## 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				
08/27/2018	\$ 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	January 1, 2018 - June 30, 2018							
<b>B</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 ADDRESS OF CABLE SYSTEM  Vyve Broadband A, LLC							
			*02	2211720181*				
				022117 2018/1				
	4 International Dr Suite 330 Rye Brook, NY 10573							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
System	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.  1 IDENTIFICATION OF CABLE SYSTEM:							
	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 c areas and including single, discrete uni	ommunity or municipal entitiy (inclu ncorporated areas)." 47 C.F.R. 76	A "community" is the same as a "community ding unincorporated communites within unin .5(dd). The first community that list will serve	ncorporated e as a form				
Area Served	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	BALLINGER	TX						

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 sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

lame	LEGAL NAME OF OWNER OF CABLE S  Vyve Broadband A, LLC	YSIEM:		SYSTEM 022
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			<b>-</b>	

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 022117 Vyve Broadband A, LLC 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 last day of the accounting period (June 30 or December 31, as the case may be). **Transmission** Service: Sub-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 each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 NO. OF NO. OF SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 104 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 32 25.00 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, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 2 RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential Pay cable · Motel, hotel 19.95 • Pay cable—add'l channel Commercial Fire protection Pav cable Burglar protection · Pay cable-add'l channel Installation: Residential Fire protection First set 64.95 Burglar protection Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95

> Disconnect Outlet relocation

· Move to new address

20.00

39.95

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 022117 Vvve Broadband A. LLC 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 Primary 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 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 pasis 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. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF NUMBER **STATION** KTXS-CW 12.2 I-M ABILENE TX KTAB-CBS 32 Ν ABILENE TX 17 KPCB-IND I **SNYDER TX** 9 Ν KRBC-NBC ABILENE TX KXVA-FOX 15 ı ABILENE TX KTXS-ABC 12 Ν **SWEETWATER/ABILENE TX** 

FORM SA1-2. F									
LEGAL NAME OF			YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						022117	
PRIMARY TRA									ы
			irried on a separate and discr						Н
ali-band basis w	vnose signais	were ge	enerally receivable" by your ca	aL	ole system during	g the account	ng peno	u.	
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		
			n is AM or FM.						
			nal was electronically process	se	ed by the cable s	ystem as a se	parate a	nd discrete	
			c mark in the "S/D" column. on (the community to which the	ho	s station is licens	od by the ECC	or in t	ho case of	
			the community with which the				J 01, 111 t	ne case or	
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CALL SIGN	AM or FM	S/D	LOCATION OF STATION	L	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Vyve Broadband A, LLC							022117		
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG									
<b>I</b>	<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									
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  1. During the accounting period, did your cable system carry, on a substitute basis, any poppetwork television program									
Special										
Statement and Program Log	broadcast by a distant station?									
	<b>Note:</b> If your answer is "No log in block 2.	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	2. LOG OF SUBSTITUTE	PROGRA	AMS							
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is									
	clear. If you need more spa			nal pages. vision program (substitute	e program) th	at during the a	ccounting	ı		
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ited for the pr	ogramming of	another st	ation		
	under certain FCC rules, re Do not use general categor									
	"NBA Basketball: 76ers vs.	Bulls."		er "Yes." Otherwise enter		example, 1 Lov	c Lucy o	'		
	Column 3: Give the call	sign of the	station broado	casting the substitute prog	gram.					
	Column 4: Give the broathe case of Mexican or Car			the community to which the			FCC or, ir	1		
				stem carried the substitut			vith the mo	onth		
	first. Example: for May 7 gi		a aubatituta ne	agram was serried by you	ur aabla ayata	um. Liet the time		talı		
	to the nearest five minutes.			ogram was carried by you ried by a system from 6:0				.ery		
	stated as "6:00–6:30 p.m."	or "D" if the	liated pregram	m was substituted for pro-	arammina tha	it vour ovotom v	waa raawin	and.		
	to delete under FCC rules a			n was substituted for proເ luring the accounting peri				eu		
	gram was substituted for pr		g that your sys	tem was permitted to dele	ete under FC	C rules and reg	ulations in	1		
	effect on October 19, 1976	•								
	0.	IDOTITUT	E DDOODAN		1 1	EN SUBSTITU		7. REASON		
	SUBSTITUTE PROGRAM CARRIAGE OC							FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО			
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	SYSTEM ID# 022117	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identifed in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service	<b>K</b> 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 \$  • 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 t accounting period is \$52.00	his six-month	
Line 1. Royalty fee for accounting period	\$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
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 \$137,1	00)	
1. Base amount under statutory formula		
2. Enter amount of gross receipts from space K		
Subtract line 2 from line 1		
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	0.00	
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)	
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		
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pageneral instructions for more information.	ge I of the	

FORM SA1-2. PAGE 7.

Mana	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Vyve Broadband A, LLC	022117						
	CHANNELS							
М								
IVI	<b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	a stations						
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	6						
	system carried television broadcast stations	6						
	2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations	157						
	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.)							
Be Contacted								
for Further	Name Marie Censoplano Telephone 9	914-235-8313						
Information	Name Marie Censopiano	714 200 00.0						
	Addition 4 Informational Dr Suita 220							
	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 Office regulations,							
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	e 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							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o in line 1 of space B.	wner of the cable system						
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	ned herein						
	[18 U.S.C., Section 1001(1986)]							
	Handwritten signature: /s/ Daniel J White							
	Handwritten signature: Isl Duritle J Writte							
	Typed or printed name: Daniel J White							
	Title: SVP Financial Planning							
	(Title of official position held in corporation or partnership)							
	Date: 8/24/18							
	3.2 % 10							

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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	SYSTEM ID# 022117	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 add lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	the basic ot include sub-	P Special Statement
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 transde by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
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 uniform an explanation of interest assessment, see page (viii) of the general instructions.	nderpayment.	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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	erest 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 assist contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	0 /	
** 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 Clist below the owner, address, first community served, ID number, and accounting period as given in the or	· ·	
Owner Address		
ID number  First community served  Accounting period		

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