## 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	AC	COUNTING 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.						
		GAL NAME OF OWNER/MAILING ADD Eagle Communications Inc.					
	28108 2023/2						
		PO Box 817 Hays KS 67601					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
C	<u> </u>	, , , ,	e 2, give the mailing address of the	system, if different from the address given in s	расе В.		
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2 (Number, street, rural route, apartment, or suite number)						
	(City, town, state, zip code)						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities 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.  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		
First Community	Mili	ford	KS				
•							

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

FORM SA3. PAGE 1b.

Name	LEGAL NAME OF OWNER OF CABLE SYS <b>Eagle Communications Inc.</b>	STEM:		SYSTEM   281
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
<b>D</b>				
D				
ntinued)				
Area				
erved				
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 28108 **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: · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 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 49.99

Move to new address

**ACCOUNTING PERIOD: 2023/2** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 28108 **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 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION KTMJ** 43 ı Topeka KS **KSNT** 27 Topeka KS N KTKA ABC N-M 49 Topeka KS Ε **KTWU** 11 Topeka KS **KTKA CW** 5 Topeka KS I-M **WIBW** 13 N-M Topeka KS WIBW-MyTV 13.2 I-M Topeka KS

LEGAL NAME OF		NDI E CI	/CTEM:					CVCTEM ID#	N
Eagle Comm			TSTEW.					SYSTEM ID# 28108	Name
Lagie Comm	iumcations	, iiic.						20100	
PRIMARY TRANSMITTERS: RADIO									
			rried on a separate and discre	ete	e basis and list t	hose FM station	ons carri	ed on an	Н
			nerally receivable" by your ca						
Special Instruc	tions Concer	nina All	-Band FM Carriage: Under C	۰,	nvright Office re	aulations an l	FM sign:	al is generally	Primary
			tem whenever it is received at						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of						
		-	each station carried.						
			n is AM or FM.					1.12	
			nal was electronically processon mark in the "S/D" column.	ec	i by the cable sy	stem as a sep	parate ai	nd discrete	
			on (the community to which th	ıe.	station is license	ed by the FCC	or in th	ne case of	
			the community with which the			-	, c., u		
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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Eagle Communications Inc.						28108		
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
ı	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								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?								
Program Log	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								
	In General: List each subst clear. If you need more spa				wherever pos	sible, if their	meaning is		
	Column 1: Give the title	of every no	nnetwork televi	sion program (substitute p					
	period, was broadcast by a under certain FCC rules, re-							on	
	Do not use general categori	ies like "mo	vies" or "baske	tball." List specific prograr	n titles, for exa	ample, "I Lov	e Lucy" or		
	"NBA Basketball: 76ers vs.		laastiiva sutsi	. "V " Oth amains anton "N	l - "				
				"Yes." Otherwise enter "N sting the substitute progra					
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice		FCC or, in		
	the case of Mexican or Can	adian statio th and day	ons, if any, the owner when wour syst	community with which the tem carried the substitute	station is iden program. Use	tified). numerals w	ith the month	1	
	first. Example: for May 7 giv	re "5/7."			_				
	<b>Column 6:</b> State the time to the nearest five minutes.			gram was carried by your					
	stated as "6:00–6:30 p.m."	Example. a	i program cam	od by a system nom o.o r.	10 p.m. to 0.2	0.00 p.m. 3n	ould be		
	Column 7: Enter the lette to delete under FCC rules a			was substituted for progra					
	gram was substituted for pro								
	effect on October 19, 1976.								
					WHE	EN SUBSTI	TUTE		
	S	UBSTITUT	E PROGRAM		CARR	IAGE OCC	URRED	7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 07471011010100471011	5. MONTH		TIMES	FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то		
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_	RM SA1-2. PAGE 6.	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Eagle Communications Inc.  SYSTEM ID# 28108	Name
	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)	<b>K</b> Gross Receipts
	during the accounting period	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts)	
In • •	DPYRIGHT ROYALTY FEE structions: 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 e 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	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
İ	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
۲		
il i n	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
g F	2. Filing Fee (See the instructions for more information on filing fee calculations)	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	
	EFT Trace # or TRANSACTION ID # Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Eagle Communications Inc.	28108					
	CHANNELS						
М		tations					
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	lations					
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.						
	Enter the total number of channels on which the cable	-					
	system carried television broadcast stations	7					
		_					
	Enter the total number of activated channels						
	on which the cable system carried television broadcast stations	43					
	and nonbroadcast services						
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.)						
Individual to							
Be Contacted for Further	Name Marie Censoplano Telephone	914-235-8313					
Information	Name Marie Censopiano Telephone	314-233-0313					
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)						
	Rye Brook, NY 10573 (City, town, state, zip)						
	(01), (011), (040), 24)						
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-836.	3					
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	tions					
0	as explained in the general instructions.)	110115,					
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					
	Connect data corporation or partite ship) rain the owner of the cable system as identified in line 1 of space B, of						
	(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	system as identified					
		· · · · · · · · · · · · · · · · · · ·					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ov in line 1 of space B.	ner of the cable system					
	<ul> <li>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.</li> </ul>	ed herein					
	[18 U.S.C., Section 1001(1986)]						
	Daniel 7 911hite						
	Handwritten signature: /s/ Daniel J White						
	Typed or printed name: Daniel J White						
	Title: SVP Financial Planning						
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)						
	, , , , , , , , , , , , , , , , , , , ,						
	Date: 2/26/24						
	Date. 2/20/24						

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Eagle Communications Inc.	28108	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 addin lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not is scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub-	Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary trans		Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Name		
Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
x		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.0	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	t charge)	
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of accounting period as given in the original statement of accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of the copyright of the copyright Office list of the copyright of the copyrig	•	
Owner Address		
ID number		
First community served		
Accounting period		

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