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 f | to: | | | | |
| STATEME | EN' | T OF ACCOUNT | FOR COPYRIGHT | OFFICE | USE ONLY | | of Congress ht Office | | | | |
| - | | Transmissions by | DATE RECEIVED | AMOUNT | | | | | | | |
| Cable Syste | ms | (Short Form) | | \$ | | 101 Ind Washin | ependence Ave. SE gton, DC 20557-6400 07-8150 | | | | |
| General instrue | ctio | ns are at the | 08/27/2018 | | | (202) / (| 77-0100 | | | | |
| end of this forr | n [p | ages (i)-(vii)]. | | AL | LOCATION NUMBER | | rier deliveries, ge ii of the general ions | | | | |
| Α | AC | COUNTING PERIOD COVEREI | D BY THIS STATEMENT: | | | | | | | | |
| Accounting Period | | January 1, 2018 - June | 30, 2018 | | | | | | | | |
| B Owner | inco rate | 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. 035706 | | | | | | | | | |
| | | Vyve Broadband A, LLC 4 International Dr Suite 330 Rye Brook, NY 10573 | | | | *03 | 3570620181* 035706 2018/1 | | | | |
| С | INS | | a 2 give the mailing address of the | | if different from the addre | ee aiven i | n space R | | | | |
| 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. I IDENTIFICATION OF CABLE SYSTEM: | | | | | | | | | | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | | | |
| | 2 | (Number, street, rural route, apartment, or suite nu | mber) | | | | | | | | |
| | | (City, town, state, zip code) | | | | | | | | | |
| D Area Served | in F are of s Not | tructions: List each separate comm FCC rules: "a separate and distinct c as and including single, discrete uni system identification hereafter known te: Entities and properties such as he identified city. | ommunity or municipal entitiy (inclu ncorporated areas)." 47 C.F.R. 76 n as the "first community." Please of | uding uni 6.5(dd). use it as | ncorporated commuinites w The first community that lis the first community on all fi | within unin t will serve uture filing | corporated e as a form js. | | | | |
| | <u> </u> | CITY OR TOWN | STATE | | CITY OR TOWN | | STATE | | | | |
| First Community | OTTAWA KS | | | | | | | | | | |

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

| Name | LEGAL NAME OF OWNER OF C | S | YSTEM I 0357 | | | | | | | | |
|--|---|--|---|---|--|--|--|---|--------|--|--|
| Name | Vyve Broadband A, LLC | | | | | | | | | | |
| - | SECONDARY TRANSMISSION | SERVICE: S | UBSCRI | BERS AND RA | TES | | | | | | |
| E | In General: The information in s | • | | • | | | | | | | |
| Secondary | system, that is, the retransmission about other services (including p | | | | | | | | | | |
| Transmission | last day of the accounting period | | | | | | those ex | isting on the | | | |
| Service: Sub- | Number of Subscribers: Both | • | | | | , | able syste | em, 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 | | | | | | | arge and the | | | |
| | unit in which it is generally billed | - | - | • | | | | - | | | |
| | category, but do not include disc | ounts allowed | for adva | ance payment. | - | | | | | | |
| | 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 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 a | | | | | - | | | | | |
| | sufficient. | inu rates, in th | e ngnt-n | IATIU DIOCK. A LWO | J- OF THE | e-word descrip | | e service is | | | |
| | | DCK 1 | | | | | BLO | CK 2 | | | |
| | CATEGORY OF SERVICE | NO. OF SUBSCRIB | | RATE | САТИ | EGORY OF SE | | NO. OF SUBSCRIBEF | RS RAT | | |
| | Residential: | SUBSCRID | LNJ | | CAIL | | INVICE | SUBSCRIBER | | | |
| | Service to first set | | 624 | 25.00 | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | |
| | • FM radio (if separate rate) | | | ······ | | | | | | | |
| | Motel, hotel | | | ······ | | | | | | | |
| | Commercial | | 133 | 25.00 | | | | | | | |
| | Converter | | | | | | | | | | |
| | Residential | | | ······ | | | | | | | |
| | Non-residential | | | | | | | •••• | | | |
| | Non residentia | | | | | | | | | | |
| | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TR | | SIONS: RATES | | | | | | | |
| | SERVICES OTHER THAN SEC In General: Space F calls for ra | | | | | ll your cable sy | stem's s | ervices that were | | | |
| F | In General: Space F calls for rain not covered in space E, that is, t | te (not subscri hose services | ber) info that are | rmation with res not offered in co | pect to a ombination | on with any sec | ondary tr | ansmission | | | |
| - | In General: Space F calls for rain not covered in space E, that is, the service for a single fee. There are | te (not subscri hose services re two exceptio | ber) info that are ons: you | rmation with res not offered in co do not need to g | pect to a ombinatio give rate | on with any sec information cor | ondary tr ncerning | ansmission (1) services | | | |
| Services | In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services | te (not subscri hose services re two exceptio or facilities fur | ber) info that are ons: you nished te | rmation with res not offered in co do not need to g o nonsubscribers | pect to a ombinatio give rate s. Rate ir | on with any sec information cor information shou | ondary tr ncerning uld includ | ansmission (1) services e both the | | | |
| • | In General: Space F calls for rain not covered in space E, that is, the service for a single fee. There are | te (not subscri hose services re two exceptio or facilities fur hit in which it is | ber) info that are ons: you nished te | rmation with res not offered in co do not need to g o nonsubscribers | pect to a ombinatio give rate s. Rate ir | on with any sec information cor information shou | ondary tr ncerning uld includ | ansmission (1) services e both the | | | |
| Services Other Than Secondary | In General: Space F calls for ran not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ran | te (not subscri hose services re two exception or facilities fur hit in which it is rate column. re charged by | ber) info that are ons: you nished to s usually the cable | rmation with res not offered in co do not need to g o nonsubscribers billed. If any rat | pect to a ombinatio give rate s. Rate ir es are ch ch of the | on with any sec information cor nformation shou narged on a var applicable serv | ondary tr ncerning uld includ iable per ices liste | ansmission (1) services e both the -program basis, d. | | | |
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| Name | LEGAL NAME OF OW | SYS | STEM ID# | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|--|--|--|
| Name | Vyve Broadband | | 035706 | | | | | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | | | |
| G Primary | In General: In space G, identify every television station (including translator stations and low power television stations) 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 | | | | | | | | | | |
| ransmitters: Television | substitute program basis | , I | 1 0 1 | ons carried by your cable system on a substitute program | | | | | | | |
| lelevision | basis under specifc FCC | • | | ons carried by your cable system on a substitute program | | | | | | | |
| | | nere in space G-but | t do list it in space I | (the Special Statement and Program Log)—if the | | | | | | | |
| | 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 SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION | | | | | | | |
| | | CHANNEL | OF | 6. LOCATION OF STATION | | | | | | | |
| | SIGN | CHANNEL NUMBER | OF | | | | | | | | |
| | SIGN KP <mark>XE-ION</mark> | CHANNEL NUMBER 50 | OF STATION | KANSAS CITY MO | | | | | | | |
| | SIGN KP <mark>XE-ION</mark> WDAF-FOX | CHANNEL NUMBER 50 4 | OF STATION I | KANSAS CITY MO KANSAS CITY MO | | | | | | | |
| | SIGN KP <mark>XE-ION</mark> WDAF-FOX KCTV-CBS | CHANNEL NUMBER 50 4 5 | OF STATION I | KANSAS CITY MO KANSAS CITY MO KANSAS CITY MO | | | | | | | |
| | SIGN KP <mark>XE-ION</mark> WDAF-FOX KCTV-CBS | CHANNEL NUMBER 50 4 5 5 | OF STATION I N I | KANSAS CITY MO KANSAS CITY MO KANSAS CITY MO KANSAS CITY MO | | | | | | | |
| | SIGN KP <mark>XE-ION</mark> WDAF-FOX KCTV-CBS KCWE-CW KMBC-ABC | CHANNEL NUMBER 50 4 5 5 29 9 | OF STATION I N I N | KANSAS CITY MO KANSAS CITY MO KANSAS CITY MO KANSAS CITY MO KANSAS CITY MO | | | | | | | |
| | SIGN KPXE-ION WDAF-FOX KCTV-CBS KCWE-CW KMBC-ABC KSMO-MNT | CHANNEL NUMBER 50 4 55 29 9 62 | OF STATION I N I N | KANSAS CITY MO KANSAS CITY MO | | | | | | | |
| | SIGN KPXE-ION WDAF-FOX KCTV-CBS KCWE-CW KMBC-ABC KSMO-MNT KTWU-PBS | CHANNEL NUMBER 50 4 5 5 29 9 9 62 11 | OF STATION I N I I N I E | KANSAS CITY MO TOPEKA KS | | | | | | | |

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11.2

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19.3

29.2

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19.2

KP<mark>XE-QUBO</mark>

KP<mark>XE-ION</mark>

KT<mark>WU-MHZ</mark>

KM<mark>CI-ESCAP</mark>

KM<mark>CI-BOUNCE</mark>

KM<mark>BC-METV</mark>

KC<mark>PT-CREATE</mark>

KCWE-MOVIES

KM<mark>CI-GRITTV</mark>

KC<mark>PT-ENCORE</mark>

WDAF-ANTENNATV

I-M

I

I-M

I-M

I-M

I-M

I-M

E-M

I-M

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KANSAS CITY MO KANSAS CITY MO

KANSAS CITY MO

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KANSAS CITY MO

TOPEKA KS

| Name | - | d A, LLC | | | 035706 | | | | | | | |
|---------------------------------------|---|--|---|---|--------|--|--|--|--|--|--|--|
| G | - | | Vyve Broadband A, LLC | | | | | | | | | |
| G | | RS: TELEVISION | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | | |
| U | In General: In space G, identify every television station (including translator stations and low power television stations) 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 | | | | | | | | | | | |
| Primary ransmitters: Television | substitute program basi | s, as explained in the | e next paragraph. | 5.61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program | | | | | | | | |
| | basis under specifc FC | C rules, regulations, o | or authorizations: | (the Special Statement and Program Log)—if the | | | | | | | | |
| | basis. For further info Column 1: List each | and also in space I, if ormation concerning n station's call sign. D | the station was car substitute basis sta o not report origina | ried both on a substitute basis and also on some other tions, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc. | | | | | | | | |
| | This may be different fro | 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; 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 | | | | | | | | | | |
| | 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 SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION | | | | | | | | |
| | KSHB-COZI | 41.2 | I-M | KANSAS CITY MO | | | | | | | | |
| | KSHB-LAFF | 41.3 | I-M | KANSAS CITY MO | | | | | | | | |
| | KTWU-ENHANCE | 11.3 | I-M | TOPEKA KS | | | | | | | | |
| | KCTV-Comet | 5.2 | I-M | KANSAS CITY MO | | | | | | | | |
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ACCOUNTING PERIOD: 2018/1

| FORM SA1-2. F EGAL NAME OF Vyve Broadl | FOWNER OF (| | YSTEM: | | | | SYSTEM ID# 035706 | Name |
|--|--|--|--|---------------------|---------------|-----|----------------------|----------------------------------|
| | | | | | | | | |
| | t every radio s | station ca | rried on a separate and discre nerally receivable" by your ca | | | | | н |
| 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. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. | | | | | | | | Primary Transmitters Radio |
| Column 3: If gnal, indicate Column 4: G | the radio stati this by placing live the statior | ion's sigr g a check n's locatio | nal was electronically process mark in the "S/D" column. on (the community to which th | e station is licens | ed by the FC0 | | | |
| | | | the community with which the | | | 1 | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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FORM SA1-2. PAGE 5.

| | | TEM: | | | | | | M SA1-2. PAGE 5. SYSTEM ID# 035706 |
|---|---|---|---|---|--|--|--|---|
| SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carrisubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions. | | | | | | | | |
| 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 XN Nete: If your appropriate "No", logue the past of this page black. If your appropriate "Yee," your must appropriate the program | | | | | | | | |
| 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 stat 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 with 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 more first. Example: for May 7 give "57." Column 6: State the times when the substitute program was carried by your cable system. List the times accurate 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 pr | | | | | | | | g is g station tion. or in nonth ately ired |
| SI | JBSTITUT | E PROGRAM | 1 | Π | | | | 7. REASON |
| 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | | 5. MONTH AND DAY | 6. 1 | IMES | FOR DELETION |
| | | | | | | | | |
| | Vyve Broadband A, LL SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting per broadcast by a distant sta Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 7: Enter the lett to delete under FCC rules a gram was substituted for pr effect on October 19, 1976. | Vyve Broadband A, LLC SUBSTITUTE CARRIAGE: SPECI/ In General: In space I, identify every no substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCEF • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGR/ In General: List each substitute progra clear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant sta under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat gram was substituted for programming effect on October 19, 1976. 2. LIVE? | SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televi substitute basis during the accounting period, under spe explanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBS • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this pa- log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separ- clear. If you need more space, please attach addition Column 1: Give the title of every nonnetwork tele period, was broadcast by a distant station and that y under certain FCC rules, regulations, or authorizatio Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, ent Column 3: Give the call sign of the station broadc Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sy first. Example: for May 7 give "5/7." Column 6: State the times when the substitute pr to the nearest five minutes. Example: a program car stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect of gram was substituted for programming that your sys effect on October 19, 1976. | Vyve Broadband A, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LA In General: In space I, identify <i>every nonnetwork television program</i> broadcast by substitute basis during the accounting period, under specific present and former F explanation of the programming that must be included in this log, see page (v) of t 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute b broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitut period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the g Do not use general categories like "movies" or "basketball." List specific prog "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program (active the month and day when your system carried the substitut first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by yo to the nearest five minutes. Example: a program carried by a system from 6:C stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program was substituted for programming that your system was permitted to del effect on October 19, 1976. | Vyve Broadband A, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOC In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a substitute basis during the accounting period, under specific present and former FCC explanation of the programming that must be included in this log, see page (v) of the 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute bas broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute p period, was broadcast by a distant station and that your cable system substitute under certain FCC rules, regulations, or authorizations. See page (v) of the gen Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "N Column 3: Give the call sign of the station broadcasting the substitute progra Column 4: Give the broadcast station's location (the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your to the nearest five minutes. Example: a program carried by a system from 6:01: stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substitute for program to delete under FCC rules and regulations in effect during the accounting period gram was substituted for programming that your system was permitted to delete effect on October 19, 1976. | Vyve Broadband A, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant statis substitute basis during the accounting period, under specific present and former FCC rules, regulexplanation of the programming that must be included in this log, see page (v) of the general inst 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nombroadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you reg in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever p clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) th period, was broadcast by a distant station and that your cable system substituted for the pr under certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program. Column 1: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station broadcasting the substitute program. U first. Example: for May 7 give "57." Column 4: Give the month and day when your system carried the substitute program. U first. Example: for May 7 give "57." Column 6: State the times when the substitute program was substituted | Vyve Broadband A, LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your substitute basis during the accounting period, under specific present and former FCC rules, regulations, or au 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 tele 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 completing in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if th clear. If you need more space, please attach additional pages. Column 1: Give the tille of every nonnetwork television program (substitute program) that, during th period, was broadcast by a distant station and that your cable system substituted for the programming under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furt Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I i "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." 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 by your cable system. | Vyve Broadband A, LLC 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television programory a distant station? Mote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the prograging 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 clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute for the programming of another or under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "NBA Basketball: FGers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the toradian stations's location (the community to which the station is licensed by the FCC or, the case of Mexican or Canadian station's location's locating the substitute program. Co |

| FORM SA1-2. PAGE 6. | | |
|---|--------------|-------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
| Vyve Broadband A, LLC | 035706 | |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this am 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. | sion 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 \$26 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. | 33,801 | 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 for this accounting period is \$52.00 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 lines 1 and 2 | \$ 52.00 | |
| BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100 | 0) | |
| 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 | 20) | |
| BLOCK 3. GROSS RECEIF 15 OF MORE THAN \$203,000 (but less than \$527,00 | 507 | |
| 1. Enter the amount of gross receipts from space K | | |
| 2. Base amount under statutory formula \$ 263,800.00 | | |
| 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 page general instructions for more information. | l of the | |

| | - ,- | FORM SA1-2. PAGE 7. | | | | | | | | |
|--|---|----------------------|--|--|--|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC | SYSTEM ID# 035706 | | | | | | | | |
| M | 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 | 25 | | | | | | | | |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 241 | | | | | | | | |
| 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 91 | 4-235-8313 | | | | | | | | |
| | Address <u>4 International Dr Suite 330</u> (Number, street, rural route, apartment, or suite number) <u>Rye Brook, NY 10573</u> (City, town, state, zip) | | | | | | | | | |
| | Email (optional) marie.censoplano@vyvebb.com Fax (optional)914-234-8363 | | | | | | | | | |
| ο | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.) | tions, | | | | | | | | |
| 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 identified in line 1 of space B | | | | | | | | | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s 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 own 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 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) | | | | | | | | | |
| | 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 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.

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM | |
|---|---|
| Vyve Broadband A, LLC 0357 | 706 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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. | P Special Statement 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? X NO | Exclusion |
| YES. Enter the total here and list the satellite carrier(s) below | |
| 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 | |
| | — |
| x days 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | |
| NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. | |
| Owner Address | |
| ID number First community served Accounting period | |
| Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) rec | juested on th |

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.