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

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

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
2-29-24	\$ ALLOCATION NUMBER			

Return to: Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:					
Accounting Period	July 1-December 31, 2023						
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.						
	LEGAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM					
	Eagle Communications Inc.						
				21048 2023/2			
	PO Box 817						
	Hays KS 67601						
С			ify the business and operation of the system u				
System	IDENTIFICATION OF CABLE SYSTEM:	e z, give the mailing address of the	system, if different from the address given in	space B.			
-	1						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite nu	mber)					
	(City, town, state, zip code)						
D	in FCC rules: "a separate and distinct co	ommunity or municipal entitiy (includ	A "community" is the same as a "community un ling unincorporated communites within uninco 5(dd). The first community that list will serve	orporated			
Area	5 5 .	•	se it as the first community on all future filings.				
Served	the identified city.		mobile home parks should be reported in para	T			
First	CITY OR TOWN Oberlin	STATE KS	CITY OR TOWN	STATE			
Community	Oberiiii	NO					
			T				

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SYSTEM:					
Name	Eagle Communications Inc. 2104					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
D						
(continued)						
Area						
Served						

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 21048 **Eagle Communications Inc.** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 56 · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 22 72.95 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Rates Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 21.95 · Motel, hotel • Pay cable—add'l channel 66.50 Commercial · Fire protection · Pay cable • Pay cable-add'l channel Burglar protection Installation: Residential · Fire protection First set 15.00 · Burglar protection · Additional set(s) 5.00 Other services: • FM radio (if separate rate) Reconnect 30.00 Converter 2.50 Disconnect

Outlet relocation

Move to new address

49.99

ACCOUNTING PERIOD: 2023/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 21048 **Eagle Communications Inc.** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 3. TYPE 6. LOCATION OF STATION 1. CALL 2. B'CAST SIGN **CHANNEL** OF NUMBER **STATION KAAS - FOX** Wichita KS 24 ı KAAS MNT .2 HD 24.2 I-M Wichita KS Kake MeTV 10 ı Wichita KS **KLBY ABC** 4 Ν Colby KS **KMTW DABL Hutchinson KS** 36 ı KSCW CW 33 Wichita KS **KSNW NBC** 3 Ν Wichita KS **KWCH CBS** 12 Ν **Hutchinson KS KWKS PBS** 19 Ε Colby KS

FURM SAT-2. F									1
Eagle Comm			YSTEM:					SYSTEM ID# 21048	Name
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. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.					Primary Transmitters: Radio				
			on (the community to which the the community with which the			-	or, 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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	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				;	SYSTEM ID#
Name	Eagle Communications	s Inc.						21048
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program 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							
ı								
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting peri				sis, any nonne	twork televi	sion program	
Statement and Program Log	broadcast by a distant stat							XNo
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log 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, reg Do not use general categori	gulations, o	r authorizations	s. See page (v) of the ger	eral instruction	ns for furthe	er information.	
	"NBA Basketball: 76ers vs. I	Bulls."			•	ample, 1 Lo	ove Lucy of	
	Column 2: If the program Column 3: Give the call s							
	Column 4: Give the broathe case of Mexican or Cana						FCC or, in	
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	program. Use	e numerals,	with the month	١
	first. Example: for May 7 giv Column 6: State the time	s when the						
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carri	ed by a system from 6:01:	:15 p.m. to 6:2	28:30 p.m. s	hould be	
	Column 7: Enter the lette to delete under FCC rules a							
	gram was substituted for pro							
	effect on October 19, 1976.				TT			T
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 7.				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
		Tes of No	CALL SIGN	4. STATIONS LOCATION	AND DAT	TROW	_ 10	
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FORM SA1-2. F	PAGE 6.		
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Eagle Communications Inc.	SYSTEM ID# 21048	Name
		on service	K Gross Receipts
Instructions:	TROYALTY FEE 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, Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information. 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 s		Copyright Royalty Fee
	Line 1. Royalty fee for accounting period	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	319.00 0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	TIENOTE EN TOTAL REMITTANOL DOL		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	Not Available ore information.	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Eagle Communications Inc.	21048				
	CHANNELS					
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations				
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	.a.io.io				
Channels	to its subscribers and (2) the subject system's total number of activated charmers, during the accounting period.					
	Enter the total number of channels on which the cable	9				
	system carried television broadcast stations	J				
	Enter the total number of activated channels which the poble system earlied tolevision broadcast stations					
	on which the cable system carried television broadcast stations and nonbroadcast services	60				
	and noninfoducation convictors.					
	INDIVIDUAL TO DE CONTACTED IS SUBTUSED INFORMATION IS NESSED. (Ideal's an individual and an					
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.)					
Individual to	,					
Be Contacted						
for Further	Name Marie Censoplano Telephone	914-235-8313				
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) 914-234-836.	3				
	Tax (optional) 1 ax (optional) 214 234 335					
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	tions,				
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	system as identified				
	in line 1 of space B and that the owner is not a corporation or partnership; or	eyetem de lacmanea				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ov	vner of the cable system				
	in line 1 of space B.	wher or the dable system				
	. There exemined the statement of account and hereby declars under namely of law that all statements of fact containing	ad barain				
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	ed nerein				
	[18 U.S.C., Section 1001(1986)]					
	Handwritten signature: /s/ $m{Daniel\ J\ White}$					
	Typed or printed name: Daniel J White					
	Title: SVP Financial Planning					
	(Title of official position held in corporation or partnership)					
	Date: 2/26/24					

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LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Eagle Communications Inc.		21048	
SPECIAL STATEMENT CONCERNING GROSS RECEIF The Satellite Home Viewer Act of 1988 amended Title 17, section 11 lowing sentence: "In determining the total number of subscribers and the gross service of providing secondary transmissions of primary broad scribers and amounts collected from subscribers receiving se For more information on when to exclude these amounts, see the not During the accounting period did the cable system exclude any amount made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	1(d)(1)(A), of the Copyright Act by adding to amounts paid to the cable system for the ladcast transmitters, the system shall not included condary transmissions pursuant to section the on page (vii) of the general instructions.	basic lude sub- 119."	Special Statement Concerning Gross Receipts Exclusion
Name	Nama		
	Name Mailing Address		
INTEREST ASSESSMENTS			
You must complete this worksheet for those royalty payments submit For an explanation of interest assessment, see page (viii) of the general		payment.	Q
Line 1 Enter the amount of late payment or underpayment			Interest
			Assessment
	X		
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		-	
	x 0.002	274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,			
space L, (page 7)		harge)	
* To view the interest rate short slick on www.convight.gov/licen	,	<i>o</i> ,	
* To view the interest rate chart click on www.copyright.gov/licens contact the Licensing Division at (202) 707-8150 or licensing@	-	e piease	
** This is the decimal equivalent of 1/365, which is the interest as	-		
	•	-1	
NOTE: If you are fling this worksheet covering a statement of accoun list below the owner, address, first community served, ID number, an		-	
·			
Owner			
Address			
ID number			
First community served			
Accounting period			

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