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 COPYRIGH | Return to: Library of Congress Copyright Office | | |
|--|---------------|---|--|--|
| for Secondary Transmissions by Cable Systems (Short Form) | DATE RECEIVED | AMOUNT | Licensing Division | |
| General instructions are at the end of this form [pages (i)-(vii)]. | 02/27/2019 | \$ 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 COVERED BY THIS STATEMENT: | | | | | | | |
|---|---|---|---|--|-------------|--------|--|--|
| Accounting Period | July 1-December 31, 2018 | | | | | | | |
| 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 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. O37145 | | | | | | | |
| | LE | GAL NAME OF OWNER/MAILING ADI | | | | | | |
| | | Vyve Broadband A, LLC | | | | | | |
| | | • | | | | | | |
| | | | | *03 | 871452 | 0182* | | |
| | | | | | 037145 | 2018/2 | | |
| | | | | | | | | |
| | | 4 International Dr Suite 330 | | | | | | |
| | | Rye Brook, NY 10573 | | | | | | |
| С | | | | ntify the business and operation of the system e system, if different from the address given i | | | | |
| 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) | | | | | | |
| | Ine | | unity served by the cable system | A "community" is the same as a "community | unit" as de | afinad | | |
| D | | • | | uding unincorporated communities within unir | | | | |
| | | | • • | 6.5(dd). The first community that list will serve | | n | | |
| Area Served | | | , | use it as the first community on all future filing or mobile home parks should be reported in pa | 0 | below | | |
| | | identified city. | | ···· · · · · · · · · · · · · · · · · · | | | | |
| First | Do | CITY OR TOWN | STATE TX | CITY OR TOWN | STA | ATE | | |
| First Community | гe | rryton | 1 | | | | | |
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| form in order to provid numbers. By provid search reports prep completed record of | cess ing P ared f state | your statement of account. PII is any persona I, you are agreeing to the routine use of it to for the public. The effects of not providing the ements of account, and it may affect the lega | al information that can be used to identify or establish and maintain a public record, whic e PII requested is that it may delay processi | e personally identifying information (PII) requested on thi trace an individual, such as name, address and telephor h includes appearing in the Offce's public indexes and in g of your statement of account and its placement in the would be made by a court of law. | ne 1 | | | |
| Form SA1-2c Rev 04 | 4/201 | 1 | | | | | | |

| | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | SYS | STEM ID | | | |
|---------------------------|---|---------------|---------------------------------------|--------|-------------|-------|----------------|---------|--|--|--|
| Name | Vyve Broadband A, LLC | ; | | | | | | 03714 | | | |
| - | SECONDARY TRANSMISSION | SERVICE: SU | IBSCRIBERS AND R | ATES | | | | | | | |
| E | In General: The information in space E should cover all categories of secondary transmission service of the cable | | | | | | | | | | |
| 0 | system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information | | | | | | | | | | |
| Secondary Transmission | 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). | | | | | | | | | | |
| Service: Sub- | Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken | | | | | | | | | | |
| scribers and | down by categories of secondary | | 0 / 1 | | • | | | | | | |
| Rates | each category by counting the nu | | | | | | charged | | | | |
| | separately for the particular servi Rate: Give the standard rate cl | | | | | | e and the | | | | |
| | unit in which it is generally billed. | 0 | 0, | | | Ũ | | | | | |
| | category, but do not include disc | ounts allowed | for advance payment. | • | | • | | | | | |
| | BIOCK 1: In the left-hand block | | - | | | | | | | | |
| | systems most commonly provide that applies to your system. Note | | | | | | | | | | |
| | categories, that person or entity | | - | | - | | | | | | |
| | subscriber who pays extra for ca | | | •• | 0, | • | | | | | |
| | first set" and would be counted o | | | | | | | | | | |
| | Block 2: If your cable system f printed in block 1 (for example, ti | • | | | | | | | | | |
| | with the number of subscribers a | | | | | | | | | | |
| | sufficient. | | | | o | | | | | | |
| | BLC | DCK 1 | | | | BLOC | < 2 | | | | |
| | | NO. OF | | 0.4.7 | | | NO. OF | DATE | | | |
| | CATEGORY OF SERVICE Residential: | SUBSCRIB | ERS RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RATE | | | |
| | Service to first set | | 145 25.00 | | | | | | | | |
| | Service to additional set(s) | | 145 25.00 | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | |
| | Commercial | | 14 25.00 | | | | | | | | |
| | Converter | | 20.00 | | | | | | | | |
| | Residential | | | | | | | | | | |
| | Non-residential | | | | | | | | | | |
| | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMISSIONS: RATE | S | | | | | | | |
| F | In General: Space F calls for rat | | | • | • • | | | | | | |
| • | not covered in space E, that is, the service for a single fee. There are | | | | | | | | | | |
| Services | furnished at cost or (2) services of | • | • | 0 | | •••• | | | | | |
| Other Than | amount of the charge and the un | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | | | | | | | | | |
| Fransmissions: Rates | Block 1: Give the standard rate Block 2: List any services that | 0, | • | | •• | | were not | | | | |
| Ruco | Block 2: List any services that your cable system turnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a | | | | | | | | | | |
| | brief (two- or three-word) description and include the rate for each. | | | | | | | | | | |
| | | BLO | CK 1 | | | | BLOCK 2 | | | | |
| | CATEGORY OF SERVICE | RATE | CATEGORY OF SEF | RVICE | RATE | CATEG | ORY OF SERVICE | RATE | | | |
| | Continuing Services: | | Installation: Non-res | | | | | | | | |
| | • Pay cable | 19.95 | Motel, hotel | | | | | | | | |
| | • Pay cable—add'l channel | | Commercial | | | | | | | | |
| | Fire protection | | • Pay cable | | | | | | | | |
| | •Burglar protection | | • Pay cable-add'l c | hannel | | | | | | | |
| | Installation: Residential | [| Fire protection | | | | | Ι | | | |
| | First set | 64.95 | Burglar protection | ı | | | | | | | |
| | Additional set(s) | [| Other services: | | | | | | | | |
| | • FM radio (if separate rate) | [| Reconnect | | 39.95 | | | Ι | | | |
| | Converter | | Disconnect | | | | | | | | |
| | | [| Outlet relocation | | 20.00 | | | | | | |
| | | | Move to new add | race | 39.95 | | | T | | | |
| | | | - WOVE to new add | 1033 | 55.55 | | | | | | |

KACV-PBS Kids

KVII-Stadium

| | LEGAL NAME OF OWNE | | ٠. M | | SA1-2. PAGE 3. |
|-----------------------------|--|--|--|--|----------------|
| Name | Vyve Broadband | | | | 037145 |
| | PRIMARY TRANSMITTERS | · | | | |
| G | In General: In space G, id carried by your cable systemeters | lentify every televisi em during the accou | inting period, exce | ng translator stations and low power television stations) ept (1) stations carried only on a part-time basis under | |
| Primary | 5 | | | the carriage of certain network programs [sections (5.61(e)(2) and (4))]; and (2) certain stations carried on a | |
| Transmitters: Television | substitute program basis, a Substitute Basis Stati basis under specifc FCC n | ons: With respect t | o any distant statio | ons carried by your cable system on a substitute program | |
| | • | re in space G—but o | do list it in space I | (the Special Statement and Program Log)—if the | |
| | basis. For further inform Column 1: List each st | nation concerning si ation's call sign. Do | ubstitute basis stat not report original | ied both on a substitute basis and also on some other tions, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc. tion's broadcasts are carried in its own community. | |
| | This may be different from associated with a station a the same on the form. | the channel on whi according to its over- | ch your cab;e syst -thje-air designatic | work station, an independent station, or a noncommercial | |
| | (for independent multicast For the meaning of these t Column 4: Give the loc |), "E" (for noncomm terms, see page (iv) cation ot each statio | ercial educational) of the general ins n. For U.S. station | (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). tructions. s, list the community to which the station is licensed by the f the community with which the station is identified. | le |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION | |
| | KAMR-NBC | 4 | Ν | Amarillo, TX | |
| | KAMR-MNT | 4.2 | I-M | Amarillo, TX | |
| | KVII-ABC | 7 | N | Amarillo, TX | |
| | KCIT-FOX | 14 | I | Amarillo, TX | |
| | KFDA-CBS | 10 | N | Amarillo, TX | |
| | KVII-CW | 7.2 | I-M | Amarillo, TX | |
| | KACV-PBS | 2 | Е | Amarillo, TX | |
| | KFDA-News Channel | 40.0 | | | |
| | 10 KFDA-Telemundo | 10.2 | I-M | Amarillo, TX | |
| | KFDA-Telemundo KFDA-MeTV | 10.3 | I-M | Amarillo, TX | |
| | | 10.4 | I-M | Amarillo, TX | |
| | KVII-Comet TV | 7.3 | I-M | Amarillo, TX | |
| | KCIT-Grit TV | 14.2 | I-M | Amarillo, TX | |
| | KCIT-Escape TV | 14.3 | I-M | Amarillo, TX | |
| | KCIT-Bounce TV | 14.4 | I-M | Amarillo, TX | |

E-M

I-M

2.2 7.4 Amarillo, TX

Amarillo, TX

ACCOUNTING PERIOD: 2018/2

| FORM SA1-2. F LEGAL NAME O | | | YSTEM: | | | | SYSTEM ID# | IG PERIOD: 2018/ |
|-----------------------------------|---|------------------------|---|--------------------|---------------|-------------|---------------------|-----------------------------------|
| Vyve Broad | | | | | | | 037145 | |
| | NEMITTERS | | | | | | | |
| In General: Lis | RIMARY TRANSMITTERS: RADIO General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an II-band basis whose signals were "generally receivable" by your cable system during the accounting period. | | | | | | | |
| receivable if (1) | it is carried by | y the syst | -Band FM Carriage: Under (tem whenever it is received a ved at the headend, with the s | t the system's hea | dend, and (2) | it can b | e expected, | Primary Transmitters: Radio |
| For detailed info Column 1: lo | ormation abou dentify the call | t the the sign of e | Copyright Office regulations of each station carried. | | | | | Nadio |
| Column 3: If | the radio stat | ion's sigr | n is AM or FM. nal was electronically process mark in the "S/D" column. | ed by the cable sy | /stem as a se | parate a | nd discrete | |
| Column 4: G | live the station | n's locatio | on (the community to which the community with which the | | | C or, in tl | ne case of | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| 0.112 0.011 | | 0.5 | | | | 0.2 | | |
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| Name | LEGAL NAME OF OWNER OF | | TEM: | | | | SYSTEM ID# |
|--|---|---|---|---|--|---|-------------------------------|
| | Vyve Broadband A, LL | L L | | | | | 037145 |
| Substitute Carriage: Special Statement and Program Log | SUBSTITUTE CARRIAGE In General: In space I, identii 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 substi clear. If you need more space | E: SPECIA fy every noi counting pe ing that muse CONCER od, did you ion? , leave the PROGRA itute progra ce, please a of every no distant stati gulations, o | nnetwork televis riod, under spe to be included in RNING SUBST r cable system rest of this pag MS m on a separa attach additiona nnetwork televition and that yo r authorizations | tion program broadcast by a cific present and former FCC this log, see page (v) of the TIUTE CARRIAGE carry, on a substitute basis e blank. If your answer is " te line. Use abbreviations v al pages. sion program (substitute pr ur cable system substituted s. See page (v) of the gene | a distant static C rules, regula e general instr s, any nonnet Yes," you mu wherever pos rogram) that, d for the prog eral instruction | ations, or authorizations. F uctions. twork television program Yes ist complete the program sible, if their meaning is during the accounting ramming of another stati ns for further information | carried on a for a further |
| | Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a gram was substituted for pro- effect on October 19, 1976. | n was broad sign of the s dcast static adian statio th and day e "5/7." as when the Example: a er "R" if the nd regulatio ogramming | station broadca on's location (th ins, if any, the of when your syst substitute prog- program carried listed program ons in effect du that your syste | tem carried the substitute p gram was carried by your c ed by a system from 6:01:1 was substituted for program ring the accounting period; m was permitted to delete | m. station is lice station is iden orogram. Use cable system. 5 p.m. to 6:2 mming that y enter the let under FCC r | titified). numerals, with the mont List the times accurately 8:30 p.m. should be our system was required ter "P" if the listed pro ules and regulations in BSTITUTE CARRIAGE | : |
| | S | | E PROGRAM | | | OCCURRED 6. TIMES | 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 | FROM — TO | |
| | | | | | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|---|--|-------------------------------|
| Vyve Broadband A, LLC | 037145 | 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 tran (as identified in space E) during the accounting period. For a further explanation of how to compute th page (vii) of the general instructions. | smission service | K Gross Receipts |
| 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. | \$ 27,826.25 (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 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 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 for 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 | | |
| 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> . See general instructions for more information. | e page I of the | |

FORM SA1-2. PAGE 6.

| Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC M Channels CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat 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 | SYSTEM ID: 037145 |
|---|-------------------------|
| M Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat 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 . | |
| Channels 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 | |
| Channels 1. Enter the total number of channels on which the cable system carried television broadcast stations . Enter the total number of activated channels on which the cable system carried television broadcast stations . . Enter the total number of activated channels . on which the cable system carried television broadcast stations . and nonbroadcast services . . Individual to Be Contacted for Further INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) Name Marie Censoplano Telephone 914 Address 4 International Dr Suite 330 . .(Number, street, nural route, spatment, or suite number) Rye Brook, NY 10573 . .(City, town, state, stp) Email (optional) marie censoplano@vyvebb.com Fax (optional) 914-234-8363 O Certification Certification Fax (optional) 914-234-8363 Fax (optional) 914-234-8363 < | ations |
| 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 BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to we can write or call about this statement of account.) Individual to Be Contacted for Further Information Name Marie Censoplano Name Marie Censoplano Telephone 914 Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Ryge Brook, NY 10573 (City, town, state, zip) Email (optional) Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363 O Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • (Agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ow in line 1 of space B. | 16 |
| on which the cable system carried television broadcast stations and nonbroadcast services | 10 |
| and nonbroadcast services N Individual to Be Contacted for Further Information Name Marie Censoplano Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363 Certification CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offce regulat 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 duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identified as ow in line 1 of space B. | |
| 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 Information Name Marie Censoplano Telephone 912 Address 4 International Dr Suite 330 Telephone 912 Address 4 International Dr Suite 330 Telephone 912 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 Telephone 914-234-8363 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363 O Certification Fax (optional) energinal instructions.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space • 1, (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 identifed as ow in line 1 of space B. | 241 |
| Individual to Be Contacted for Further Information Name Marie Censoplano Telephone 914 Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363 O Certification CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulat 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 in line 1 of space B and that the owner is not a corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B. | |
| for Further Information Name Marie Censoplano Telephone 914 Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363 C ERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulat as explained in the general instructions.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • I, the undersigned, hereby certify that (Check one, but only one, of the cable system as identifed in line 1 of space • I (Agent of owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space • (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or I (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B. | |
| (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363 Certification Fax (optional) 914-234-8363 Certification • 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 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership) of the legal entity identifed as ow in line 1 of space B. | 4-235-8313 |
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| in line 1 of space B. | system as identified |
| . I have avamined the statement of account and backy declars under penelty of law that all statements of fast contains | ner of the cable system |
| I have examined the statement of account and hereby declare under penalty of law that all statements of fact container 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)] | ed herein |
| 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: 2/26/2019 | |

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 fing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2018/2

| FORM | SA1-2. | PAGE | 8. |
|------|--------|------|----|
|------|--------|------|----|

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | Name |
|---|---|
| Vyve Broadband A, LLC 037145 | 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 the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | P Special Statement Concerning |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. | Gross Receipts |
| During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. \$ | Exclusion |
| Name Name | |
| Mailing Address Mailing Address | |
| | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions. | Q |
| Line 1 Enter the amount of late payment or underpayment | Interest |
| x | 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 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ - (interest charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | |
| NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. | |
| OwnerAddress | |
| ID number | |
| First community served | |
| Accounting period | |
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