THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

DATE RECEIVED

3/4/2022

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

SA1-2 Short Form

Return to: Library of Congress *Copyright Office*

Licensing Division 101 Independence Ave. SE *Washington, DC 20557-6400* (202) 707-8150

For courier deliveries, see page ii of the general instructions

		-		
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:		
Accounting Period	July 1-December 31, 20	21		
B Owner	incorrect information and print or type the cc Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the <u>a single statement of account and royalty fe</u>	prect information beside it. the cable system. If the owner is a sub- rent corporation. hich the owner conducts the business of e accounting period, only the owner on the e payment covering the entire accountir	the last day of the accounting period should submit	62152
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM		
	Eagle Communications Inc.			
				62152 2021/2
	PO Box 817 Hays KS 67601			
С			ify the business and operation of the system u system, if different from the address given in s	
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite nu (City, town, state, zip code)	mber)		
		unity conved by the coble system (A "community" is the same as a "community un	it" as defined
D Area Served	in FCC rules: "a separate and distinct co areas and including single, discrete unir of system identification hereafter known	community or municipal entitiy (includ accorporated areas)." 47 C.F.R. 76. as the "first community." Please us	fing unincorporated communities within uninco 5(dd). The first community that list will serve a se it as the first community on all future filings. mobile home parks should be reported in para	rporated as a form
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	Palmer	NE		
form in order to pro numbers. By provid search reports prep	cess your statement of account. PII is any personal ling PII, you are agreeing to the routine use of it to e	information that can be used to identify or tra stablish and maintain a public record, which PII requested is that it may delay processing	personally identifying information (PII) requested on this ace an individual, such as name, address and telephone includes appearing in the Offce's public indexes and in of your statement of account and its placement in the rould 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.			621					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
D									
continued)									
Area									
Served									

Name	LEGAL NAME OF OWNER OF C		SYS	TEM ID								
Nume	Eagle Communications	Inc.							6215			
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES							
E	In General: The information in s	•		0		•						
Secondary		system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary Transmission							lnose existi	ng on the				
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the nu		,	0,0			,	charged				
	separately for the particular servi Rate: Give the standard rate cl					0	,	e and the				
	unit in which it is generally billed.	-	-									
	category, but do not include disc				,							
	Block 1: In the left-hand block	•		0								
	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 h	-		•								
	printed in block 1 (for example, ti with the number of subscribers a											
	sufficient.		, ingine i									
	BLC	DCK 1					BLOC	K 2				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE			
	Residential:											
	Service to first set		37	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 TRA	NSMIS	SIONS: RATES	3							
E	In General: Space F calls for rat	e (not subscrib	er) info	ormation with re	spect to al	l your cable sys	tem's serv	ices that were				
F	not covered in space E, that is, the											
Services	service for a single fee. There are furnished at cost or (2) services of											
Other Than	amount of the charge and the un											
Secondary	enter only the letters "PP" in the	rate column.	-			-		- 9				
Fransmissions:				•		••						
Rates	Block 2: List any services that listed in block 1 and for which a s	• •			-	• •						
	brief (two- or three-word) descrip				sned. List	these other ser	vices in the	e form of a				
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE			
	Continuing Services:			ation: Non-res			0/1120					
	• Pay cable	27.95	• Mc	otel, hotel								
	• Pay cable—add'l channel	52.50		mmercial								
	Fire protection		•Pa	y cable								
	•			y cable-add'l cł	nannel							
	 Burglar protection 			,								
	•Burglar protection Installation: Residential		• Fir	e protection								
	Installation: Residential	15.00		e protection								
	Installation: Residential First set 	15.00	• Bu	rglar protection								
	Installation: Residential • First set • Additional set(s)	15.00 5.00	• Bu Other	rglar protection services:		30.00						
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	5.00	• Bu Other • Re	rglar protection services: connect		30.00						
	Installation: Residential • First set • Additional set(s)		• Bu Other • Re • Dis	rglar protection services: connect sconnect								
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	5.00	• Bu Other • Re • Dis • Ou	rglar protection services: connect		30.00 49.99						

Name	LEGAL NAME OF OW	VNER OF CABLE SYST	EM:	S	STEM ID					
Name	Eagle Commun	ications Inc.			6215					
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary nsmitters: elevision	carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program base Substitute Basis S basis under specific FC • Do not list the station station was carried of • List the station here, a basis. For further int Column 1: List each Column 2: Give the This may be different for associated with a station the same on the form. Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: Give the	ystem during the accc ons in effect on June 3 .61(e)(2) and (4), or 7 .is, as explained in the tations: With respect C rules, regulations, of here in space G—but only on a substitute be and also in space I, if formation concerning h station's call sign. D e number of the channel on according to its over in each case whether entering the letter "N" sast), "E" (for noncomr se terms, see page (in e location of each stati	bunting period, exce 24, 1981, permitting 6.63 (referring to 76 e next paragraph. to any distant static or authorizations: do list it in space I asis. the station was carr substitute basis stat o not report originat el on which the stat inch your cab;e syst rr-thje-air designatio the station is a netw (for network), "N-M mercial educational) /) of the general insi on. For U.S. station	Ig translator stations and low power television stations) pt (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 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 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						
	KGIN	11	N	Grand Island NE						
	KHGI	13	N	Grand Island NE						
	KNHL SonLife	5	1	Hastings NE						

ACCOUNTING PERIOD: 2021/2

FORM SA1-2. F		CABLE S	YSTEM:					SYSTEM ID#	Name
Eagle Comm	nunications	s Inc.						62152	
	t every radio s	tation ca	rried on a separate and discr nerally receivable" by your ca						н
receivable if (1) on the basis of a For detailed info Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about dentify the call tate whether to the radio stat this by placing	y the syst be recein at the the sign of e the statio ion's sign g a check	-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. nal was electronically process a mark in the "S/D" column. on (the community to which th	it t sy on	he system's hea rstem's FM anter this point, see p d by the cable sy	idend, and (2) nna, during ce bage (v) of the rstem as a se	it can b ertain sta genera parate a	e expected, ated intervals. I instructions. nd discrete	Primary Transmitters: Radio
			the community with which the				, or, in u		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		_							
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	I								

FORM SA1-2.	PAGE 4
	17.00

							FORM SA1-2. PAGE 5.	
Name	LEGAL NAME OF OWNER OF O		EM:				SYSTEM ID#	
		s inc.					62152	
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every nor counting pe ing that mus	nnetwork televis riod, under spe st be included in	ion program broadcast by a cific present and former FC(this log, see page (v) of the	distant stati C rules, regu	lations, or authorization		
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE				
Special Statement and Program Log	During the accounting peri broadcast by a distant stat	ion?	-	-	-	<mark>─</mark> Ye	es ⊠No	
	Note: If your answer is "No" log in block 2.			e blank. If your answer is	Yes," you n	nust complete the pro	gram	
	 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 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 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							
	c		E PROGRAM	1		HEN SUBSTITUTE RIAGE OCCURRED	7. REASON	
		00311101	L FROGRAM			NIAGE OUCONNEL		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		H 6. TIMES		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	H 6. TIMES	FOR DELETION	

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 62152	Hamo
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 \$ 52.00	
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	
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	
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#
Name	Eagle Communications Inc.	62152
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
	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	
	and nonbroadcast services	255
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	Name Marie Censoplano Telephone 9	14-235-8313
Information	¬	
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional),914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ins,
0	as explained in the general instructions.)	
•		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy	stem 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 identifed as own 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)]	
	Danial 7 9114:10	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Tille, SVD Eineneiel Dienning	
	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: SY	STEM ID#	Name
Eagle Communications Inc.	62152	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 f lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers 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 transmission made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	c e sub- 9."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions.	ient.	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	
X Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 x 0.00274	uays	
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance pl contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ease	
** 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, ple list below the owner, address, first community served, ID number, and accounting period as given in the original fili		
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 informati	ion (PII) requeste	d 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 filing, a determination that would be made by a court of law.