## 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.

DATE RECEIVED

08/27/2018

\$

ALLOCATION NUMBER

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

## SA1-2 Short Form

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY Copyright Office AMOUNT 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	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during th a single statement of account and royalty fe	rrect information beside it. the cable system. If the owner is a sent corporation. sich the owner conducts the business <i>e accounting period, only the owner</i> <i>e payment covering the entire accounting the sentire accounting</i>	on the last day of the accounting period should submit		029450				
	LEGAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM							
	Vyve Broadband A, LLC								
			*02	94502	20181*				
			(	029450	2018/1				
	4 International Dr Suite 330								
	Rye Brook, NY 10573								
С			dentify the business and operation of the system u the system, if different from the address given in						
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D	in FCC rules: "a separate and distinct c areas and including single, discrete uni	ommunity or municipal entitiy (in ncorporated areas)." 47 C.F.R.	<ul> <li>n. A "community" is the same as a "community u cluding unincorporated communites within uninc 76.5(dd). The first community that list will serve</li> </ul>	orporated as a form	d				
Area Served		-	e use it as the first community on all future filings , or mobile home parks should be reported in par		below				
	CITY OR TOWN	STATE	CITY OR TOWN	ST	ATE				
First	FORT RILEY	KS							
Community	FORT RILEY EXEMPT	KS							
-			the personally identifying information (PII) requested on this						
		-	or trace an individual, such as name, address and telephone nich includes appearing in the Offce's public indexes and in						
	pared for the public. The effects of not providing the								

Form SA1-2c Rev 04/2011

	1			FORM SA3. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SY	/STEM:		SYSTEM ID#
Name				029450
	Vyve Broadband A, LLC			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
(continued)				
Area				
Served				
		<u>+</u> +		
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		•••••••		
		•••••••••••••••••••••••••••••••••••••••		
		•		

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							
Name	Vyve Broadband A, LLC								02945
Е	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	IBERS AND RA	TES				
E	In General: The information in s	•		•					
Secondary	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	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	•				,	ble system	ı, 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 of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc				-			-	
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t with the number of subscribers a					,		, 0	
	sufficient.	and rates, in th	e nym-i	Ianu Diock. A th		e-word descrip		Service 13	
	BLO	DCK 1					BLOCK	(2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Residential:								
	Service to first set		304	25.00					
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		62	25.00					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATE	5				
F	In General: Space F calls for ra	te (not subscri	oer) info	ormation with re	spect to a	all your cable sy	stem's serv	vices that were	
Г	not covered in space E, that is, t					•	•		
Services	service for a single fee. There and furnished at cost or (2) services								
Other Than	amount of the charge and the ur								
				/ billed. If anv ra	tes are cl		iable per-p	rodram basis.	
Secondary	enter only the letters "PP" in the	rate column.		2		harged on a var		rogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate	rate column. te charged by		e system for ea	ch of the	harged on a var applicable servi	ces listed.		
Secondary	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	rate column. te charged by t t your cable sy	stem fu	e system for ea rnished or offere	ch of the ed during	harged on a var applicable servi the accounting	ces listed. period that	were not	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	rate column. te charged by t t your cable sy separate charg	stem fu ge was	e system for ea rnished or offere made or establis	ch of the ed during	harged on a var applicable servi the accounting	ces listed. period that	were not	
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rai Block 2: List any services that	rate column. te charged by t t your cable sy separate charg ption and inclu	stem fu ge was de the r	e system for ea rnished or offere made or establis	ch of the ed during	harged on a var applicable servi the accounting	ces listed. period that	were not e form of a	
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. te charged by t t your cable sy separate charg ption and inclu	stem fu ge was de the r CK 1 CATEC	e system for ea rnished or offere made or establis	ch of the ed during shed. List /ICE	harged on a var applicable servi the accounting	ces listed. period that vices in the	were not e form of a	RATI
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	rate column. te charged by t your cable sy separate charg btion and inclu- BLO RATE	stem fu ge was i de the r CK 1 CATEC Install	e system for ea rnished or offere made or establis ate for each. GORY OF SER ation: Non-resi	ch of the ed during shed. List /ICE	harged on a var applicable servi the accounting these other ser	ces listed. period that vices in the	were not e form of a BLOCK 2	RATE
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. te charged by t t your cable sy separate charg btion and inclue BLO	stem fu ge was de the r CK 1 CATEC Installi • Mo	e system for ea mished or offer made or establis ate for each. GORY OF SER ation: Non-resi tel, hotel	ch of the ed during shed. List /ICE	harged on a var applicable servi the accounting these other ser	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t your cable sy separate charg btion and inclu- BLO RATE	stem fu ge was de the r CK 1 CATEC Install • Mo • Co	e system for ea rnished or offere made or establis ate for each. GORY OF SER ation: Non-resi	ch of the ed during shed. List /ICE	harged on a var applicable servi the accounting these other ser	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	rate column. te charged by t your cable sy separate charg btion and inclu- BLO RATE	stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa	e system for ea rnished or offere made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable	ch of the ed during shed. List /ICE dential	harged on a var applicable servi the accounting these other ser	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. te charged by t t your cable sy separate charg btion and inclu BLO RATE 19.95	stem fu ge was i de the r CK 1 CATEC Installi • Mo • Co • Pa • Pa • Fire	e system for ea rnished or offere made or establis ate for each. GORY OF SER\ ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch e protection	ch of the ed during shed. List /ICE dential	harged on a var applicable servi the accounting these other ser	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t your cable sy separate charg btion and inclu- BLO RATE	stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Fire • Bu	e system for ea rnished or offere made or establis ate for each. GORY OF SER ation: Non-resi tel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection	ch of the ed during shed. List /ICE dential	harged on a var applicable servi the accounting these other ser	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	rate column. te charged by t t your cable sy separate charg btion and inclu BLO RATE 19.95	stem fu ge was de the r CK 1 CATEC Install • Mo • Co • Pa • Fire • Bu Other • Re	e system for ea rnished or offere made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection services: connect	ch of the ed during shed. List /ICE dential	harged on a var applicable servi the accounting these other ser	ces listed. period that vices in the	were not e form of a BLOCK 2	RATI
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. te charged by t t your cable sy separate charg btion and inclu BLO RATE 19.95	stem fu ge was i de the r CK 1 CATEC Installa • Mo • Co • Pa • Fira • Bui • Bui • Other • Re • Dis	e system for ea rnished or offere made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable y cable-add'l ch e protection rglar protection services:	ch of the ed during shed. List /ICE dential	harged on a var applicable servi the accounting these other servi RATE	ces listed. period that vices in the	were not e form of a BLOCK 2	RAT

Name

G

Primary Transmitters:

Television

	FORM SA1-2. PAGE 3 SYSTEM ID#
LEGAL NAME OF OWNER OF CABLE SYSTEM:	
Vyve Broadband A, LLC	029450
PRIMARY TRANSMITTERS: TELEVISION	
n General: In space G, identify every television station (including translator stations and low power television station	,
carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis un	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section:	
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 pr	rogram
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 of	ther
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 stree	
issociated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2 he same on the form.	as
<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncomi	mercial
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.	51).
<b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is license	ed 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	
KTKA-CW 49.3 I-M TOPEKA, KS	
WIBW-CBS 13 N TOPEKA, KS	
KTMJ-FOX 43 I TOPEKA, KS	

KTKA-CW	49.3	I-M	TOPEKA, KS
WIBW-CBS	13	N	TOPEKA, KS
KTMJ-FOX	43	I	TOPEKA, KS
KSNT-NBC	27	N	TOPEKA, KS
КТКА-АВС	49	N	TOPEKA, KS
KTWU-PBS	11	Е	TOPEKA, KS
KTWU-MHz	11.2	E-M	TOPEKA, KS
KTKA-Get	49.2	I-M	TOPEKA, KS
WIBW-MNT	13.2	I-M	TOPEKA, KS
KTMJ-Grit TV	43.3	I-M	TOPEKA, KS
KTMJ-ESCAPE	43.2	I-M	TOPEKA, KS
KTWU-ENHANCE	11.3	I-M	TOPEKA, KS

## ACCOUNTING PERIOD: 2018/1

ORM SA1-2. F EGAL NAME OF Yyve Broadl	F OWNER OF (		YSTEM:				SYSTEM ID# 029450	Name
,							525750	
	t every radio s	tation ca	rried on a separate and discre nerally receivable" by your ca					н
eceivable if (1) n the basis of i or detailed info Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about dentify the call tate whether to the radio stati this by placing	the system be received the the the sign of e he statio on's sign a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter in this point, see ed by the cable sy	adend, and (2) nna, during ce page (v) of the ystem as a se	) it can b ertain sta e genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters Radio
			the community with which the	station is identifie				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
	·							
	·							
	·							

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:					<b>SYSTEM ID#</b> 029450		
	SUBSTITUTE CARRIAGE	fy every no	nnetwork televi	sion program broadcast by	/ a distant stat					
Substitute	te substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fu explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage:	<ul> <li>ge: ial</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program</li> </ul>									
Special Statement and										
Program Log	broadcast 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									
	log in block 2.	, leave the			10 100, you		e progre			
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviatior	ns wherever n	ossible if their m	eaning i	s		
	clear. If you need more spa	ce, please	attach addition	nal pages.			-	0		
	<b>Column 1:</b> Give the title period, was broadcast by a	distant sta	tion and that y	our cable system substitu	uted for the pr	ogramming of and	other sta			
	under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ies like "mo								
	Column 2: If the program Column 3: Give the call	n was broa sign of the	station broadd	asting the substitute prog	gram.					
	<b>Column 4:</b> Give the broat the case of Mexican or Can						C or, in	l		
	<b>Column 5:</b> Give the mor first. Example: for May 7 give	nth and day					n the mo	onth		
	Column 6: State the time	es when th						ely		
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example:	a program car	ried by a system from 6:0	1:15 p.m. to 6	5:28:30 p.m. shou	ld be			
	Column 7: Enter the lett to delete under FCC rules a							ed		
	gram was substituted for pr	ogramming						l		
	effect on October 19, 1976.									
	SI	JBSTITUT	E PROGRAM	I		EN SUBSTITUTE		7. REASON FOR		
	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 —	то	DELETION		
			ONLE OIGH			_	10			
						_				
						_				
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FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 029450	Name
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Entra all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmit (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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion 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 \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60( See page (vi) of the general instructions for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	63,801	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 th	is six-month	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		
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 \$137,10	· · · ·	
1. Base amount under statutory formula         \$         263,800.00		
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	500)	
	/	
1. 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		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pag general instructions for more information.	e l of the	

	FORM SA1-2. F	PAGE 7.							
Name		EM ID#							
Name	Vyve Broadband A, LLC 02	29450							
M Channels	CHANNELS         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.         1. Enter the total number of channels on which the cable system carried television broadcast stations								
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services								
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)								
for Further Information	Name       Marie Censoplano       Telephone       914-235-8313         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								
ο	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, 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 identifed as owner of the cable system in line 1 of space B.	m							
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>								
	Handwritten signature: /s/ Daniel J. White								
	Typed or printed name: <b>Daniel J White</b>								
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)								
	Date: 8/24/18								

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 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 filing, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama				
Vyve Broadband A, LLC	029450	Name				
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)( lowing sentence: "In determining the total number of subscribers and the gross amou service of providing secondary transmissions of primary broadcast scribers and amounts collected from subscribers receiving second	1)(A), of the Copyright Act by adding the fol- unts paid to the cable system for the basic transmitters, the system 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 instructions.	Concerning Gross Receipts				
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?						
ΧΝΟ						
YES. Enter the total here and list the satellite carrier(s) below	<b>\$</b>					
Name Name Mailing Address	a Address					
INTEREST ASSESSMENTS						
You must complete this worksheet for those royalty payments submitted a For an explanation of interest assessment, see page (viii) of the general in		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						
	xdays					
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)						
	(interest charge)					
* To view the interest rate chart click on www.copyright.gov/licensing/ii contact the Licensing Division at (202) 707-8150 or licensing@loc.go						
** This is the decimal equivalent of 1/365, which is the interest assess	ment for one day late.					
NOTE: If you are fling this worksheet covering a statement of account alre list below the owner, address, first community served, ID number, and acc						
Owner						
ID number First community served						
Accounting period						
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyrig	th Offce to collect the personally identifying information (PII) requested or	n 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 filing, a determination that would be made by a court of law.