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)].

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FOR COPYRIGHT	Library of Congress Copyright Office		
DATE RECEIVED	AMOUNT	Licensing Division 101 Independence Ave. S	
02/27/2019		101 independence Ave. S	
	\$	Washington, DC 20557-6 (202) 707-8150	
	ALLOCATION NUMBER	For courier deliveries,	
		see page ii of the general instructions	

Return to: of Congress aht Office ng Division ependence Ave. SE gton, DC 20557-6400 07-8150 rier deliveries,

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2018 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Owner 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. 030492 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband J, LLC *03049220182* 030492 2018/2 Four International Drive, Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these C 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. IDENTIFICATION OF CABLE SYSTEM: System MAILING ADDRESS OF CABLE SYSTEM: 1501 West Mississippi nt. or suite number) (Number, street, rural route, apartme **Durant, OK 74701** Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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. Area Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below Served the identified city. STATE CITY OR TOWN CITY OR TOWN STATE OK First Durant OK Calera OK Armstrong OK Cartwright Community OK Colbert OK **Bokchito** OK OK **Bryan County Tishomingo Buncumbe Creek** OK Caddo ΟK

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 030492 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 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 ⊨, 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 SUBSCRIBERS RATE** Residential: Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 118 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 1** 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 T&M • Pay cable—add'l channel 15.95 Commercial T&M · Fire protection N/A · Pay cable T&M Burglar protection N/A · Pay cable-add'l channel T&M Installation: Residential · Fire protection N/A First set · Burglar protection 59.99 N/A 19.99 Additional set(s) Other services: • FM radio (if separate rate) N/A Reconnect 29.99 Converter Disconnect

Outlet relocation

· Move to new address

29.99

29.99

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 030492 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 substitute program basis, as explained in the next paragraph. Transmitters: 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. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION** 12 SHERMAN TX KXII-CBS N 13 OKLAHOMA CITY OK **KETA-PBS** Ε **KWTV-NEWS 9** 9.2 I-M OKLAHOMA CITY OK 10 Ν KTEN-NBC SHERMAN TX 11 Т **TEXOMA-SHERMAN TX** KXII-FOX KTEN-CW 14.2 I-M SHERMAN TX 15.2 KTEN-ABC N-M SHERMAN TX 17.2 I-M KXII-MYNET SHERMAN TX 13.2 I-M OKLAHOMA CITY OK **KETA-OKLA** E-M **KETA-CREATE** 13.3 OKLAHOMA CITY OK 13.4 E-M OKLAHOMA CITY OK **KETA-KIDS** 9.2 N-M OKLAHOMA CITY OK **KWTV-News 9 Now**

FORM SA1-2. F									
LEGAL NAME OF	FOWNER OF (CABLE S'	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band J, LL(030492	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: List	t every radio s	tation ca	irried on a separate and discre	et	te basis and list	those FM stati	ons carr	ied on an	Н
all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
Special Instruc	tions Conce	rnina All	I-Band FM Carriage: Under (٦.	onvright Office re	egulations an	FM sign	nal is generally	Primary
			tem whenever it is received at						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of						
			each station carried.				-		
Column 2: S	tate whether t	he statio	n is AM or FM.						
Column 3: If	the radio stati	ion's sigr	nal was electronically process	е	d by the cable s	ystem as a se	parate a	nd discrete	
-			mark in the "S/D" column.						
			on (the community to which th				C or, in t	ne case of	
Mexican or Can	iadian stations	s, if any,	the community with which the	S	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	<u> </u>	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OI FIVI	3/10	LOCATION OF STATION	H	CALL SIGN	AIVI UI FIVI	3/10	LOCATION OF STATION	
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Name	Vyve Broadband J, LL		ГЕМ:				SYSTEM ID# 030492		
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system 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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Cintement and							ion th		
	gram was substituted for programming that your system was permitted to delete under FCC rules and regulations effect on October 19, 1976. WHEN SUBSTITUTE CARR OCCURRED				BSTITUTE CARRIAGE	7. REASON FOR DELETION			
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO			
							+		

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama			
Vyve Broadband J, LLC	030492	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 ⊨) 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.	smission 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 to \$263,800 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					
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	<u> </u>				
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					
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137					
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)				
BLOCK 3. GROSS RECEIFTS OF MORE THAN \$203,000 (but less than \$32	7,000)				
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	100.27				
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	\$ 1,419.27				
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 SYS Vyve Broadband J, LLC	STEM:	SYSTEM ID# 030492			
M Channels	to its subscribers and (2) the cable sys	umber of channels on which the cable system carried television broadcast stem's total number of activated channels, during the accounting period. on which the cable stations.	stations 12			
	Enter the total number of activated on which the cable system carried tell and nonbroadcast services		240			
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF we can write or call about this stateme Name Marie Censoplano	FURTHER INFORMATION IS NEEDED: (Identify an individual to whom ent of account.) Telephone 9:	14-234-8313			
	Address Four International Di (Number, street, rural route, apart Rye Brook, NY 10573 (City, town, state, zip) Email (optional)	ment, or suite number)				
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations as explained in the general instructions.) • 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 [X (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 Typed or printed name: Daniel J. White Title: SVP - Financial Planning (Title of official position held in corporation or partnership)					
	are true, complete, and correct to the be [18 U.S.C., Section 1001(1986)] Handwritten sign Typed or printed Title: SVP -	est of my knowledge, information, and belief, and are made in good faith nature: /s/ Daniel J White d name: Daniel J. White Financial Planning	ned herein			

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	030492	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the syste scribers and amounts collected from subscribers receiving secondary transmissions pursu	system for the basic m shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general During the accounting period did the cable system exclude any amounts of gross receipts for see 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 late payre For an explanation of interest assessment, see page (viii) of the general instructions.	ment 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	x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For fu contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	,	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the C list below the owner, address, first community served, ID number, and accounting period as give Owner Address		
riuli 033		
ID number First community served Accounting period		

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