## 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

<b>STATEMENT OF ACCOUNT</b> for Secondary Transmissions by Cable Systems (Short Form) General instructions are at the end of this form [pages (i)-(vii)].		FOR COPYRIGH	T OFFICE USE ONLY	Return to: Library of Congress <i>Copyright Office</i> Licensing Division			
		08/27/2018	\$ ALLOCATION NUMBER	101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150 For courier deliveries, see page ii of the general instructions			
A Accounting Period	ACCOUNTING PERIOD COVERE January 1, 2018 - June						
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.       029423						
	LEGAL NAME OF OWNER/MAILING AD Vyve Broadband J, LLC	DRESS OF CABLE SYSTEM					

	Vyve Broadband J, LLC							
			*02	2942320181*				
				029423 2018/1				
	Four International Drive, S Rye Brook, NY 10573	uite 330						
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: 1007 N. Madison Ave (Number, street, rural route, apartment, or suite number) Douglas, GA 31533 (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	Douglas	GA		ļ				
Community	Ambrose	GA						
	Broxton	GA GA						
	Coffee County Nichols	GA						
		07						
form in order to pro- numbers. By provid search reports prep	cess your statement of account. PII is any persona ing PII, you are agreeing to the routine use of it to	al information that can be used to identify or establish and maintain a public record, whic e PII requested is that it may delay processi	the personally identifying information (PII) requested on the trace an individual, such as name, address and telepho ch includes appearing in the Offce's public indexes and in ng of your statement of account and its placement in the swould be made by a court of law.	ne n				

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:								ę	SYS	rem Id
Name	Vyve Broadband J, LLC									(	)2942	
_	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RA	TES							
E	In General: The information in s					dary	transmission s	se	rvice of th	e cable		
<b>.</b> .	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Secondary Transmission								ho	ose existin	ig on the		
Service: Sub-		: day of the accounting period (June 30 or December 31, as the case may be). Iumber of Subscribers: Both blocks in space ⊢ 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											
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 c									and the		
	unit in which it is generally billed	•	-	•					-			
	category, but do not include disc	ounts allowed	for adva	ance payment.								
	BIOCK 1: In the left-hand block systems most commonly provide											
	that applies to your system. <b>Not</b>											
	categories, that person or entity			-			-					
	subscriber who pays extra for ca						n the count un	de	er "Service	e to the		
	first set" and would be counted or Block 2: It your cable system I	nce again und	er "Serv	ice to additionation	al set(s) Smissio	)." on se	ervice that are	d	litterent tro	om those		
	printed in block 1 (for example, ti	•		,								
	with the number of subscribers a						,					
	sufficient.				1							
	BLO	OCK 1 NO. OF							BLOCK	. 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CA	ATE	GORY OF SEI	R	VICE	SUBSCRIBEI	RS	RATI
	Residential:											
	Service to first set		2,094	25.00								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel		85	25.00								
	Commercial											
	Converter											
	Residential											
	Non-residential											
_	SERVICES OTHER THAN SEC In General: Space F calls for rat	-				n all n	your cable svs	te	m's servic	es that were		
F	not covered in space E, that is, the				•	-						
	service for a single fee. There ar	e two exceptio	ns: you	do not need to	give rat	te inf	formation cond	ce	erning (1) s	services		
Services	furnished at cost or (2) services											
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any ra	tes are	cnar	rged on a varia	ac	ole per-pro	gram basis,		
ansmissions:	Block 1: Give the standard rat		he cabl	e system for ea	ch of th	ie ap	plicable servic	ce	s listed.			
Rates	Block 2: List any services that											
	listed in block 1 and for which a s brief (two- or three-word) descrip				shed. Li	ist th	lese other serv		ces in the	form of a		
	blei (two- of tillee-word) descrip							1				
		BLO					DATE		047500	BLOCK		DAT
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		J	RATE	_	CATEGO	ORY OF SERV	ICE	RATI
	Pay cable	18.95		itel, hotel	luentia		T&M					
	Pay cable—add'l channel	15.95		mmercial		·	T&M					
	Fire protection	N/A		y cable		-	T&M					
	•Burglar protection	N/A		y cable-add'l ch	annel	-	T&M	ł				
	Installation: Residential			e protection		ŀ	N/A	ł				
	First set	59.99		rglar protection		-	N/A	ŀ				
	Additional set(s)	19.99		services:		ŀ		ŀ				
	• FM radio (if separate rate)	N/A		connect			29.99	ŀ				
	• Converter			sconnect		ŀ		ŀ				
				tlet relocation		ŀ	29.99	ľ				
	1	1				ŀ		ŀ				

Move to new address

29.99

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	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	Λ:	SY	STEM ID
Name	Vyve Broadband J	, LLC			029423
	PRIMARY TRANSMITTERS:				
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Static</b> basis under specifc FCC ru • Do not list the station here station was carried only • List the station here, and basis. For further inform <b>Column 1:</b> List each sta <b>Column 2:</b> Give the nur This may be different from associated with a station ac the same on the form. <b>Column 3:</b> Indicate in e educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the loca	m during the accour in effect on June 24, e)(2) and (4), or 76.6 is explained in the mo- ons: With respect to iles, regulations, or a e in space G—but do on a substitute basi also in space I, if the ation concerning sul ation's call sign. Do r mber ot the channel the channel on whic ccording to its over-t ach case whether the ering the letter "N" (for , "E" (for noncomme erms, see page (iv) o ation of each station	nting period, except , 1981, permitting th 63 (referring to 76.6' ext paragraph. any distant stations authorizations: b list it in space I (the s. e station was carried bstitute basis station not report origination on which the station h your cab;e system hje-air designation. e station is a netwo for network), "N-M" (the rcial educational), o of the general instrue.	ranslator stations and low power television stations) (1) stations carried only on a part-time basis under e carriage of certain network programs [sections (e)(2) and (4))]; and (2) certain stations carried on a carried by your cable system on a substitute program e Special Statement and Program Log)—if the both on a substitute basis and also on some other is, see page (v) of the general instructions. program services such as HBO, ESPN, etc. 's broadcasts are carried in its own community. o carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" as rk station, an independent station, or a noncommercial for network multicast), "I" (for independent), "I-M" r "E-M" (for noncommercial educational multicast). stions. Is the community to which the station is licensed by the e community with which the station is identifed.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	WALB-ABC	10.2	N-M	Albany	
	WALB-NBC	10	N	Albany	
	WFXL-FOX	31	I	Albany	
	WFXL-TBD TV	31.2	I-M	Albany	
	WSWG-CBS	44	N	Albany	
	WSWG-CBS WSWG-CW	44 44.3	N I-M	Albany Albany	
	WSWG-CW	44.3	I-M	Albany	
	WSWG-CW WSWG-MyNetworkT	44.3 44.2	I-M I-M	Albany Albany Waycross	
	WSWG-CW WSWG-MyNetworkT WXGA-Create	44.3 44.2 8.2	I-M I-M E-M	Albany Albany	
	WSWG-CW WSWG-MyNetworkT WXGA-Create WXGA-PBS	44.3 44.2 8.2 8	I-M I-M E-M E	Albany Albany Waycross Waycross	
	WSWG-CW WSWG-MyNetworkT WXGA-Create WXGA-PBS	44.3 44.2 8.2 8	I-M I-M E-M E	Albany Albany Waycross Waycross	

### ACCOUNTING PERIOD: 2018/1

FORM SA1-2.	PAGE 4.		YSTEM:				SYSTEM ID#	IG PERIOD: 2018/
	dband J, LL						029423	Hame
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.							н	
receivable if (?	1) it is carried by	y the sys	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the s	t the system's hea	adend, and (2)	) it can b	e expected,	Primary Transmitters: Radio
For detailed ir Column 1:	nformation about	ut the the	Copyright Office regulations of each station carried.					
signal, indicate	e this by placing	g a check	nal was electronically process mark in the "S/D" column.					
			on (the community to which th the community with which the			C or, in ti	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

FORM SA1-2. PAGE 5.

						FUR	M SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF ( Vyve Broadband J, LL(						SYSTEM ID# 029423
		0					029423
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No"	fy every nor counting pe ng that mus <b>CONCER</b> od, did you ion?	nnetwork televis riod, under spe st be included in RNING SUBST r cable system	sion program broadcast by a cific present and former FCU this log, see page (v) of the <b>TITUTE CARRIAGE</b> carry, on a substitute basi	a distant statio C rules, regula general instr s, any nonne	ations, or authorizations. uctions. twork television program	For a further
<ul> <li>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.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>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.</li> <li>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."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: or May 7 give "5/7."</li> <li>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."</li> <li>Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was perwitted for programming that your system vas perwitted to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period in the care of programming that your system was permitted to delete under FCC rules and regulations in effect during the acc</li></ul>							
					WHEN SU	IBSTITUTE CARRIAG	E
	S	UBSTITUT	E PROGRAM	1		OCCURRED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION
						<u> </u>	
						_	
						_	
							-+
	•			•		•	

### ACCOUNTING PERIOD: 2018/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC				8YSTEM ID# 029423	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle all amounts (gross receipts) paid to your cable system by subscribers for th (as identified in space E) during the accounting period. For a turther explana page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period	ie system ation of h	's secondary trans ow to compute the	smission ser s amount, se 3	vice	K 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 \$137,10 • Use block 3 if the amount of gross receipts in space K is more than \$263,80 See page (vi) of the general instructions for more information. BLOCK 1: GROSS RECEIPTS OF \$13 Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00	00 but les 37,100 O	rs than \$527,600		nt	L Copyright Royalty Fee
Line 1. Royalty fee for accounting period				0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE					
	,	· · ·	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		· · · <u>· · · · · · · · · · · · · · · · </u>		-	
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 line:	s 7 and 8				
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (b	ut less than \$527	7,600)		
1. Enter the amount of gross receipts from space K	\$	380,047.25			
2. Base amount under statutory formula	\$	263,800.00			
3. Subtract line 2 from line 1	\$	116,247.25			
4. Multiply line 3 by .01		<b>.\$</b>	1,162.47	_	
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		· · · <u> </u>	0.00	_	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add line:	s 4, 5, and	16	\$	2,481.47	
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable general instructions for more information.	to Registe	r of Copyrights. See	page I of the		

FORM SA1-2. PAGE 6.

			FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC		SYSTEM ID# 029423
М	CHANNELS Instructions: You must give (1) the number of channels on which the c	able system carried tolovision broadcast s	totione
IVI	to its subscribers and (2) the cable system's total number of activated c		lations
Channels	Enter the total number of channels on which the cable     system carried television broadcast stations	Γ	10
	2. Enter the total number of activated channels		
	on which the cable system carried television broadcast stations		256
	and nonbroadcast services		230
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS Not we can write or call about this statement of account.)	EEDED: (Identify an individual to whom	
Be Contacted for Further Information	Name Marie Censoplano	Telephone 91	4-234-8313
	Address Four International Drive, Suite 330		
	(Number, street, rural route, apartment, or suite number)		
	City, town, state, zip)		
	Email (optional)	Fax (ontional)	
	Email (optional)	Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed	I in accordance with Copyright Offce regula	ations
0	as explained in the general instructions.)		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the bo	oxes.)	
	(Owner other than corporation or partnership) I am the owner of the	e cable system as identifed in line 1 of space	e B; or
	(Agent of owner other than corporation or partnership) I am the due in line 1 of space B and that the owner is not a corporation or partnership)		e system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a p in line 1 of space B.	partnership) of the legal entity identifed as or	wner of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under pen are true, complete, and correct to the best of my knowledge, information, a [18 U.S.C., Section 1001(1986)]</li> </ul>		ed herein
	Handwritten signature:	1s1 Daniel J White	
	Typed or printed name: <b>Daniel J. White</b>		
	Title: SVP - Financial Planning (Title of official position held in corporation or part	inership)	
	Date:	8/24/2018	

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

#### ACCOUNTING PERIOD: 2018/1

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	
Vyve Broadband J, LLC 029423	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.     </li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?     </li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement 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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
X	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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 Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requ	ested on th

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.