



August 5, 2011

Received
on

AUG 04 2011

Colleen R. Harrell, Litigation Council
Kansas Corporation Commission
1500 SW Arrowhead Road
Topeka, KS 66604-4027
c.harrell@kcc.ks.gov

by
State Corporation Commission
of Kansas

via electronic mail

Re: Kansas Video Service Application, Amended application for Eagle Communications
Inc. Docket No. 11-EAGC-154-VSA

Dear Colleen,

On August 3rd we received your notification of our incomplete VSA's for Abilene,
Kansas and Oberlin, Kansas.

We have reviewed your notification identifying the missing requirements and have
updated the needed information and have included it with this letter for you.

Per our telephone discussion I'm sending you these electronically to be added to the
docket.

Please feel free to direct any additional questions regarding this Application tome, I can
be reached via phone at 785-625-5910 or via email at tkohlrus@eaglecom.net.

Sincerely,

Travis Kohlrus
Director
Eagle Communications Inc.

GS/tjk

Enclosures

KANSAS CORPORATION COMMISSION
TELECOMMUNICATIONS SECTION

Form VSA 18

July 2006

Form must be Typed

Form must be Signed

**KANSAS VIDEO SERVICE AUTHORIZATION
AMENDED, TERMINATION OR TRANSFER APPLICATION**

Date: 6-28-11 Type of Application (Check one): ☒ Amended ☐ Termination ☐ Transfer
 Applicant's Name: Eagle Communications Inc. d/b/a: Eagle Communications
 Address 1: 2703 Hall Street Phone: 785-625-4000
 Address 2: Suite 15
 City: Hays State: KS Zip: 67601
 Federal Employer Identification Number (FEIN): [REDACTED]
 Authorizing Docket: 11-EAGC-154-VSA Date: 10-7-2010

For Amended Application:

If applicable as an attachment, identify the municipalities and provide a legal description of the service area footprint(s) to be served using Section, Township and Range references. Include the attached description on a computer disc in ESRI compatible format (.E00, or .shp) with a defined projection file. Each footprint should clearly state the date by which the provider will pass 100% of the encompassed households. Multiple service areas may be included.

For Termination Application:

Effective date of Termination: _____

For Transfer Application:

(A transfer application will require a companion Initial or Amended application from the receiving entity, as appropriate.)

Name: _____ d/b/a: _____
 Contact Name: _____ Phone: _____
 Address 1: _____
 Address 2: _____
 City: _____ State: _____ Zip: _____
 Federal Employer Identification Number (FEIN): _____
 Successor's Authorizing VSA docket: _____, Date: _____
 Successor's serving area footprint changes? ☐ Yes ☐ No
 If yes, the successor's VSA authorization must be amended detailing the changed footprint.
 Effective date of Transfer: _____

For All Applications:

By submitting this application, the applicant agrees that it may not deny access to service to any group of potential residential subscribers because of the income of the residents in the local area in which such group resides. Initial indicating concurrence: G

Verification

I, GARY NORMAN, of lawful age, and being first duly sworn, now state: As an officer of the Applicant, I am authorized to do and hereby make the above commitments. I further affirm that all statements made above are true and correct to the best of my knowledge and belief.

[Signature] Signature PRESIDENT / CEO Title

Attachment 5

Technology Statement for the requested service area Oberlin, KS

Eagle uses a Hybrid Fiber Coaxial Cable HFC plant to deliver Video in the requested Service area.

KANSAS CORPORATION COMMISSION
TELECOMMUNICATIONS SECTIONForm VSA 1B
July 2006
Form must be Typed
Form must be SignedKANSAS VIDEO SERVICE AUTHORIZATION
AMENDED, TERMINATION OR TRANSFER APPLICATION

Date: June 28th 2011 Type of Application (Check one): ☒ Amended ☐ Termination ☐ Transfer

Applicant's Name: Eagle Communications Inc. d/b/a: _____

Address 1: 2703 Hall Street Suite 15 Phone: 785 825 4000

Address 2: _____

City: Hays State: KS Zip: 67601

Federal Employer Identification Number (FEIN): [REDACTED]

Authorizing Docket: 11-eagc-154-vsa Date: 10/07/2010

For Amended Application:

If applicable as an attachment, identify the municipalities and provide a legal description of the service area footprint(s) to be served using Section, Township and Range references. Include the attached description on a computer disc in ESRI compatible format (.E00, or .shp) with a defined projection file. Each footprint should clearly state the date by which the provider will pass 100% of the encompassed households. Multiple service areas may be included.

For Termination Application:

Effective date of Termination: _____

For Transfer Application:

(A transfer application will require a companion Initial or Amended application from the receiving entity, as appropriate.)

Name: _____ d/b/a: _____

Contact Name: _____ Phone: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____

Federal Employer Identification Number (FEIN): _____

Successor's Authorizing VSA docket: _____, Date: _____

Successor's serving area footprint changes? ☐ Yes ☐ No

If yes, the successor's VSA authorization must be amended detailing the changed footprint.

Effective date of Transfer: _____

For All Applications:

By submitting this application, the applicant agrees that it may not deny access to service to any group of potential residential subscribers because of the income of the residents in the local area in which such group resides. Initial indicating concurrence: _____

Verification

I, [Signature], of lawful age, and being first duly sworn, now state: As an officer of the Applicant, I am authorized to do and hereby make the above commitments. I further affirm that all statements made above are true and correct to the best of my knowledge and belief.

[Signature] President/CEO

Signature Title

Attachment 5

Technology Statement for the requested service area Abilene, KS

Eagle uses a Hybrid Fiber Coaxial Cable HFC plant to deliver Video in the requested Service area.