## 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. 63371 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. 63371 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 Monroe 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.									
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
D										
continued)										
Area Served										
Serveu										
			-							

Name	LEGAL NAME OF OWNER OF C/	LEGAL NAME OF OWNER OF CABLE SYSTEM:									SYSTEM ID			
Name	Eagle Communications Inc.									6337				
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES									
E	In General: The information in s			-		•								
<u> </u>	system, that is, the retransmission									n				
Secondary Transmission	about other services (including p						st be ti	iose exis	ting on the					
Service: Sub-		last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken												
scribers and	down by categories of secondary													
Rates	each category by counting the nu								s charged					
	separately for the particular servi Rate: Give the standard rate c								and the					
	unit in which it is generally billed.									ate				
	category, but do not include disc	· · ·	,		ny otana		latione	Within G						
	Block 1: In the left-hand block			•										
	systems most commonly provide									ory				
	that applies to your system. <b>Note</b> categories, that person or entity			-		-				ial				
	subscriber who pays extra for ca				•	•	• •	•		iai				
	first set" and would be counted o													
	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.	nu rates, in the	e ngnt-n	and block. A tv	vo- or th		scription		Service is					
		DCK 1						BLOO	CK 2					
		NO. OF							NO	. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CA	TEGORY	OF SEI	RVICE	SUBSC	RIBERS	RAT			
	Residential:													
	Service to first set		11	25.00										
	<ul> <li>Service to additional set(s)</li> </ul>													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		1	64.95										
	Converter													
	• Residential													
	Non-residential													
	- Non-residential													
		ONDARY TRA	NSMIS	SIONS: RATES										
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F	SERVICES OTHER THAN SECO In General: Space F calls for rat not covered in space E, that is, th	e (not subscrib nose services f	per) info that are	rmation with re not offered in o	spect to combina	tion with ar	y seco	ndary tra	nsmission	ere				
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Name	LEGAL NAME OF OWNE	R OF CABLE SYSTE	M:	S	YSTEM ID			
Name	Eagle Communica	ations Inc.			6337			
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	<ul> <li>carried by your cable syste</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61</li> <li>substitute program basis,</li> <li>Substitute Basis State</li> <li>basis under specific FCC r</li> <li>Do not list the station here, and</li> <li>basis. For further inforr</li> <li>Column 1: List each sit</li> <li>Column 2: Give the nut</li> <li>This may be different from</li> <li>associated with a station at the same on the form.</li> <li>Column 3: Indicate in</li> <li>educational station, by em</li> <li>(for independent multicast</li> <li>For the meaning of these</li> <li>Column 4: Give the low</li> </ul>	em during the account is in effect on June 2- (e)(2) and (4), or 76 as explained in the <b>ions:</b> With respect to ules, regulations, or re in space G—but of y on a substitute base I also in space I, if the mation concerning s tation's call sign. Do umber of the channel on white according to its over each case whether the tering the letter "N" ( i), "E" (for noncomm terms, see page (iv) cation of each station	Inting period, exce 4, 1981, permitting .63 (referring to 76 next paragraph. o any distant static authorizations: do list it in space 1 sis. he station was carr ubstitute basis stat not report originat 1 on which the stati ch your cab; e syst -thje-air designatio the station is a nett (for network), "N-M ercial educational) of the general insi n. For U.S. station	g 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 ans carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ted 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. 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). rructions. 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 LEGAL NAME OF	OWNER OF (		/STEM:					SYSTEM ID#	Name
Eagle Comm	unications	s Inc.						63371	
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	
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried.									Primary Transmitters Radio
Column 3: If gnal, indicate t	the radio stati this by placing	ion's sign J a check	n is AM or FM. nal was electronically process : mark in the "S/D" column.						
			on (the community to which th he community with which the				cor, in th	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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								M SA1-2. PAGE 5				
Name			EM:					SYSTEM ID#				
	Eagle Communications		6337									
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG											
- Substitute	<b>In General:</b> In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carried on a 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	CONCER	NING SUBST	ITUTE CARRIAGE								
Special Statement and Program Log	<ul> <li>During the accounting peri broadcast by a distant stat</li> </ul>		r cable system	carry, on a substitute bas	is, any nonne	twork telev		⊠No				
Frogram Log	<b>Note:</b> If your answer is "No" log in block 2.	, leave the	rest of this pag	je blank. If your answer is	"Yes," you m	ust complet	te the program					
	2. LOG OF SUBSTITUTE	PROGRA	MS									
	In General: List each subst				wherever pos	ssible, if the	eir meaning is					
	clear. If you need more space			al pages. ision program (substitute p	rogram) that	during the	accounting					
	period, was broadcast by a							on				
	under certain FCC rules, reg	gulations, o	r authorization	s. See page (v) of the gen	eral instruction	ons for furth	er information.					
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for ex	ample, "I L	ove Lucy" or					
			lcast live. ente	r "Yes." Otherwise enter "N	lo."							
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	ım.							
				ne community to which the			e FCC or, in					
	the case of Mexican or Cana			community with which the tem carried the substitute			with the mont	h				
	first. Example: for May 7 giv		when your sys		piografii. Ose	e numerais,	with the mont					
	Column 6: State the time	es when the		gram was carried by your				,				
	to the nearest five minutes.	Example: a	program carri	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. s	should be					
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	amming that y	our 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.											
					WHEN SUBSTITUTE							
	s	UBSTITUT	E PROGRAM	1	CARF	7. REASON						
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	FOR DELETION				
							_					
							_					
					1.1							

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Image: selection of the selec	 	 		 		
Image: state in the						
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Image: selection of the selec	 	 		 	<mark></mark>	
Image: sector						
Image: state						
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Image: state in the state i						
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					_	
	 	 	-1	 		
	 	 	-1	 		

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Eagle Communications Inc. 63371	
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.	<b>K</b> Gross Receipts
<ul> <li>COPYRIGHT ROYALTY FEE 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	
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. 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 0.00	
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.	

Namo - · · · · · ·			FORM SA1-2. PAGE 7
M       CHANNELS       Distribution         Channels       Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations       7         .Enter the total number of activated channels       256         N       Instructions: You can grade television broadcast stations       256         N       Instructions: You can grade television broadcast stations       256         N       Individual to Be Contracted       Sec Contracted       256         N       Individual to Be Contracted       Name       Marie Censoplano       Telephone 914-235-8313         Address 4 International Dr Suite 330       (domater, state, set)       Telephone 914-235-8313       Individual to whon we can when you we can water or activated and signed in accordance with Copyright Offce regulations, are appliered in the general instructions.)       Fax (optional 914-235-8313         Certification       • I. the undersigned, hereby certify that (Check one, but only one, of the bases)       Fax (optional 914-235-8353         Certification       • I. the undersigned, hereby certify that (Check one, but only one, of the bases)       • I. the undersigned, hereby certify that (Check one, but only one, of the bases)       • I. the unum	Name		SYSTEM ID#
M Channels       Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system is total number of advanted channels, during the accounting period.         1: Enter the total number of channels on which the cable       7         2: Enter the total number of advanted channels       256         N Individual to Be Contacted       0         Ve can write or call about this statement of account.)       Nonvolval. To BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (identity an individual to whom we can write or call about this statement of account.)         Number of advanted channels or unition or patherships       Telephone 914-235-8313         Number of advanted channels on the number of advanted channels.       256         Number of advanted channels       256         Number of advanted channels       256         Number of advanted baout this statement of account.)       Number of advanted channels.         Number of the cable system cannel decount.)       Number of advanted channels.         Clobe, uses.       200         Rye Brock, NUM 10573       Clobe, uses.         Clobe, uses.       1         I - I - undersigned, hereby certify that (Chack one, but on) one, of the boxes.)       1         I - I - I - I - I - I - I - I - I - I -			63371
Channels       to its subscribers and (2) the cable system is total number of activated channels, during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast statutors.       7         2. Enter the total number of activated channels on which the cable system carried television broadcast statutors and nonbroadcast services.       256         N       INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED. (identity an individual to whom we can write or call about this statement of account.).       256         N       Individual to BE Contacted for Further Information       Name       Marie Censoplano       Telephone 914-235-8313         Address 4 International DF Suite 330 (Namer, street, sum low, spatienet, of acide number)       Ryc Brook, NN 10573 (Vor, num, num, correction of the cable system and identified)       Fax (optional '914-234-8363)         Confictation       • Telephone 914-235-8313		CHANNELS	
Channels       to its subscribers and (2) the cable system is total number of activated channels, during the accounting period.         1. Enter the total number of channels on which the cable system carried television broadcast statutors.       7         2. Enter the total number of activated channels on which the cable system carried television broadcast statutors and nonbroadcast services.       256         N       INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED. (identity an individual to whom we can write or call about this statement of account.).       256         N       Individual to BE Contacted for Further Information       Name       Marie Censoplano       Telephone 914-235-8313         Address 4 International DF Suite 330 (Namer, street, sum low, spatienet, of acide number)       Ryc Brook, NN 10573 (Vor, num, num, correction of the cable system and identified)       Fax (optional '914-234-8363)         Confictation       • Telephone 914-235-8313	М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	ions
Channels       1. Enter the total number of channels on which the cable system carried television broadcast stations			
system carried television broadcast stations       1         2. Exter the total number of activated channels on which the cable system carried television broadcast stations       256         N       INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (identify an individual to whom we can write or call about this statement of account.)       Northight and the statement of account.)         Individual to be Contacted information       Name       Marie Censoplano       Telephone 914-235-8313         Name       Marie Censoplano       Telephone 914-235-8313       Maries Censoplano         Address       4 International Dr. Suite 330       Dubment, there is use numbers)         Rye Brock, NY 10573       City way, state, varii       Fax (optional 914-234-8363         O       marie censoplano @yyvebb.com       Fax (optional 914-234-8363         Image is a coplauded in the general instructions.)       Image is a coplaude on the general instructions.)         Image is a coplaude on the general instructions.)       Image is a coplaude on the general instructions.)         Image is a coplaude on the general instructions.)       Image is a coprostion or pathership) I am the dwy surburde agent of the coble system as identified in line 1 of space B, or         Image is a dynae of the coporation or pathership) I am the dwy surburde agent of the coble system as identified in line 1 of space B.         Image is a dynae of differe (if a corporation or pathership); or       Image is dynae of differe (if a cor	Channels		
eystem carried television broadcast stations     exception     exce		1. Enter the total number of channels on which the cable	7
on which the cable system carried television broadcast stations       256         N       Individual to Be Contacted for Further       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         Address 4 International Dr Suite 330       Telephone 914-235-8313         Address 4 International Dr Suite 330       Telephone 914-235-8313         Address 5 Percok, NY 10573       Control tools, spatment of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)         Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 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 8 and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space 8.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are two, compute, and correct to the bast of my knowledge, information, and belief, and are made in good fait.         (10 USC, Section 1001 (1980)       Typed or printed name: Daniel J White         Typed or printed name: Daniel J White       Typed or printed name: Daniel J White         Typed o		system carried television broadcast stations	ľ
on which the cable system carried television broadcast stations       256         N       Individual to Be Contacted for Further       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         Address 4 International Dr Suite 330       Telephone 914-235-8313         Address 4 International Dr Suite 330       Telephone 914-235-8313         Address 5 Percok, NY 10573       Control tools, spatment of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)         Certification       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 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 8 and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space 8.         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are two, compute, and correct to the bast of my knowledge, information, and belief, and are made in good fait.         (10 USC, Section 1001 (1980)       Typed or printed name: Daniel J White         Typed or printed name: Daniel J White       Typed or printed name: Daniel J White         Typed o			
and nonbroadcast services		2. Enter the total number of activated channels	
N       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         Or Further       Address 4 International Dr Suite 330       "Wenter, atom, maintow, spatheme, or submarked"         Rye Brock, NY 10573       C(29, town, state, ap)       Email (optional)       marie.censoplano @ivyvebb.com       Fax (optional 914-234-8363)         Cortification       Certification       • In undersigned, hereby cartify that (Check one, but only one, of the boxes.)       • I, the undersigned, hereby cartify that (Check one, but only one, of the cable system as identified in line 1 of space B and that for work is not a corporation or partnership) I am the duty authorized agent of the owner of the cable system as identified in line 1 of space B and that for work is not a corporation or partnership) I an the duty authorized agent of the owner of the cable system as identified in line 1 of space B and that for work is not a corporation or partnership) I and the duty 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) of the legal entity identified as owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership) I and the duty authorized agent of the corporation are true, complete, and correct to the best of my knowledge, information, and bielef, and are made in good fait.         If (Officer or partner) I am an officer (f a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.       Im endified in line 1 of space B.			256
Individual to Be Contacted for Further Information       Name       Marie Censoplano       Telephone 914-235-8313         Address 4 International Dr Suite 330 (Numes, strues, truit route, spatiment, or suite number)       Person, NY 100573 (Clay, tom, blaz, gpl         Email (optional)       marie.censoplano@vyvebb.com       Fax (optional[914-234-8363]         O Certification       cERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)       • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • 0       • 1, the undersigned, hereby certify that (Check one, but only one of the cable system as identified in line 1 of space B: or         • 1       • 0 (Owner other than corporation or partnership) I am the duly authorized agent of the cable system as identified in line 1 of space B. and that the owner is not a corporation or partnership; or         • • 1 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)]         • • 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)]         • • Have examin		and nonbroadcast services	
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Be Contacted for Further Information       Name       Marie Censoplano       Telephone       914-235-8313         Address       4 International Dr. Suite 330 (Number, street, rural roule, apattment, or suite number).       Rye Brook, NY 10573 (Car, town, state, zap)         Email (optional)       marie.censoplano@vyvebb.com       Fax (optional 914-234-8363         Certification       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)         • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)       • (Owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership) 1 am the duly authorized agent of the cable system as identified in line 1 of space B; or         • (Officer or partner) 1am an officer (if a corporation) or a partnership) or         • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein 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 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 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	la dia dala da la da	we can write or call about this statement of account.)	
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(Title of official position held in corporation or partnership)		Typed or printed name: <b>Daniel J White</b>	
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 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: SYS	TEM ID#	Name
Eagle Communications Inc.	63371	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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 services and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.         <ul> <li>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?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul> </li> </ul>	ub-	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 underpayme For an explanation of interest assessment, see page (viii) of the general instructions.	nt.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
×		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_uuys 	
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 plea	,	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase	
** 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, pleas 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		
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