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)].

		rectain to.	
FOR COPYRIGHT	Library of Congress Copyright Office		
DATE RECEIVED	DATE RECEIVED AMOUNT		
08/27/2018		101 Independence Ave. S	
	\$	Washington, DC 20557-6- (202) 707-8150	
	ALLOCATION NUMBER	For courier deliveries,	
		see page ii of the general instructions	

Return to: ibrary of Congress Copyright Office icensing Division 01 Independence Ave. SE Vashington, DC 20557-6400 202) 707-8150 or courier deliveries,

Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:				
Accounting Period	January 1, 2018 - June	30, 2018				
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.					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM					
	Vyve Broadband J, LLC					
			03	3341220181		
				033412 2018/1		
	Four International Drive, So	uite 330				
	Rye Brook, NY 10573					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.					
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEM: 2804B FM 51 South (Number, street, rural route, apartment, or suite number) Decatur TX 76234 (City, town, state, zip code)					
D	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					
Area	of system identification hereafter known as the "first community." Please use it as the first community on all future filings.					
Served	···	otels, apartments, condiminiums, c	or mobile home parks should be reported in p	aratheses below		
	the identified city.			1		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First	Coalgate	OK OK				
Community	Atoka	OK OK				
	Cottonwood	OK OK				
	Stonewall Tupelo	OK OK				
	Tushka	OK OK				
	IUSIINA	UK .				

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

Converter

FORM SA3, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 033412 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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 NO. OF NO. OF CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE SUBSCRIBERS** Residential: 91 Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 9 25.00 Commercial Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE **RATE** OF SERVICE **RATE** Continuing Services: Installation: Non-residential · Pay cable 18.95 · Motel, hotel T&M • Pay cable—add'l channel 15.95 Commercial T&M Fire protection N/A • Pay cable T&M · Pay cable-add'l channel T&M Burglar protection N/A Installation: Residential · Fire protection N/A First set · Burglar protection N/A 59.99 Additional set(s) 19.99 Other services: • FM radio (if separate rate) Reconnect N/A 29.99

> 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 033412 Vyve Broadband J, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G. identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION** KXII 12 (CBS) 2 SHERMAN OK N KETA 13 (PBS) 6 N OKLAHOMA CITY OK 9 I-M OKLAHOMA CITY OK **KWTV-News 9 Now** 10 Ε KTEN 10 (NBC) SHERMAN OK KXII 12.3 (Fox) 11 N-M SHERMAN OK 14 I-M SHERMAN OK KTEN (CW) 15 Ν KTEN (ABC) SHERMAN OK KXII (MyNet) 17 I-M SHERMAN OK **KWTV-News 9 Now** 9 I-M OKLAHOMA CITY OK **KETA 13.2 OKLA** 213 I-S OKLAHOMA CITY OK 217 E-S OKLAHOMA CITY OK KETA 13.3 Create **KETA 13.4 Kids** 218 E-S OKLAHOMA CITY OK

FORM SA1-2. PAGE 4.									
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#					Name				
Vyve Broadband J, LLC 033412									
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discre	et	e basis and list t	hose FM stati	ons carr	ied on an	Н
all-band basis v	vhose signals	were "ge	nerally receivable" by your ca	ab	le system during	the accounting	ng period	d.	
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.						Primary Transmitters: Radio			
For detailed info Column 1: lo Column 2: S Column 3: If	ormation about dentify the call state whether to the radio stati	t the the sign of e he statio on's sigr	Copyright Office regulations of each station carried. In its AM or FM. In all was electronically process a mark in the "S/D" column.	or	ո this point, see բ	page (v) of the	genera	l instructions.	
Column 4: G	Sive the station	i's locatio	on (the community to which the community with which the				or, in th	ne case of	
	T =			1					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KLBC	FM		Durant, OK						
				-					
									
									
									
									
	t								

							FURIV	1 3A 1-2. FAGE 3.
Name			ГЕМ:				:	8YSTEM ID# 033412
Substitute Carriage: Special Statement and Program Log	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 sysubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizat explanation of the programming that must be included in this log, see page (v) of the general instructions. 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?					on program Yes ne program neaning is counting nother static nformation. Lucy" or	carried on a or a further No	
	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 pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE CARRIAGE SUBSTITUTE PROGRAM OCCURRED 7. REAS							7. REASON
	TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIM FROM		FOR DELETION

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Vyve Broadband J, LLC	033412	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identited in space E) during the accounting period. For a further explanation of how to compute th 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 is amount, see	K Gross Receipts
INFORTANT. Tou must complete a statement in space in concerning gross receipts.	(Amount of 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.	o \$263,800	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 f accounting period is \$52.00	or 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	_	
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 \$52)	7,600)	
Enter the amount of gross receipts from space K		
2. Base amount under statutory formula	-	
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
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 electronic payment payable to Register of Copyrights. Se general instructions for more information.	e page I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC 033412
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.
- Gridinicis	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	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted 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
	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 and that the owner is not a corporation or partnership; or X (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
	 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. 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)]
	in line 1 of space B and that the owner is not a corporation or partnership; or X (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. • 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

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 033412	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Co lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, th scribers and amounts collected from subscribers receiving secondary transmission	pyright Act by adding the fol- cable system for the basic e 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 During the accounting period did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a left for an explanation of interest assessment, see page (viii) of the general instructions.	ate payment 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		
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)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf 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 da	y late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted list below the owner, address, first community served, ID number, and accounting period Owner		
Address		
ID number		
First community served Accounting period		
Accounting being		

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