## 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)].

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FOR COPYRIGHT OFFICE USE ONLY		
DATE RECEIVED	AMOUNT	Licen
	\$	101 lr <i>Wash</i> (202)
08/27/2018	ALLOCATION NUMBER	For co see p instru

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting	January 1, 2018 - June 3	30, 2018					
Period	,	•					
B	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.						
	Vyve Broadband J, LLC	DRESS OF CABLE SYSTEM					
	Four International Drive, S Rye Brook, NY 10573	uite 330	*02	2874320181* 028743 2018/1			
	Rye Brook, NT 10575						
С	<b>INSTRUCTIONS:</b> 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:  2804B FM 51 South (Number, street, rural route, apartment, or suite number)  Decatur TX 76234 (City, town, state, zip code)						
<b>D</b> Area	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.						
Served		•	or mobile home parks should be reported in p	· ·			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First	Jacksboro	TX					
Community	Bryson	TX					
	Graford	TX					
	Possum Kingdom Lake	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

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028743 Vvve Broadband J. 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 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 NO. OF NO. OF CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE SUBSCRIBERS** Residential: 75 Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 16 25.00 Commercial 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 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 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE **RATE** OF SERVICE **RATE** Continuing Services: Installation: Non-residential · Pay cable 19.95 · Motel, hotel T&M • Pay cable—add'l channel 15.95 Commercial T&M Fire protection N/A Pay cable T&M · Pay cable-add'l channel T&M Burglar protection N/A Installation: Residential · Fire protection N/A First set 59.99 · Burglar protection N/A Additional set(s) 19.99 Other services: • FM radio (if separate rate) Reconnect N/A 29.99 Converter Disconnect

Outlet relocation

· Move to new address

29.99

29.99

FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028743 Vyve Broadband J, 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 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. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION** KDAF 33 (CW) Dallas 2 Т Dallas, TX KDFW 4 (FOX) Dallas 4 Т Dallas, TX KXAS 5 (NBC) Dallas 5 Ν Dallas, TX Dallas, TX KDFI 27 (MyNet) Dalla 7 ı WFAA 8 (ABC) Dallas 8 Ν Dallas, TX 9 Dallas, TX KXTX 39 (Telemundo) ı 10 I Dallas, TX KTXA 21 (IND) Dallas KTVT 11 (CBS) Dallas 11 Ν Dallas, TX Denton, TX KDTN 2 (Daystar) Den 12 ı Dallas, TX KERA 13 (PBS) Dallas 13 Ε 55 Ν Lake Dallas, TX KAZD 55 (Azteca) Lake 45 I Dallas, TX KDTX 45 (TBN) Dallas KTXD 47 (IND) Dallas 47 Dallas, TX

FORM SA1-2. I									
LEGAL NAME O			YSTEM:					SYSTEM ID#	Name
Vyve Broad	band J, LLC	,						028743	
PRIMARY TRA	ANSMITTERS:	RADIO							
	•		irried on a separate and discr						Н
all-band basis v	whose signals	were "ge	enerally receivable" by your ca	able	system during	the accountir	ng period	d.	
receivable if (1) on the basis of For detailed info Column 1: le	) it is carried by monitoring, to ormation abou dentify the call	the sys be receit t the the sign of e	I-Band FM Carriage: Under of tem whenever it is received a ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM.	t the	system's hea em's FM anter	dend, and (2) ina, during ce	it can b rtain sta	e expected, ted intervals.	Primary Transmitters: Radio
			nal was electronically process	sed b	y the cable sy	stem as a se	oarate a	nd discrete	
			c mark in the "S/D" column. on (the community to which th	ne st:	ation is license	ed by the ECC	or in th	ne case of	
			the community with which the				, or, iii u	10 0000 01	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	(	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KSCS	FM		Arlington, TX						
KWKQ	FM		Graham, TX						
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							FORM	I SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF		TEM:				;	SYSTEM ID#
	Vyve Broadband J, LL	<u> </u>						028743
Subotituto	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 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.							
Substitute Carriage:	1. SPECIAL STATEMENT				e general mon	dollorio.		
Special Statement and Program Log	During the accounting peri broadcast by a distant state	od, did you ion?	r cable system	carry, on a substitute bas	-		Yes	⊠No
	<b>Note:</b> If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ust complete	e the program	
	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, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for PCC rules and regulations in effect on October 19, 1976.							
	SUBSTITUTE PROGRAM				WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	ı	TIMES	FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u> — то</u>	
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Vyve Broadband J, LLC	028743	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	smission 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.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	\$263,800	L Copyright Royalty Fee
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	r this six-mont	
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	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,	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	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	7,600)	
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		
	tofab	
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See general instructions for more information.	page I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  028					
	CHANNELS	140				
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations					
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.					
Channels	Enter the total number of channels on which the cable	7				
	system carried television broadcast stations					
	2. Enter the total number of activated channels					
	Enter the total number of activated channels     on which the cable system carried television broadcast stations	1				
	and nonbroadcast services	]				
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)  Name Marie Censoplano Telephone 914-234-8313					
Information		-				
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)					
	Puo Prock NV 10572					
	(City, town, state, zip)					
	Email (optional) Fax (optional)					
	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 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 identified as owner 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 contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]					
	Handwritten signature: /s/ Daniel J White					
	Typed or printed name: Daniel J. White					
	Title: SVD Financial Planning					
	Title: SVP - Financial Planning					
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)					
		<del></del> .				

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028743	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable systemics of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursua	tem for the basic shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general During the accounting period did the cable system exclude any amounts of gross receipts for second made 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 For an explanation of interest assessment, see page (viii) of the general instructions.	ent or underpayment.	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 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_	
space L, (page /)	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For furth contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ner assistance 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 Coplist below the owner, address, first community served, ID number, and accounting period as given it		
Owner Address		
ID number		
First community served		
Accounting period		

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