LEGAL NAME OF OWNER OF C Eagle Communications		EM:						SYSTEM ID# 20447
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri	y every non counting pe ng that mus CONCER od, did you	network televis riod, under spec t be included in NING SUBST	ion program broadcast by cific present and former FC this log, see page (v) of th TTUTE CARRIAGE	a dis CC ru ie gei	iles, regula neral instru	tions, or aut actions.	horizations. Fo	or a further
Program Log	broadcast by a distant stat Note: If your answer is "No"		rest of this pag	e blank. If your answer is	"Yes	s," you mu	st complete		XNo
	 Iog 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 5: 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 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 program was substituted to delete under FCC rules and regulations in effect on October 19, 1976. 								n
	S	UBSTITUT	E PROGRAM				EN SUBST	URRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY		TIMES — TO	TOK DELE HON
								_	
								_	
								_	
								_	
								_	
								_	

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 20447	Nullio
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.	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 \$263,800 Use block 3 if 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 this six-month 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	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	
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	
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 page I of the general instructions for more information.	

	-	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Eagle Communications Inc.	20447
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	ions
	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	7
	system carried television broadcast stations	1
	2. Enter the total number of activated channels]
	on which the cable system carried television broadcast stations	76
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further	Name Marie Censoplano Telephone 9'	4-235-8313
Information	Name Marie Censopiano Telephone 9	
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	City, town, state, zip)	
	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 Offce regulatio as explained in the general instructions.)	ns,
0		
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
		01
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of append P	er of the cable system
	in line 1 of space B.	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	The second Devial 1996	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	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 suffciency of the fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2021/2

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nomo
Eagle Communications Inc.	20447	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 in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. 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? NO YES. Enter the total here and list the satellite carrier(s) below	e basic iclude sub- on 119." s.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or unde For an explanation of interest assessment, see page (viii) of the general instructions.	rpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
x		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	0,	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ice 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 Offc list below the owner, address, first community served, ID number, and accounting period as given in the origin		
Owner Address		
ID number		
First community served		
Accounting period		
	formation (DII)	al any dista
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying in		

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 suffciency of the filing, a determination that would be made by a court of law.