## 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	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:					
Accounting Period		January 1, 2018 - June	30, 2018					
<b>B</b> Owner	rate	orrect information and print or type the or Give the full legal name of the owner or title of the subsidiary, not that of the pa List any other name or names under w If there were different owners during the lingle statement of account and royalty fe	orrect information beside it. If the cable system. If the owner is rent corporation. hich the owner conducts the busin he accounting period, only the own he payment covering the entire acc	er on the last day of the accounting period should	orpo-			
	LE	GAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM					
		Vyve Broadband J, LLC						
				*	0304922018			
					030492 2018/			
		Four International Drive, S	uite 330					
		Rye Brook, NY 10573						
С				identify the business and operation of the sys of the system, if different from the address giv				
•	IIai	,	ie 2, give the maining address t	of the system, if different from the address give	ен ін эрасе в.			
System	1	IDENTIFICATION OF CABLE SYSTEM:						
		MAILING ADDRESS OF CABLE SYSTEM	<b>.</b>					
	1501 West Mississippi 2 (Number, street, rural route, apartment, or suite number)							
	-	Durant. OK 74701	umber)					
		(City, town, state, zip code)						
	Ins	tructions: List each separate comm	nunity served by the cable syste	em. A "community" is the same as a "commu	nity unit" as defined			
D	in F	FCC rules: "a separate and distinct o	community or municipal entitiy (	including unincorporated communites within	unincorporated			
		• • •	•	. 76.5(dd). The first community that list will s				
Area	of s	system identification hereafter known	n as the "first community." Plea	ase use it as the first community on all future	filings.			
Served		• •	otels, apartments, condiminium	ns, or mobile home parks should be reported	in paratheses below			
	the	identified city.						
		CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First		ırant	OK	Calera	OK			
Community		mstrong	OK	Cartwright	OK			
		kchito	OK	Colbert	OK			
		yan County	OK	Tishomingo	OK			
		Incumbe Creek	OK	Ravia	OK			
	Ca	ddo	OK					

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.

Form SA1-2c Rev 04/2011

FORM SA3, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 030492 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 SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 177 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** Installation: Non-residential Continuing Services: · Pay cable 18.95 · Motel, hotel T&M • Pay cable—add'l channel 15.95 Commercial T&M Fire protection N/A Pav cable T&M · Pay cable-add'l channel T&M Burglar protection N/A Installation: Residential · Fire protection N/A First set · Burglar protection 59.99 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 030492 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 substitute program basis, as explained in the next paragraph. Transmitters: 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** 12 SHERMAN TX KXII-CBS N 13 OKLAHOMA CITY OK **KETA-PBS** Ε 9.2 I-M **KWTV-NEWS 9** OKLAHOMA CITY OK 10 Ν KTEN-NBC SHERMAN TX 11 ı **TEXOMA-SHERMAN TX** KXII-FOX 14.2 I-M SHERMAN TX KTEN-CW 15.2 N-M SHERMAN TX KTEN-ABC 17.2 I-M SHERMAN TX KXII-MYNET 16.2 I-M **OKLAHOMA CITY OK KETA-OKLA** 18.2 E-M OKLAHOMA CITY OK KETA-CREATE E-M 19.2 OKLAHOMA CITY OK **KETA-KIDS** 

FORM SA1-2. PAGE 4.									
LEGAL NAME O			YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band J, LLC							030492	
	NEMITTEDE:	PADIO							
PRIMARY TRANSMITTERS: RADIO  In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an						Н			
Ill-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
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.							Primary Transmitters: Radio		
Column 1: lo	lentify the call	sign of e	each station carried. n is AM or FM.	٠.	po, 000 p	sage (1) 51 a.s.	go		
			nal was electronically process	se	d by the cable sy	/stem as a sep	oarate a	nd discrete	
			mark in the "S/D" column.			500			
			on (the community to which the community with which the				or, in the	ne case of	
Wickloan or Oan	adian stations	, ii arry, i	are community with which the		nation is identifie	·u).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION		CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	
				ĺ					
			<del> </del>	ĺ					

							FORM	1 SA1-2. PAGE 5.				
Name	LEGAL NAME OF OWNER OF		ГЕМ:				;	SYSTEM ID#				
- Tunio	Vyve Broadband J, LL	<u> </u>						030492				
l	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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions.											
Substitute Carriage:												
Special Statement and Program Log	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  — Yes XNo  Note: If your appropriate "No", locate the rest of this page blank. If your appropriate the program.											
	<b>Note:</b> 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.											
	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 programming that your system was required to delete under FCC 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>					
							<u> </u>					
							<u>–                                    </u>					
							_					
							_					

LEGAL NAME OF OWNER OF CABLE SYSTEM:			;	SYSTEM ID#	
Vyve Broadband J, LLC				030492	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 the (as identified in space E) during the accounting period. For a further explant 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.	ne system ation of ho	s secondary trans ow to compute this	smission serves amount, se	vice .	<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 \$137,1  • Use block 3 if the amount of gross receipts in space K is more than \$263,8 See page (vi) of the general instructions for more information.  BLOCK 1: GROSS RECEIPTS OF \$13	00 but les 37,100 O	s than \$527,600			L Copyright Royalty Fee
Instructions: As a cable system with gross receipts of \$137,100 or less, the roy accounting period is \$52.00	alty fee th	at you must pay to	r this six-mor	nt	
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	d lines 1 aı	nd 2			
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE					
Base amount under statutory formula	. \$	263,800.00			
Enter amount of gross receipts from space K	•				
3. Subtract line 2 from line 1					
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 line	s 7 and 8				
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (b	ut less than \$527	,600)		
Enter the amount of gross receipts from space K	. \$	283,121.50			
Base amount under statutory formula		263,800.00			
3. Subtract line 2 from line 1		19,321.50			
4. Multiply line 3 by .01		\$	193.22		
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 line	s 4, 5, and	6	\$	1,512.22	
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable general instructions for more information.	to Register	of Copyrights. See	page I of the		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  03049	
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.	
- Grainie	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	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
for Further Information	Name Marie Censoplano Telephone 914-234-8313	
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office 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 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: SVP - Financial Planning  (Title of official position held in corporation or partnership)	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	030492	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable s service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuance."	ystem for the basic m 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 see 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 Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payre For an explanation of interest assessment, see page (viii) of the general instructions.	ment or underpayment.	Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
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	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
** 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 C list below the owner, address, first community served, ID number, and accounting period as given Owner  Address  ID number  First community served  Accounting period		

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