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 COVEREI	D BY THIS STATEMENT:					
Accounting Period	January 1, 2018 - June	30, 2018					
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	DRESS OF CABLE SYSTEM					
	Vyve Broadband A, LLC						
			00	0250220181			
				002502 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						
	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.						
System	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)						
	(1.9), (1.1.1)	unity conved by the coble aveter	A "community" is the same as a "community	unit" on defined			
D	•		iding unincorporated communities within unin				
	areas and including single, discrete uni	ncorporated areas)." 47 C.F.R. 76	i.5(dd). The first community that list will serve	e as a form			
Area			use it as the first community on all future filing				
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			
First Community	MEDICINE LODGE BARBER COUNTY	KS KS					
Johnnanty	DANDER COUNTY	No					

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 002
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
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			<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		

Converter

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002502 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 73 77.75 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 15 77.75 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 1 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

DisconnectOutlet relocation

· Move to new address

20.00

39.95

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 002502

Vyve Broadband A, LLC



Name

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 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 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 identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KSNW-NBC	3	N	WICHITA KS
KSAS-FOX	24	I	WICHITA KS
KPTS-PBS	8	Е	HUTCHINSON KS
KAKE-ABC	10	N	WICHITA KS
KWCH-CBS	12	N	HUTCHINSON KS
KSCW-CW	33	l	WICHITA KS
KWCH-WEATHER	12.2	I-M	HUTCHINSON KS
KSCW-DECADES	33.2	I-M	WICHITA KS
KSNW-JUSTICE	3.4	I-M	WICHITA KS
KSNW-TELEMUNDO	3.2	I-M	WICHITA KS
KSAS-TBD TV	24.2	I-M	WICHITA KS
KSAS-COMETTV	24.3	I-M	WICHITA KS
KSCW-Antenna TV	33.3	I-M	WICHITA KS

FORM SA1-2. F									
LEGAL NAME OF			YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						002502	
PRIMARY TRA									
			irried on a separate and discr						н
all-band basis w	vhose signals	were "ge	enerally receivable" by your ca	at	ole system during	g the accounti	ng perio	d.	
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	ind 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 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	CABLE SYS	TEM:				;	SYSTEM ID#		
Name	Vyve Broadband A, LL	.C						002502		
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEMF	NT AND PROGRAM I O)G					
Substitute	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 explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	proadcast by a distant station? Yes XNo									
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program og in block 2.									
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the point use general categories like "movies" or "basketball." List specific programs as broadcast live, enter "Yes." Otherwise entermolecular Column 2: If the program was broadcast live, enter "Yes." Otherwise entermolecular Give the call sign of the station broadcasting the substitute program 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which Column 5: Give the month and day when your system carried the substitifirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by y to the nearest five minutes. Example: a program carried by a system from 6 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program was				nal pages. vision program (substitute our cable system substitute ns. See page (v) of the ge etball." List specific progra er "Yes." Otherwise enter tasting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0° In was substituted for prog uring the accounting perio	e program) the ted for the program instruction is likely and titles, for any arm. The station is likely are station is likely are program. Unit cable systems in the station is likely are any are able to the program. Unit cable systems in the syst	at, during the ogramming of tions for furth example, "I L censed by the lentified). Its enumerals, em. List the time of the censed by the censed by the lentified of the censed by the censed	accounting of another st er informati ove Lucy" of e FCC or, in with the m mes accura should be n was require e listed pro	tation on. or onth tely		
			E PROGRAM			EN SUBSTIT		7. REASON		
		CARRIAGE OCCURRED			FOR DELETION					
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	DEELTION		

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	002502	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 identified 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.	nission servici amount, sei \$ 44,874.00	K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of 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.	263,801	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	\$ 52.00	
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		
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	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	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Vyve Broadband A, LLC	002502				
	CHANNELS					
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcas	t stations				
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	i stations				
Channels	to the subscribero and (E) the subscribero total number of destructed shall more, during the descenting period.					
	Enter the total number of channels on which the cable	13				
	system carried television broadcast stations	13				
	2. Enter the total number of activated channels					
	on which the cable system carried television broadcast stations and nonbroadcast services	60				
	and nonbroadcast services					
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	We dan who or dan about the statement of account.)					
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) 914-234-8363	1				
	Littali (Optional) Transcorrisopration 1770000.0011					
	The state of the s	1.0				
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce reg as explained in the general instructions.)	ulations,				
Cortifoation						
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				
	Common datas. And a despondent of particles inpy i and the device of the capie system as identified in line i of space b, of					
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	e 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	wner of the cable system				
	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 contain	ned herein				
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	iod ne. o				
	[18 U.S.C., Section 1001(1986)]					
	Handwritten signature: /s/ Daniel J White					
	David I White					
	Typed or printed name: Daniel J White					
	Title: SVP Financial Planning					
	(Title of official position held in corporation or partnership)					
	Date: 8/24/18					

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 002502	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 adding to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the loservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	basic lude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transm	nissions	Concerning 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 Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underproperty for an explanation of interest assessment, see page (viii) of the general instructions.	oayment.	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	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	uays	
x 0.00	0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance	3 /	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e piedoe	
** 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	·	
Owner Address		
ID number		
First community served		
Accounting period		

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