THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

				Return to:
STATEME	NT OF ACCOUNT	FOR COPYRIGH	Library of Congress Copyright Office	
	ry Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division
Cable Systems (Short Form) General instructions are at the end of this form [pages (i)-(vii)].		08/27/2018	\$ ALLOCATION NUMBER	101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150 For courier deliveries, see page ii of the general instructions
A Accounting Period	ACCOUNTING PERIOD COVEREI January 1, 2018 - June			
B Owner	rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fe	rrect information beside it. the cable system. If the owner is a sent corporation. iich the owner conducts the business <i>e accounting period, only the owner of e payment covering the entire accounded</i> .	subsidiary of another corporation, give the of the cable system.	e full corpo-
	LEGAL NAME OF OWNER/MAILING ADD Vyve Broadband A, LLC	DRESS OF CABLE SYSTEM		*00405820181*
				004058 2018/1
	4 International Dr Suite 330			

Rye	Brook,	NY	10573

nam	nes already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
	TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

System	1	IDENTIFICATION OF CABLE SYSTEM:									
		MAILING ADDRESS OF CABLE SYSTEM:	VAILING ADDRESS OF CABLE SYSTEM:								
	2	Number, street, rural route, apartment, or suite number)									
		(City, town, state, zip code)									
	Inst	ructions: List each separate comm	nunity served by the cable system.	A "community" is the same as a "community	unit" as defined						
D	are	as and including single, discrete uni	ncorporated areas)." 47 C.F.R. 76	Iding unincorporated commuinites within unin 6.5(dd). The first community that list will serve use it as the first community on all future filing	e as a form						
Area Served		•		, ,							
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.										
		CITY OR TOWN	STATE	CITY OR TOWN	STATE						
First	HE	RINGTON	KS								
Community	DIC	CKINSON COUNTY	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 filing, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

С

1			FORM SA3. PAGE 1b. SYSTEM ID#						
LEGAL NAME OF OWNER OF CABLE SYSTEM:									
			004058						
			004030						
CITY OR TOWN	STATE	CITY OR TOWN	STATE						
•••••									
•••••	••••								
•••••									
••••••	•••								
•••••									
••••••									
••••••									
••••••	•••								
••••••	•••								
•••••									
••••••	•••								
•••••									
	••••								
	T								
		T							
	Vyve Broadband A, LLC CITY OR TOWN	CITY OR TOWN STATE	Vyve Broadband A, LLC CITY OR TOWN CITY OR TOWN STATE CITY OR TOWN And the second						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Hume	Vyve Broadband A, LLC	>							00405			
Е	SECONDARY TRANSMISSION			-	-							
	In General: The information in s	•		•		,						
Secondary	system, that is, the retransmission about other services (including particulation)					•						
Transmission	last day of the accounting period						LIUSE EXIS					
Service: Sub-	Number of Subscribers: Both	•				,	able system	n, broken				
scribers and	down by categories of secondar											
Rates	each category by counting the n separately for the particular server							s charged				
	Rate: Give the standard rate of							ge and the				
	unit in which it is generally billed	-	-	•				-				
	category, but do not include disc				-							
	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 of											
		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					,		, 0				
	sufficient.		e nym-i	Iand DIOCK. A two	J- OF UNE			Service 13				
		DCK 1					BLOC	< 2				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		81	25.00								
	Service to additional set(s)			······ <mark>·</mark>								
	• FM radio (if separate rate)			······ <mark>··</mark>								
	Motel, hotel											
	Commercial		25									
	Converter			······ <mark>··</mark>								
	Residential			······ <mark>·</mark> ·								
	 Non-residential 											
				·····								
	SERVICES OTHER THAN SEC	ONDARY TR										
F	SERVICES OTHER THAN SEC In General: Space F calls for ra					all your cable sy	stem's ser	vices that were				
F	In General: Space F calls for ra not covered in space E, that is, t	te (not subscri hose services	ber) info that are	ormation with res onot offered in co	pect to a ombination	on with any sec	ondary trai	nsmission				
•	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an	te (not subscri hose services re two exceptio	ber) info that are ons: you	ormation with res e not offered in co i do not need to g	pect to a ombination give rate	on with any sec information co	ondary trai ncerning (1	nsmission) services				
F Services Other Than	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an furnished at cost or (2) services	te (not subscri hose services re two exceptio or facilities fur	ber) info that are ons: you nished t	ormation with res e not offered in co do not need to g o nonsubscribers	pect to a ombinatio give rate s. Rate in	on with any sec information con	ondary trai ncerning (1 ıld include	nsmission) services both the				
- 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 amount of the charge and the ur enter only the letters "PP" in the	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column.	ber) info that are ons: you nished t usually	ormation with res on offered in co o do not need to g o nonsubscribers billed. If any rate	pect to a ombination give rate s. Rate in es are cl	on with any sec information con nformation shou harged on a van	ondary train ncerning (1 uld include iable per-p	nsmission) services both the				
Services Other Than Secondary ransmissions:	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra	te (not subscri hose services re two exception or facilities fur hit in which it is rate column. te charged by	ber) info that are ons: you nished t usually the cabl	ormation with res e not offered in co do not need to g o nonsubscribers billed. If any rate e system for eac	pect to a ombination give rate s. Rate in es are cl h of the	on with any sec information con nformation shou harged on a var applicable serv	ondary trai ncerning (1 uld include iable per-p ices listed.	nsmission) services both the rogram basis,				
- Services Other Than	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy	ber) info that are ons: you nished t usually the cabl stem fu	ormation with res e not offered in co d do not need to g o nonsubscribers v billed. If any rat e system for eac rnished or offere	pect to a ombination give rate s. Rate in es are cl sh of the d during	on with any sec information con nformation shou harged on a van applicable serv the accounting	ondary trai ncerning (1 uld include iable per-p ices listed. period tha	nsmission) services both the rogram basis, t were not				
Services Other Than Secondary ransmissions:	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge	ber) info that are ons: you nished t usually the cabl stem ful ge was i	ormation with res e not offered in co do not need to g o nonsubscribers v billed. If any rat e system for eac rnished or offere- made or establis	pect to a ombination give rate s. Rate in es are cl sh of the d during	on with any sec information con nformation shou harged on a van applicable serv the accounting	ondary trai ncerning (1 uld include iable per-p ices listed. period tha	nsmission) services both the rogram basis, t were not	•			
Services Other Than Secondary ransmissions:	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge btion and inclu	ber) info that are ons: you nished t s usually the cabl stem fu ge was de the n	ormation with res e not offered in co do not need to g o nonsubscribers v billed. If any rat e system for eac rnished or offere- made or establis	pect to a ombination give rate s. Rate in es are cl sh of the d during	on with any sec information con nformation shou harged on a van applicable serv the accounting	ondary trai ncerning (1 uld include iable per-p ices listed. period tha	nsmission) services both the rogram basis, t were not e form of a	•			
Services Other Than Secondary ransmissions:	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge btion and inclu	ber) info that are ons: you nished t usually the cabl stem fu ge was i de the ra CK 1	ormation with res e not offered in co do not need to g to nonsubscribers billed. If any rate e system for eac rnished or offere made or establis ate for each.	pect to a pombination give rate s. Rate in es are cl h of the d during hed. List	on with any sec information co information shou harged on a var applicable serv the accounting these other se	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATE			
Services Other Than Secondary ransmissions:	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au 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 ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge btion and inclu	ber) info that are ons: you nished t a usually the cabl stem fu ge was de the ra CK 1 CATEC	ormation with res e not offered in co do not need to g o nonsubscribers v billed. If any rat e system for eac rnished or offere- made or establis	pect to a pombination give rate s. Rate in es are cl h of the d during hed. List	on with any sec information con nformation shou harged on a van applicable serv the accounting	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a	RATI			
Services Other Than Secondary ransmissions:	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate chargo tion and inclu BLO RATE	ber) info that are ons: you nished t a usually the cabl stem fu ge was i de the r CK 1 CATEC Installi	ormation with res e not offered in co do not need to g to nonsubscribers v billed. If any rate e system for eac rnished or offere- made or establish ate for each.	pect to a pombination give rate s. Rate in es are cl h of the d during hed. List	on with any sec information co information shou harged on a var applicable serv the accounting these other se	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATE			
Services Other Than Secondary ransmissions:	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an 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 ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge btion and inclu	ber) info that are ons: you nished t susually the cabl stem fu ge was de the r CK 1 CATEC Installa • Mo	ormation with res e not offered in co do not need to g to nonsubscribers v billed. If any rate e system for eac rnished or offere- made or establist ate for each.	pect to a pombination give rate s. Rate in es are cl h of the d during hed. List	on with any sec information co information shou harged on a var applicable serv the accounting these other se	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI			
Services Other Than Secondary ransmissions:	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate chargo tion and inclu BLO RATE	ber) info that are ons: you nished t susually the cabl stem fu ge was i de the r CK 1 CATEC Installi • Mo • Co	ormation with res e not offered in co do not need to g to nonsubscribers v billed. If any rate e system for eac rnished or offere- made or establish ate for each.	pect to a pombination give rate s. Rate in es are cl h of the d during hed. List	on with any sec information co information shou harged on a var applicable serv the accounting these other se	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI			
Services Other Than Secondary ransmissions:	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate chargo tion and inclu BLO RATE	ber) info that are ons: you nished t usually the cabl stem fu ge was i de the r CK 1 CATEC Installa • Mo • Col	ormation with res e not offered in co do not need to g o nonsubscribers billed. If any rate e system for eac rnished or offerer made or establish ate for each.	pect to a ombinati- give rate s. Rate in es are cl h of the d during hed. List ICE Iential	on with any sec information co information shou harged on a var applicable serv the accounting these other se	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI			
Services Other Than Secondary ransmissions:	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an 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 ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate chargo tion and inclu BLO RATE	ber) info that are ons: you nished t usually the cabl stem fu ge was n de the r CK 1 CATEC Installa • Mo • Con • Pay	ormation with res e not offered in co do not need to g to nonsubscribers v billed. If any rat e system for eac rnished or offere- made or establist ate for each. GORY OF SERV ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha	pect to a ombinati- give rate s. Rate in es are cl h of the d during hed. List ICE Iential	on with any sec information co information shou harged on a var applicable serv the accounting these other se	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI			
Services Other Than Secondary ransmissions:	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge otion and inclu <u>BLO</u> RATE 19.95	ber) info that are ons: you nished t usually the cabl stem fu ge was n de the r CK 1 CATEC Install • Mo • Co • Pay • Fire	ormation with res e not offered in co do not need to g to nonsubscribers v billed. If any rat e system for eac rnished or offere- made or establish ate for each. GORY OF SERV ation: Non-resid tel, hotel mmercial y cable y cable-add'I cha e protection	pect to a ombinati- give rate s. Rate in es are cl h of the d during hed. List ICE Iential	on with any sec information co information shou harged on a var applicable serv the accounting these other se	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI			
Services Other Than Secondary ransmissions:	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 amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection Installation: Residential • First set	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate chargo tion and inclu BLO RATE	ber) info that are ons: you nished t usually the cabl stem fu ge was i de the r CK 1 CATEC Install • Mo • Col • Pay • Fire • Bui	ormation with res e not offered in co do not need to g to nonsubscribers v billed. If any rate e system for eac rnished or offere- made or establist ate for each. GORY OF SERV ation: Non-resid tel, hotel mmercial y cable-add'l cha e protection rglar protection	pect to a ombinati- give rate s. Rate in es are cl h of the d during hed. List ICE Iential	on with any sec information co information shou harged on a var applicable serv the accounting these other se	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI			
Services Other Than Secondary ransmissions:	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an 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 ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge otion and inclu <u>BLO</u> RATE 19.95	ber) info that are ons: you nished t usually the cabl stem fu ge was i de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other	ormation with res e not offered in co do not need to g to nonsubscribers v billed. If any rate e system for eac rnished or offere- made or establist ate for each. GORY OF SERV ation: Non-resid tel, hotel mmercial y cable-add'l cha e protection rglar protection services:	pect to a ombinati- give rate s. Rate in es are cl h of the d during hed. List ICE Iential	on with any sec information con information shou harged on a var applicable serv the accounting these other se RATE	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI			
Services Other Than Secondary ransmissions:	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There al 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 ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge otion and inclu <u>BLO</u> RATE 19.95	ber) info that are ons: you nished t usually the cabl stem fu ge was i de the ra CK 1 CATEC Installa • Mo • Col • Pay • Fire • Bui Other • Re	ormation with res e not offered in co do not need to g to nonsubscribers v billed. If any rate e system for eac rnished or offere- made or establist ate for each. GORY OF SERV ation: Non-resid tel, hotel mmercial y cable-add'l cha e protection rglar protection services: connect	pect to a ombinati- give rate s. Rate in es are cl h of the d during hed. List ICE Iential	on with any sec information co information shou harged on a var applicable serv the accounting these other se	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RATI			
Services Other Than Secondary ransmissions:	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There an 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 ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te (not subscri hose services re two exceptio or facilities fur hit in which it is rate column. te charged by t your cable sy separate charge otion and inclu <u>BLO</u> RATE 19.95	ber) info that are ons: you nished t usually the cabl stem fu ge was i de the r CK 1 CATEC Install • Mo • Co • Pay • Fire • Bui Other • Re • Dis	ormation with res e not offered in co do not need to g to nonsubscribers v billed. If any rate e system for eac rnished or offere- made or establist ate for each. GORY OF SERV ation: Non-resid tel, hotel mmercial y cable-add'l cha e protection rglar protection services:	pect to a ombinati- give rate s. Rate in es are cl h of the d during hed. List ICE Iential	on with any sec information con information shou harged on a var applicable serv the accounting these other se RATE	ondary trai ncerning (1 uld include iable per-p ices listed. period tha rvices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RAT			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vvve Broadband A. LLC PRIMARY TRANSMITTERS: TELEVISION FORM SA1-2. PAGE 3

Primary Transmitters: Television

G

Name

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KSNW-NBC	3	N	WICHITA KS
KSAS-FOX	24	I	WICHITA KS
KPTS-PBS	8	E	HUTCHINSON KS
KAKE-ABC	10	N	WICHITA KS
KWCH-CBS	12	N	HUTCHINSON KS
KSCW-CW	33	I	WICHITA KS
KWCH-WEATHER	12.2	I-M	HUTCHINSON KS
KS, KSAS-TBD TV	24.2	I-M	Wichita, KS
KS, KSAS-Comet	24.3	I-M	Wichita, KS

ACCOUNTING PERIOD: 2018/1

ORM SA1-2. F EGAL NAME OF /yve Broadl	F OWNER OF (YSTEM:				SYSTEM ID# 004058	Name
,							004030	
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.							н	
eccivable if (1) n the basis of i or detailed info Column 1: lo Column 2: S Column 3: If ignal, indicate	it is carried by monitoring, to prmation about dentify the call tate whether t the radio statis this by placing	y the syst be receive t the the sign of e he statio ion's sign g a check	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter in this point, see ed by the cable sy	adend, and (2) nna, during ce page (v) of the ystem as a se) it can b ertain sta e genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters Radio
			the community with which the	station is identifie				
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
	·							

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:						SYSTEM ID# 004058		
l Substitute	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 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.										
Substitute Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special											
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?										
Program Log	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 sta under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informatio 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 month and day when your system carried the substitute program. Use numerals, with the motifist. 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 programming that your system was require to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to										
	SI	JBSTITUT	E PROGRAM	1			EN SUBST IAGE OCC		7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		IONTH D DAY	6. FROM	TIMES — TO	DELETION		
								_			
					_			_			
								_			
								_			
]			_			
					1			_			
					1			_			
								_			
					-			_			
					-						
					-						
								_			
					-			_			
								_			
								_			
								_			
					1			_			
								_			
					-			_			
					- ·			_			

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 004058	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount 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.	on service unt, see	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 \$263, • 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	801	L Copyright Royalty Fee
Instructional As a pable queter with gross requires of \$427,100 or less the revelty for thet you must new for this a	iv month	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this s 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		
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
1. Base amount under statutory formula \$ 263,800.00		
2. Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K		
5. Enter the amount from line 3		
6. Subtract line 5 from line 4		
7. Multiply line 6 by .005 (enter figure here)		
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K		
2. Base amount under statutory formula		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$1,3	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 I o general instructions for more information.	f the	

		FORM SA1-2. PAGE 7.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 004058						
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	9						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	45						
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	-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 regulation as explained in the general instructions.)	ons,						
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 system 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 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 h 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)] 	erein						
	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 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.

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	004058	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	basic clude sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions During the accounting period did the cable system exclude any amounts of gross receipts for secondary trans- made by satellite carriers to satellite dish owners?		Gross Receipts Exclusion
XNO		
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 under For an explanation of interest assessment, see page (viii) of the general instructions.	rpayment.	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	duys 	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
	t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistan contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ce please	
** 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 Offco list below the owner, address, first community served, ID number, and accounting period as given in the origin		
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 in	nformation (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 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.