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

				Return to:					
STATEME	ENT OF ACCOUNT	FOR COPYRIGHT	Library of Congress Copyright Office						
	ry Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division					
	ms (Short Form) ctions are at the		\$	101 Independence Ave. SE Washington, DC 20557- 6400 (202) 707-8150					
end of this forr	n [pages (i)-(vii)].	08/27/2018	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions					
Α	ACCOUNTING PERIOD COVER	ED BY THIS STATEMENT:							
Accounting Period	January 1, 2018 - June	30, 2018							
Owner	rate title of the subsidiary, not that of the p List any other name or names under If there were different owners during a single statement of account and royalty	which the owner conducts the business the accounting period, only the owner of fee payment covering the entire accoun- rst filing. If not, enter the system's ID nu DDRESS OF CABLE SYSTEM	of the cable system. In the last day of the accounting period nting period.	' should submit					
С	INSTRUCTIONS: In line 1, give any b								
System	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. 1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM: 1501 West Mississippi 2 (Number, street, rural route, apartment, or suite number)								
	Durant, OK 74701 (City, town, state, zip code)								
D Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defin 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	Note: Entities and properties such as the identified city.	-	-	-					
First Community	CITY OR TOWN	STATE OK	CITY OR TOWN	STATE					

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

Form SA1-2c Rev 04/2011

News	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
Name	Vyve Broadband J, LLC								3341
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in sp system, that is, the retransmission about other services (including pr last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate of unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block	pace E should n of television ay cable) in sp (June 30 or D blocks in space transmission imber of billing ce at the rate in harged tor eac (Example: "\$2 bunts allowed in space E, the	cover a and rai ace F, ecembe ce E ca service s in tha ndicate h categ 20/mth" for adva e torm I	all categories of dio broadcasts not here. All the er 31, as the ca ll for the number . In general, yo at category (the d—not the num ory of service.). Summarize a ance payment. ists the catego	f secondar by your sy e facts you se may be er of subse u can con number of number of number of se Include bo ny standar ries of sec	vistem to subscrib u state must be the e). cribers to the cat npute the number of persons or orgatis receiving servition the amount of urd rate variations condary transmiss	ers. Give i nose existi ole system, r of subscr anizations ce). t the charg s within a p sion servic	information ng on the borken ibers in charged e and the particular rate e 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. BLC	DCK 1					BLOC	<2	
		NO. OF		D 4 T F				NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CA	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	 Service to first set Service to additional set(s) FM radio (if separate rate) 		32	25.00					
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary ransmissions: Rates	SERVICES OTHER THAN SECO In General: Space F calls for rate not covered in space E, that is, th service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib nose services f e two exceptio or facilities furr it in which it is rate column. e charged by t your cable sys reparate charg	ber) info that are ns: you ished t usually he cabl stem fu e was i	rmation with re- not offered in do not need to o nonsubscribe billed. If any ra e system for ea mished or offer nade or establi	espect to a combination give rate ers. Rate in ates are cl ach of the ed during	on with any secon information conc nformation should narged on a varia applicable servic the accounting p	ndary trans erning (1) d include b able per-pro- es listed. eriod that	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	40.05		ation: Non-res	sidential	TOM			
	Pay cable Pay cable—add'l channel	19.95 15.95		otel, hotel mmercial		T&M T&M			
	Fire protection	N/A		y cable		T&M			
	•Burglar protection	N/A		y cable-add'l cl	hannel	T&M			
	Installation: Residential		• Fir	e protection		N/A			
	• First set	59.99	• Bu	rglar protection	1	N/A			
	 Additional set(s) 	19.99	Other	services:					
	• FM radio (if separate rate)	N/A		connect		29.99			
	Converter			sconnect					
				itlet relocation		29.99			
			• IVIC	ove to new add	633	29.99			

				FORM SA1-2. PAGE 3.
Name	LEGAL NAME OF OWNE	R OF CABLE SYST	EM:	SYSTEM ID#
Name	Vyve Broadband J	, LLC		33410
	PRIMARY TRANSMITTERS	TELEVISION		
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 Substitute Basis Stati basis under specifc FCC ru • Do not list the station her station was carried only • List the station here, and basis. For further inform Column 1: List each st Column 2: Give the nu This may be different from associated with a station a the same on the form. Column 3: Indicate in e educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the loop	em during the acco in effect on June 2 e)(2) and (4), or 7 as explained in the ons: With respect also, regulations, c e in space G—but on a substitute ba also in space I, if the ation concerning s ation's call sign. Do mber of the chann the channel on wh ccording to its ove each case whether ering the letter "N" , "E" (for noncommerms, see page (iv ation of each state	unting period, exce 24, 1981, permitting 6.63 (referring to 76 next paragraph. to any distant static or authorizations: do list it in space I sis. the station was carr substitute basis stat o not report originat el on which the stat on treport originat nich your cab;e syst r-thje-air designatio the station is a net (for network), "N-M nercial educational) of the general insi on. For U.S. station	ng translator stations and low power television stations) ppt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections 0.61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other tions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. ion's broadcasts are carried in its own community. em carried the station. Identify each multicast stream in. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). tructions. s, list the community to which the station is licensed by the f the community with which the station is identifed.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
	KXII 12 (CBS)	12	N	SHERMAN OK
	KETA 13 (PBS)	13	Е	OKLAHOMA CITY OK
	KWTV-News 9 Now	9	I	OKLAHOMA CITY OK
	KTEN 10 (NBC)	10	N	SHERMAN OK
	KXII 12.3 (Fox)	12.3	I-M	SHERMAN OK
	KTEN (CW)	10.2	I-M	SHERMAN OK
	KTEN (ABC)	10.2	N-M	SHERMAN OK
	KXII (MyNet)	10.5	I-M	SHERMAN OK
	KETA 13.2 OKLA	13.2	E-M	OKLAHOMA CITY OK
	KETA 13.3 Create	13.3	E-M	OKLAHOMA CITY OK
	KETA 13.3 Cleate	13.4	E-M	OKLAHOMA CITY OK
	KWTV-News 9 Now			Oklahoma City, OK
	INTERNET A -INGRES & INOR	9.2	I-M	

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FORM SA1-2, PAGE 3

ACCOUNTING PERIOD: 2018/1

FORM SA1-2. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							NG PERIOD: 2018/		
			YSTEM:					Name	
Vyve Broadband J, LLC 33410									
ΡΡΙΜΔΡΥ ΤΡΔ	NSMITTERS								
PRIMARY TRANSMITTERS: RADIO n General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an								н	
all-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								
			tem whenever it is received a					Transmitters: Radio	
			ved at the headend, with the s Copyright Office regulations of					Radio	
Column 1: Id	lentify the call	sign of e	each station carried.		0 ()	0			
			n is AM or FM.	od by the cable e	istom as a so	narato a	nd discroto		
			nal was electronically process mark in the "S/D" column.	ed by the cable sy	Stelli as a se	parate a			
Column 4: G	ive the statior	n's locatio	on (the community to which th			C or, in tl	he case of		
Mexican or Can	adian stations	s, if any, t	the community with which the	station is identifie	ed).				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
					l				

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF						-	I SA1-2. PAGE 5.			
Name	Vyve Broadband J, LL							SYSTEM ID# 33410			
		-						55410			
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi	fy <i>every nor</i> counting pe	nnetwork televis	sion program broadcast by a cific present and former FC	a distant static C rules, regula	ations, or autho					
Carriage:	1. SPECIAL STATEMENT			TITUTE CARRIAGE							
Special Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
	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. 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 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 permitted 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 in the substitute of programming that your system was permitted to delete under FCC rules and regulations in effect during the acco										
	effect on October 19, 1976.										
	s	UBSTITUT	E PROGRAM	1		BSTITUTE C	ARRIAGE	7. REASON			
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	1ES TO	FOR DELETION			
L	4		I	ļ	L I	l		I			

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	33410	
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 turther 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	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 \$137,100 but less than or equal to Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information. 	\$263,800	L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo accounting period is \$52.00	r this six-mont	
Line 1. Royalty fee for accounting period	\$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
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		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
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		
IMPORTANT : 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	

	FORM SA1-2. PAGE 7						
LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 33410						
CHANNELS	t stations						
	STATIONS						
1. Enter the total number of channels on which the cable system carried television broadcast stations	12						
2. Enter the total number of activated channels							
on which the cable system carried television broadcast stations and nonbroadcast services	233						
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							
Address Four International Drive, Suite 330							
(City, town, state, zip)							
Email (optional) Fax (optional)							
 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce reg as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	gulations						
(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 cont 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)] 	ained herein						
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)							
Date: 8/24/2018							
	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast 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						

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ACCOUNTING PERIOD: 2018/1

FORM SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
Vyve Broadband J, LLC 33410	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement
 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions 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 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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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) \$	
** 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	

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