## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

|               |                              | Return to.                  |
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| FOR COPYRIGHT | Library of Co<br>Copyright O |                             |
| DATE RECEIVED | AMOUNT                       | Licensing D                 |
| 02/27/2019    |                              | 101 Indeper                 |
|               | \$                           | Washington<br>(202) 707-8   |
|               | ALLOCATION NUMBER            | For courier of              |
|               |                              | see page ii<br>instructions |

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries,
see page ii of the general

| Α                    | ACCOUNTING PERIOD COVERE   | D BY THIS STATEMENT:  |   |                             |  |  |  |
|----------------------|--|---|---|-----------------------------|--|--|--|
| Accounting<br>Period | July 1-December 31, 20   | 18  |   |                             |  |  |  |
| B<br>Owner           | Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  1022117  LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM  Vyve Broadband A, LLC |   |   |                             |  |  |  |
|                      |  |   | *02   | 2211720182*                 |  |  |  |
|                      |  |   |   | 022117 2018/2               |  |  |  |
|                      | 4 International Dr Suite 330   | )   |   |                             |  |  |  |
|                      | Rye Brook, NY 10573  |   |   |                             |  |  |  |
| С                    |  |   | ntify the business and operation of the systeme system, if different from the address given   |                             |  |  |  |
| System               | 1 IDENTIFICATION OF CABLE SYSTEM:  |   |   |                             |  |  |  |
|                      | MAILING ADDRESS OF CABLE SYSTEM  | :   |   |                             |  |  |  |
|                      | 2 (Number, street, rural route, apartment, or suite n  | umber)  |   |                             |  |  |  |
|                      | (City, town, state, zip code)  |   |   |                             |  |  |  |
| <b>D</b><br>Area     | in FCC rules: "a separate and distinct or areas and including single, discrete uni   | community or municipal entitiy (incluincorporated areas)." 47 C.F.R. 76 | A "community" is the same as a "community uding unincorporated communities within uni 6.5(dd). The first community that list will servuse it as the first community on all future filing. | ncorporated<br>ve as a form |  |  |  |
| Served               | Note: Entities and properties such as h  |   | or mobile home parks should be reported in p  | •                           |  |  |  |
|                      | the identified city.  CITY OR TOWN   | STATE   | CITY OR TOWN  | STATE                       |  |  |  |
| First                | BALLINGER  | TX  |   |                             |  |  |  |
| Community            |  |   |   |                             |  |  |  |
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 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 CABLE S  Vyve Broadband A, LLC |       |              | SYSTEN<br>022 |
|-----------|---|-------|--------------|---------------|
|           | CITY OR TOWN  | STATE | CITY OR TOWN | STATE         |
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FORM SA3, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 022117 Vvve Broadband A. LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that talls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 NO. OF NO. OF CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE SUBSCRIBERS** Residential: Service to first set 25.00 Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 28 25.00 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential · Motel, hotel · Pay cable 19.95 • 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 protection Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95 Converter Disconnect

Outlet relocation

· Move to new address

20.00

39.95

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 022117 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television pasis 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-thie-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. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF STATION NUMBER I-M KTXS-CW 12.2 **ABILENE TX** KTAB-CBS 32 Ν **ABILENE TX KPCB-IND** 17 **SNYDER TX** ı KRBC-NBC 9 Ν **ABILENE TX** 15 KXVA-FOX I **ABILENE TX** SWEETWATER/ABILENE TX KTXS-ABC 12 N KTAB-Telemunodo 32.2 I-M **ABILENE TX** 

| FORM SA1-2. F  |                                     |                        |   |                    |                     |                |                                   |                     |      |
|--|-------------------------------------|------------------------|---|--------------------|---------------------|----------------|-----------------------------------|---------------------|------|
| LEGAL NAME OF  |                                     |                        | /STEM:  |                    |                     |                |                                   | SYSTEM ID#          | Name |
| Vyve Broadband A, LLC 022117   |                                     |                        |   |                    |                     |                |                                   |                     |      |
| PRIMARY TRA  | NSMITTERS:                          | RADIO                  |   |                    |                     |                |                                   |                     |      |
|  |                                     |                        | rried on a separate and discre  | et                 | e basis and list t  | those FM stati | ons carr                          | ied on an           | Н    |
|  | •                                   |                        | nerally receivable" by your ca  |                    |                     |                |                                   |                     |      |
| Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. |                                     |                        |   |                    |                     |                | Primary<br>Transmitters:<br>Radio |                     |      |
| Column 1: lo<br>Column 2: S  | dentify the call<br>state whether t | sign of e<br>he statio | Copyright Office regulations of<br>each station carried.<br>In is AM or FM.<br>In al was electronically process |                    |                     |                |                                   |                     |      |
|  |                                     |                        | mark in the "S/D" column.   |                    | ,                   | ,              |                                   |                     |      |
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| iviexican or Can   | iadian stations                     | s, ir any, i           | the community with which the  | S                  | tation is identifie | ea).           |                                   |                     |      |
|  |                                     |                        |   |                    |                     |                |                                   |                     |      |
| CALL SIGN  | AM or FM                            | S/D                    | LOCATION OF STATION   | Н                  | CALL SIGN           | AM or FM       | S/D                               | LOCATION OF STATION |      |
|  |                                     |                        |   |                    |                     |                |                                   |                     |      |
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|                              | LEGAL NAME OF OWNER OF   | CARLE SYS             | LEW.                      |                            |                     |                        | SYSTEM ID#      |  |  |
|------------------------------|--|-----------------------|---------------------------|----------------------------|---------------------|------------------------|-----------------|--|--|
| Name                         | Vyve Broadband A, LL   |                       |                           |                            |                     |                        | 022117          |  |  |
|                              | SUBSTITUTE CARRIAGE  | : SPECIA              | L STATEMEI                | NT AND PROGRAM LO          | G                   |                        |                 |  |  |
|                              | 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  |                       |                           |                            |                     |                        |                 |  |  |
| Substitute<br>Carriage:      | explanation of the programming that must be included in this log, see page (v) of the general instructions.  |                       |                           |                            |                     |                        |                 |  |  |
| Special                      | <ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program</li> </ul>   |                       |                           |                            |                     |                        |                 |  |  |
| Statement and<br>Program Log | broadcast by a distant station?  |                       |                           |                            |                     |                        |                 |  |  |
|                              | Note: If your answer is "No" log in block 2.   | -                     |                           | e blank. If your answer is | "Yes," you mu       | ust complete the progr | am<br>          |  |  |
|                              | 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is 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 month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required |                       |                           |                            |                     |                        |                 |  |  |
|                              | to delete under FCC rules a<br>gram was substituted for pro-<br>effect on October 19, 1976.  |                       |                           |                            |                     |                        | 1               |  |  |
|                              | SUBSTITUTE PROGRAM  WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R   |                       |                           |                            |                     |                        | GE<br>7. REASON |  |  |
|                              | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION      | 5. MONTH<br>AND DAY | 6. TIMES FROM — TO     | FOR DELETION    |  |  |
|                              |  |                       |                           |                            |                     |                        |                 |  |  |
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| LEGAL NAME OF OWNER OF CABLE SYSTEM:  | SYSTEM ID#       | Nome                          |
|---|------------------|-------------------------------|
| Vyve Broadband A, LLC   | 022117           | Name                          |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trar (as identited in space E) during the accounting period. For a further explanation of how to compute the page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts. | smission service | <b>K</b><br>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.   |                  | L<br>Copyright<br>Royalty Fee |
| BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  |                  |                               |
| Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay f accounting period is \$52.00  | or this six-mont |                               |
| Line 1. Royalty fee for accounting period   | \$ 52.00         |                               |
| Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  | 0.00             |                               |
| Live a TOTAL DOVALTY FEE DAVABLE FOR ACCOUNTING PERIOD, Add five 4 and 0  | <b>.</b> 52.00   |                               |
| Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2  |                  |                               |
| 1. Base amount under statutory formula  | ,100)            |                               |
| 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   |                  |                               |
| 9. TOTAL ROTALIT FEE PATABLE FOR ACCOUNTING PERIOD. Add lines 7 and 6   |                  |                               |
| BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$52  | 7,600)           |                               |
| Enter the amount of gross receipts from space K   | _                |                               |
| 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> . Se general instructions for more information.   | e page I of the  |                               |

| Nama                     | LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#                |  |  |  |  |
|--------------------------|--|---------------------------|--|--|--|--|
| Name                     | Vyve Broadband A, LLC  | 022117                    |  |  |  |  |
|                          | CHANNELS   |                           |  |  |  |  |
| M                        | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast  | t stations                |  |  |  |  |
|                          | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  |                           |  |  |  |  |
| Channels                 | _  |                           |  |  |  |  |
|                          | Enter the total number of channels on which the cable  | 7                         |  |  |  |  |
|                          | system carried television broadcast stations   |                           |  |  |  |  |
|                          | Enter the total number of activated channels   |                           |  |  |  |  |
|                          | on which the cable system carried television broadcast stations  | 446                       |  |  |  |  |
|                          | and nonbroadcast services  | 116                       |  |  |  |  |
|                          |  |                           |  |  |  |  |
| N                        | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom   |                           |  |  |  |  |
|                          | we can write or call about this statement of account.)   |                           |  |  |  |  |
| Individual to            |  |                           |  |  |  |  |
| Be Contacted for Further | Name Marie Censoplano Telephone S  | 914-235-8313              |  |  |  |  |
| Information              | Name Marie Censopiano Telephone  | 914-233-0313              |  |  |  |  |
|                          | A lost annual in an all Da Outies 2000   |                           |  |  |  |  |
|                          | Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)   |                           |  |  |  |  |
|                          | Rye Brook, NY 10573  |                           |  |  |  |  |
|                          | (City, town, state, zip)   |                           |  |  |  |  |
|                          | Fracil (antique)) morio concentono @vayabb com   |                           |  |  |  |  |
|                          | Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363   | 3                         |  |  |  |  |
|                          | CERTIFICATION (This statement of second much be setted and signed in second much Commission Office and   | .1-6                      |  |  |  |  |
| 0                        | <b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regulations as explained in the general instructions.) |                           |  |  |  |  |
| O<br>Certifcation        |  |                           |  |  |  |  |
| Cermicanon               | I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)   |                           |  |  |  |  |
|                          | (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of spa   | ace B; or                 |  |  |  |  |
|                          |  |                           |  |  |  |  |
|                          | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the ca   | ble system as identified  |  |  |  |  |
|                          | in line 1 of space B and that the owner is not a corporation or partnership; or  |                           |  |  |  |  |
|                          | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as   | owner of the cable system |  |  |  |  |
|                          | in line 1 of space B.  |                           |  |  |  |  |
|                          | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains  | ained herein              |  |  |  |  |
|                          | are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith [18 U.S.C., Section 1001(1986)]                       |                           |  |  |  |  |
|                          | [10 0.0.0., 0001011 100 (1000)]  |                           |  |  |  |  |
|                          | Ocuial 7 911hita   |                           |  |  |  |  |
|                          | 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: 2/26/2019  |                           |  |  |  |  |

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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.

| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#   | Name                                      |
|--|--|---|
| Vyve Broadband A, LLC  | 022117   | Name                                      |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyrig lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cabl service of providing secondary transmissions of primary broadcast transmitters, the system of subscribers and amounts collected from subscribers receiving secondary transmissions put | e system for the basic stem shall not include sub- | P<br>Special<br>Statement                 |
| For more information on when to exclude these amounts, see the note on page (vii) of the ger During the accounting period did the cable system exclude any amounts of gross receipts for made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below   |  | Concerning<br>Gross Receipts<br>Exclusion |
| Name Mailing Address Mailing Address Mailing Address   |  |   |
| INTEREST ASSESSMENTS   |  |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late p For an explanation of interest assessment, see page (viii) of the general instructions.  | ayment or underpayment.                            | Q   |
| Line 1 Enter the amount of late payment or underpayment  |  | Interest<br>Assessment                    |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here  | x days   | l   |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   | x 0.00274  | l   |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)   | (interest charge)                                  | ı   |
| * To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  | further assistance please                          | l   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late  | <b>)</b> .   | ı   |
| NOTE: If you are fling this worksheet covering a statement of account already submitted to the list below the owner, address, first community served, ID number, and accounting period as gi   |  | l   |
| Owner Address  |  | ı   |
| ID number  First community served  Accounting period   |  | ı   |

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