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)].

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/27/2019	\$
	ALLOCATION NUMBER

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 instructions

Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:							
Accounting	July 1-December 31, 20	18							
Period									
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Vyve Broadband J, LLC								
			02	2877620182					
			02						
				028776 2018/2					
	Four International Drive, S	uite 330							
	Rye Brook, NY 10573	unc 550							
		reinage or trade names used to ider	atify the hypiness and operation of the system	n unless these					
C	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM: 234 N Windriver Drive (Number, street, rural route, apartment, or suite number) Douglas, WY 82633 (City, town, state, zip code)								
D Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form 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 h the identified city.	otels, apartments, condiminiums, c	or mobile home parks should be reported in p	aratheses below					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community	Wheatland	WY							
Community	Platte County	WY							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028776 Vvve Broadband J. LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Transmission Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 NO. OF NO. OF CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE SUBSCRIBERS** Residential: Service to first set 214 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 33 25.00 Commercial Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE **RATE** OF SERVICE **RATE** Installation: Non-residential Continuing Services: · Pay cable 19.95 · Motel, hotel T&M • Pay cable—add'l channel 15.95 Commercial T&M Fire protection N/A Pay cable T&M · Pay cable-add'l channel T&M Burglar protection N/A Installation: Residential · Fire protection N/A First set · Burglar protection 59.99 N/A Additional set(s) 19.99 Other services: • FM radio (if separate rate) Reconnect N/A 29.99 Converter Disconnect

Outlet relocation

· Move to new address

29.99

29.99

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028776 Vyve Broadband J, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF NUMBER **STATION** KCNC 4 (CBS) Denver 4 Ν Denver, CO KCWC 6 (PBS) Riverton 6 Ε Riverton, WY 7 N Denver, CO KMGH 7 (ABC) Denvei Denver, CO KTVD 20 (MyNet) Den 20 KUSA 9 (NBC) Denver 9 Ν Denver, CO 2 Denver, CO KWGN 2 (CW) Denver 31 KDVR 31 (FOX) Denve Denver, CO KKTQ 16 (ABC) Chever 16 N Cheyenne, CO

FORM SA1-2. F									
LEGAL NAME OF	FOWNER OF (CABLE S'	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band J, LL0	3						028776	
PRIMARY TRA	NSMITTERS:	RADIO							
			urried on a senarate and discre	≙ t	te hasis and list	those FM stati	ons carr	ied on an	Н
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.						••			
	_	_							
			I-Band FM Carriage: Under (Primary
			tem whenever it is received a						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of	or	n this point, see	page (v) of the	e genera	I instructions.	
			each station carried.						
			n is AM or FM.						
			nal was electronically process	е	d by the cable s	ystem as a se	parate a	nd discrete	
-			mark in the "S/D" column.			50			
			on (the community to which the				or, in ti د	ne case of	
iviexican or Can	iadian stations	s, ii ariy,	the community with which the	5	station is identifie	eu).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	H	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	
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Name	Vyve Broadband J, LL		ГЕМ:				;	8YSTEM ID# 028776
Substitute Carriage: Special Statement and Program Log	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" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time	fy every nor counting peng that mus CONCER od, did your ion? I leave the lea	AL STATEMEI nnetwork televis riod, under spe the included in NING SUBST r cable system rest of this pag MS m on a separa attach additional nnetwork televity on and that your r authorizations vies" or "baske deast live, enter station broadca on's location (the ns, if any, the when your sys substitute pro	cition program broadcast by cific present and former FC this log, see page (v) of the TITUTE CARRIAGE carry, on a substitute basic e blank. If your answer is the line. Use abbreviations al pages. sion program (substitute pur cable system substitute pur cable system substitute so see page (v) of the generated in the substitute program of "Yes." Otherwise enter "Notherwise enter "Notherwis	a distant static C rules, regula e general instr is, any nonne "Yes," you mu wherever pos program) that, d for the prog eral instruction n titles, for ex. No." m. station is lice station is ider program. Use cable system.	ations, or authorizations. twork televisions ust complete to the sible, if their induring the act aramming of a man for further ample, "I Love ensed by the fatified). In the indured is a numeral indured in the sible in the	on program Yes the program meaning is counting inother static information. e Lucy" or FCC or, in ith the month	earried on a por a further
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a er "R" if the nd regulation	program carrie listed program ons in effect du	ed by a system from 6:01: was substituted for progra ring the accounting period	15 p.m. to 6:2 amming that y ; enter the let under FCC r	8:30 p.m. sho rour system w ter "P" if the I rules and regu	ould be vas required isted pro ulations in	
	S		E PROGRAM	<u> </u>		OCCURREI)	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM —	MES - TO	TORBLETION
							_	
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028776	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 identified in space E) during the accounting period. For a further explanation of how to compute tr page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	nsmission service	K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal t 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.		Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay taccounting period is \$52.00	or this six-mont	
Line 1. Royalty fee for accounting period	\$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD: Add lines 1 and 2	\$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	L.	
1. Base amount under statutory formula	,	
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 \$52	7,600)	
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		
IMPORTANT : 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	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC 028776						
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.						
onamicis .	1. Enter the total number of channels on which the cable system carried television broadcast stations						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services						
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)						
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-234-8313						
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)						
	Rye Brook, NY 10573 (City, town, state, zip)						
	Email (optional) Fax (optional)						
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations as explained in the general instructions.)						
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith [18 U.S.C., Section 1001(1986)]						
	Handwritten signature: /s/ Daniel J White						
	Handwritten signature: /s/ Daniel J White Typed or printed name: Daniel J. White						

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028776	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Colowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmissions."	pyright Act by adding the fol- cable system for the basic e system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the During the accounting period did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$	_	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions.	ate payment or underpayment.	Q
Line 1 Enter the amount of late payment or underpayment	x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	xdays	l
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	ı
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	\$ - (interest charge) For further assistance please	
	lada	
** This is the decimal equivalent of 1/365, which is the interest assessment for one da NOTE: If you are fling this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period Owner Address ID number First community served	to the Copyright Offce, please	
Accounting period		1

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