## 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:				
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	FOR COPYRIGHT OFFICE USE ONLY					
	ary Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division				
Cable Syste	ems (Short Form)			101 Independence Ave. SE				
			\$	Washington, DC 20557-6400 (202) 707-8150				
General instru	uctions are at the							
end of this for	rm [pages (i)-(vii)].	08/27/2018	ALLOCATION NUMBER	For courier deliveries,				
				see page ii of the general instructions				
_								
A	ACCOUNTING PERIOD COVERE	ED BY THIS STATEMENT:						
Accounting	January 1, 2018 - June	30. 2018						
Period	······	,						
Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the								
B	incorrect information and print or type the		subsidiary of another corporation, give	the full come				
Owner	rate title of the subsidiary, not that of the p							
1	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 rovality 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.	ie statement of account and royally ree 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 Licen	sing Division.

LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband A, LLC

*0371	45201	81'
0011		01

037145	2018/1

037145

	4 International Dr Suite 330 Rye Brook, NY 10573									
С	<b>INSTRUCTIONS:</b> 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	:							
	2 (Number, street, rural route, apartment, or suite number)									
	2	(Number, street, rurai route, apartment, or suite m	under)							
		(City, town, state, zip code)								
D	in F	CC rules: "a separate and distinct o	community or municipal entitiy (inclu	A "community" is the same as a "community uding unincorporated communites within unin 5.5(dd). The first community that list will serv	ncorporated					
Area	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 hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses belo									
	the	identified city.			r					
	_	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First	Pe	rryton	ТХ		ļ					
Community					ļ					

Privacy Act Notice: Section 111 or title 1/ or the United States Code authorizes the Copyright Utice to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Vyve Broadband A, LLC									
	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIBERS AND	RATES						
E										
Conservations.										
Secondary Transmission										
Service: Sub-	Number of Subscribers: Both					le system,	broken			
scribers and	down by categories of secondary		0 /	,	•					
Rates	each category by counting the nu						charged			
	separately for the particular server Rate: Give the standard rate c						e and the			
	unit in which it is generally billed	0	0,			•				
	category, but do not include disc	ounts allowed	for advance payme	nt.						
	BIOCK 1: In the left-hand block			-						
	systems most commonly provide that applies to your system. Note									
	categories, that person or entity		-		-					
	subscriber who pays extra for ca			••		•				
	first set" and would be counted o									
	Block 2: If your cable system I	-	•							
	printed in block 1 (for example, ti with the number of subscribers a									
	sufficient.		ingin nana bioon.							
	BLO	DCK 1				BLOCK	(2			
		NO. OF		0.17		N 405	NO. OF	DATE		
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS RATE	CAI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
			159 25.0							
	Service to first set		159 25.0							
	<ul> <li>Service to additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>							•		
	Motel, hotel							•		
	Commercial		16 25.0	0						
	Converter		10 20.0							
	Residential							+		
	Non-residential							••••••		
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RA	TES						
F	In General: Space F calls for rat									
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	•		U U		0 ( )				
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the rate column.									
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
Rates	<b>Block 2:</b> List any services that your cable system turnished or offered during the accounting period that were not 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) descrip									
	, , , ,	PL O				[	BLOCK 2			
	CATEGORY OF SERVICE	BLO RATE	CATEGORY OF S	FRVICE	RATE	CATEGO	DRY OF SERVICE	RATE		
	Continuing Services:		Installation: Non-	-		UATEOC				
	• Pay cable	19.95	Motel, hotel							
	Pay cable—add'l channel		Commercial							
	Fire protection		Pay cable							
	•Burglar protection		• Pay cable-add	'l channel						
	Installation: Residential		Fire protection							
	• First set	64.95	Burglar protect	ion		•••••				
	Additional set(s)		Other services:			•••••				
	• FM radio (if separate rate)		Reconnect		39.95	•••••				
	• Converter		Disconnect							
			<ul> <li>Outlet relocation</li> </ul>	n	20.00					
			Outlet relocation     Move to new a		20.00 39.95					

Name

G

Primary Transmitters:

Television

5. 2010/1			FOR	M SA1-2. PAGE 3.
LEGAL NAME OF OWNER	R OF CABLE SYSTEM	И:	-	SYSTEM ID#
Vyve Broadband A	, LLC			037145
PRIMARY TRANSMITTERS:	TELEVISION			
<ul> <li>carried by your cable syste</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61(6</li> <li>substitute program basis, a</li> <li>Substitute Basis Static</li> <li>basis under specifc FCC ru</li> <li>Do not list the station here station was carried only</li> <li>List the station here, and basis. For further inform</li> <li>Column 1: List each station at the same on the form.</li> <li>Column 3: Indicate in e</li> <li>educational station, by ente for independent multicast)</li> <li>For the meaning of these to</li> <li>Column 4: Give the location of the same on Cana</li> </ul>	m during the accour in effect on June 24 e)(2) and (4), or 76.6 is explained in the monetain ons: With respect to iles, regulations, or a e in space G—but do on a substitute basis also in space I, if the ation concerning su ation's call sign. Do r mber ot the channel the channel on whice ccording to its over-t ach case whether the ering the letter "N" (fr , "E" (for noncomme erms, see page (iv) of ation of each station dian stations, if any,	nting period, except , 1981, permitting th 53 (referring to 76.6 ext paragraph. any distant stations authorizations: b list it in space I (th s. e station was carried bstitute basis station not report origination not report origination on which the stator h your cab;e system hje-air designation. e station is a netwo for network), "N-M" ( rcial educational), o of the general instru I. For U.S. stations, give the name of th	list the community to which the station is licensed by ne community with which the station is identifed.	al
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION	
	NUMBER	STATION		
KAMR-NBC	4	N	Amarillo, TX	
KAMR-MNT	4.2	I-M	Amarillo, TX	
KVII-ABC	7	N	Amarillo, TX	

KAMR-MNT	4.2	I-M	Amarillo, TX
KVII-ABC	7	Ν	Amarillo, TX
KCIT-FOX	14	I	Amarillo, TX
KFDA-CBS	10	N	Amarillo, TX
KVII-CW	7.2	I-M	Amarillo, TX
KACV-PBS	2	E-M	Amarillo, TX
KFDA-News Channel			
10	10.2	I-M	Amarillo, TX
KFDA-Telemundo	10.3	I-M	Amarillo, TX
KFDA-MeTV	10.4	I-M	Amarillo, TX
KVII-Comet TV	7.3	I-M	Amarillo, TX
KCIT-Grit TV	14.2	I-M	Amarillo, TX
KCIT-Escape TV	14.3	I-M	Amarillo, TX
KCIT-Bounce TV	14.4	I-M	Amarillo, TX
KACV-PBS Kids	2.2	E-M	Amarillo, TX
KVII-Stadium	7.4	I-M	Amarillo, TX

## ACCOUNTING PERIOD: 2018/1

EGAL NAME OF CANLE SYSTEM:       SYSTEM ID#       Name         /yve Broadband A, LLC       037145       037145         PRIMARY TRANSMITTERS: RADIO       n eserart: List every radio station carried on a separate and discrete basis and list those FM stations carried on an il-band basis whose signals were "generally receivable" by your cable system during the accounting period.       H         special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally carbination about the the Copyright Office regulations, and (2) it can be expected.       Primary Transmitter Radio         robatis of monitoring, to be received at the headend, with the system's FAM antenna, during certain stated intervals.       Column 1: Identify the call sign of each station carried.       Column 2: State whethere the station is Ador FM.         Column 3: If the radio station's AM or FM.       Column 3: Git whethere the station is location (the community to which the station is licensed by the Cor, in the case of leaca or Canadian stations, if any, the community to which the station is licensed by the Cor, in the case of leaca or Canadian stations, if any, the community to which the station is licensed by the Cor, in the case of leaca or Canadian stations, if any, the community to which the station is licensed by the cable system is adapted to the station is called intervals.         CALL SIGN       AM or FM       SiD       LOCATION OF STATION       CALL SIGN       AM or FM       SiD       LOCATION OF STATION         CALL SIGN       AM or FM       SiD       LOCATION OF STATION       CALL SIGN <th>FORM SA1-2. P</th> <th>PAGE 4.</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>NG PERIOD: 2018/</th>	FORM SA1-2. P	PAGE 4.								NG PERIOD: 2018/
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an 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 eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, and 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. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is identified).				YSTEM:						Name
<ul> <li>In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.</li> <li>Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, and 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.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the 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).</li> </ul>	Vyve Broadb	band A, LL	C						037145	
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<ul> <li>Transmitter Radio</li> <li>To the call sign of each station carried.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the 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).</li> </ul>										••
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<ul> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of <i>N</i>exican or Canadian stations, if any, the community with which the station is identified).</li> </ul>										Radio
<b>Column 3:</b> If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column. <b>Column 4:</b> Give the station's location (the community to which the station is licensed by the FCC or, in the case of <i>lexican</i> or Canadian stations, if any, the community with which the station is identified).					011			genera		
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	Column 4: G	live the station	n's locatio	on (the community to which th				C or, in tl	ne case of	
CALL SIGN       AM or FM       S/D       LOCATION OF STATION       CALL SIGN       AM or FM       S/D       LOCATION OF STATION         Image: Image	Mexican or Can	adian stations	s, if any, f	the community with which the	e st	tation is identifie	d).			
CALL SIGN         AM or FM         S/D         LOCATION OF STATION         CALL SIGN         AM or FM         S/D         LOCATION OF STATION           Image: Sign in the state in										
Image: section of the section of th	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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FORM SA1-2. PAGE 5.

Name         LEGAL NAME OF OWNER OF CARLE SYSTEM:         SYSTEM IOP 0337145           Upwei Bradband A, LLC         0337145           SUBSITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOC In General: In space I, learly wery nonzeriork invision program: bradcast by a distant station that your cable system carlied on as septial of the programming that must be included in this log, ase page (v) of the general instructions. For a further explanation of the programming that must be included in this log, ase page (v) of the general instructions.         If the second instruction is the included in this log, ase page (v) of the general instructions.           Program Log         SPECIAL STATEMENT CONCENTING SUBSITUTE CARRIAGE         If the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program branchast by a distant station?           Note: If your answer is 'No', leave the rest of this page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest of the page blank. If your answer is 'No', leave the rest	News								
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.         Statement and Program Loo       1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE         Touring the accounting period, idi your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?	Name			TEM:				SYSTEM ID# 037145	
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 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 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 on October 19, 1976.         UBSTITUTE PROGRAM       WHEN SUBSTITUTE CARRIAGE OCCURRED       7. REASON FOR DELETION         1. TITLE OF PROGRAM       2. LIVE?       3. STATION'S       5. MONTH       6. TIMES	Carriage: Special Statement and	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No"	E: SPECIA fy every not counting pe ing that mus CONCER iod, did you tion?	nnetwork televis riod, under spe st be included in RNING SUBST r cable system	sion program broadcast by a cific present and former FC this log, see page (v) of the <b>FITUTE CARRIAGE</b> carry, on a substitute basi	a distant static C rules, regula general instr s, any nonne	ations, or authorizations. uctions. twork television program	n carried on a For a further m X <b>No</b>	
SUBSTITUTE PROGRAM         OCCURRED         7. REASON           1. TITLE OF PROGRAM         2. LIVE?         3. STATION'S         5. MONTH         6. TIMES		<ul> <li>log in block 2.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>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.</li> <li>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.</li> <li>Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>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).</li> <li>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."</li> <li>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."</li> <li>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</li></ul>							
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S [5. MONTH] 5. TIMES		S	UBSTITUT	E PROGRAM	1		OCCURRED	7. REASON	
		1. TITLE OF PROGRAM			4. STATION'S LOCATION			TORDELETION	

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	037145	
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.	mission 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	\$263,800	L Copyright Royalty Fee
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo	r this six mont	
accounting period is \$52.00		
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 \$137,1	00)	
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		
<b>IMPORTANT</b> : 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
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 037145
М	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.	
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	16
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	241
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)	
for Further Information	Name Marie Censoplano Telephone S	914-235-8313
	Address <u>4 International Dr Suite 330</u> (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regras explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of spatial content is a statement of account must be certified and signed in accordance with Copyright Offce regras explained in the general instructions.)</li> </ul>	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the ca in line 1 of space B and that the owner is not a corporation or partnership; or	ble system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as in line 1 of space B.	owner of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact conta 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: <b>Daniel J White</b>	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 8/24/18	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 fing, a determination that would be made by a court of law.

## ACCOUNTING PERIOD: 2018/1

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM				
Vyve Broadband A, LLC 037	7145 <sup>Name</sup>			
<ul> <li>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 following 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."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below.</li> </ul>	- Special Statement Concerning Gross Receipts Exclusion			
Name     Name       Mailing Address     Mailing Address				
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.				
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 day	/5			
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>			
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. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	3			
** 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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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 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 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.