#### 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 3/4/2022 General instructions are at the 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. 23439 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. 23439 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 NE Shelby 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:								
Name	Eagle Communications Inc.			234					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
<b>D</b>									
D									
continued)									
Area									
Served									

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						513	STEM ID			
Hume	Eagle Communications		2343									
Е	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRI	BERS AND RA	TES							
E	In General: The information in s			0								
Secondary	system, that is, the retransmission											
Secondary Transmission	about other services (including p last day of the accounting period						nose exist	ing on the				
Service: Sub-	Number of Subscribers: Both	<b>`</b>		'	,	,	ble system	, broken				
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).											
	Rate: Give the standard rate c					0	,	ne and the				
	unit in which it is generally billed.	-	-	-				-				
	category, but do not include disc				,							
	Block 1: In the left-hand block	•		•								
	systems most commonly provide that applies to your system. Note											
	categories, that person or entity			-		-						
	subscriber who pays extra for ca											
	first set" and would be counted o											
	Block 2: If your cable system I	-										
	printed in block 1 (for example, ti with the number of subscribers a											
	sufficient.	nu rates, in the	ngnt-n	and block. A ti		e-word descript						
	BLO	DCK 1					BLOC	K 2				
		NO. OF		D 4 7 5			5.405	NO. OF	<b>D</b> 1 <b>T</b>			
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE			
	Residential:		50	05.00								
	Service to first set		53	25.00								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		2	64.95								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRAN		SIONS: RATES	6							
F	In General: Space F calls for rat	•	,		•	• •						
Г				not covered in space E, that is, those services that are not offered in combination with any secondary transmission								
	I Service for a single fee There ar											
Sorvicos				do not need to	give rate	nformation con	cerning (1)	) services				
Services Other Than	furnished at cost or (2) services of	or facilities furni	shed to	do not need to nonsubscribe	give rate i rs. Rate in	nformation con formation shou	cerning (1) d include	) services both the				
	furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the	or facilities furni it in which it is u rate column.	shed to usually	do not need to o nonsubscribe billed. If any ra	give rate i rs. Rate in tes are ch	nformation con formation shou arged on a vari	cerning (1) d include able per-p	) services both the				
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arried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Static</b> vasis under specifc FCC ru Do not list the station here, station was carried only List the station here, and basis. For further inform <b>Column 1:</b> List each state <b>Column 2:</b> Give the nur This may be different from associated with a station ach he same on the form. <b>Column 3:</b> Indicate in e educational station, by enter for independent multicast) For the meaning of these ter <b>Column 4:</b> Give the loc: FCC. For Mexican or Cana 1. CALL SIGN	em during the accour in effect on June 24 e)(2) and (4), or 76. as explained in the r <b>ons:</b> With respect to ules, regulations, or e in space G—but d or a substitute bas also in space I, if th nation concerning su ation's call sign. Do mber of the channel the channel on whic ccording to its over- each case whether the ering the letter "N" (f ering the letter "N" (f o, "E" (for noncomme erms, see page (iv) ation of each station idian stations, if any 2. B'CAST CHANNEL NUMBER	A station was carried authorizations: a station was carried authorizations: b any distant static authorizations: b list it in space I is. e station was carried b station was ca	<ul> <li>pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. ion'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). tructions. s, list the community to which the station is licensed by the i the community with which the station is identifed.</li> <li>6. LOCATION OF STATION</li> </ul>
SIGN	CHANNEL NUMBER	OF	
	•		
(SNB	3	N	Hastings NE
<b>KFXL</b>	51	I	Lincoln NE
KHNE	28	Е	Hastings NE
<b>KSBN MeTV</b>	10	I	Lincoln NE
KGIN	11	N	Grand Island NE
KHGI	13	N	Grand Island NE
KNHL SonLife	5	1	Hastings NE
< < < <	HNE SBN MeTV GIN	HNE28SBN MeTV10GIN11HGI13	HNE28ESBN MeTV10IGIN11NHGI13N

## ACCOUNTING PERIOD: 2021/2

FORM SA1-2. F LEGAL NAME OF		CABLE S	/STEM:					SYSTEM ID#	Name
Eagle Comm	nunications	s Inc.						23439	
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	
eceivable if (1) on the basis of i For detailed info Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abou lentify the call tate whether t the radio stati	y the syst be recein t the the sign of e he statio ion's sign	Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. n is AM or FM. al was electronically process	at ti sy on	he system's hea stem's FM anter this point, see p	dend, and (2) nna, during ce bage (v) of the	it can b rtain sta genera	e expected, ted intervals. I instructions.	Primary Transmitters: Radio
Column 4: G	ive the statior	n's locatio	mark in the "S/D" column. on (the community to which the community with which the				cor, in tl	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Name

Substitute Carriage:

Special

Statement and

Program Log

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Eagle Communications Inc.	23439
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	
<b>In General:</b> In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable syste substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions.	
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	
• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progresor broadcast by a distant station?	
Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograd of in block 2.	ram
2. LOG OF SUBSTITUTE PROGRAMS	
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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	
	5

Column 1: Give the title of e 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 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 pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.

						N SUBS			
S	UBSTITUT	E PROGRAM			CARR	AGE OC			7. REASON
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	6. FROM	TIM	ES TO	FOR DELETION
							_		
							_		
							_		
							_		
							_		
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							_		
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FORM SA1-2, PAGE 5.

FORM SA1-2. PAGE 6.	-
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	Namo
Eagle Communications Inc. 23439	
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
<ul> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>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</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul>	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 \$ 52.00	
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
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	
<b>IMPORTANT</b> : 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.	23439
	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	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	255
N	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		
	A laternational Dr. Cuite 200	
	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	
	CEDTIEICATION /This statement of account must be certified and signed in accordance with Convright Office regulation	~~
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	115,
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
	(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 identified as owned in line 1 of space B.	er of the cable system
	• 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 LW/bits	
	Typed or printed name: <b>Daniel J White</b>	
	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	EM ID# Name
Eagle Communications Inc.	23439 Name
<ul> <li>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 sub scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."     </li> <li>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.         \$     </li> </ul>	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 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	
	ays
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	-
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	,
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served	
Accounting period	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (Pl	II) 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.