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)].

		Neturn to.	
FOR COPYRIGH	Library of Congress Copyright Office		
DATE RECEIVED	AMOUNT	Licensing Division	
		101 Independence Ave. S	
02/27/2019	\$	Washington, DC 20557-6- (202) 707-8150	
02/21/2019	ALLOCATION NUMBER	For courier deliveries,	
		see page ii of the general instructions	

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

Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:					
Accounting	July 1-December 31, 2018						
Period							
В		•	f there are any changes, draw a line through the				
Owner	incorrect information and print or type the co		bsidiary of another corporation, give the full corpo-				
	rate title of the subsidiary, not that of the pa	rent 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 ADI	DRESS OF CABLE SYSTEM					
	Vyve Broadband A, LLC						
			00	576620182			
			0	005766 2018/2			
			·	2010/2			
	4 International Dr Suite 330						
	Rye Brook, NY 10573						
		siness or trade names used to iden	ntify the business and operation of the system	unless these			
С			e system, if different from the address given in				
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM	:					
	2 (Number, street, rural route, apartment, or suite in	ımber)					
	(City, town, state, zip code)						
D	•		A "community" is the same as a "community \boldsymbol{u}				
	•		uding unincorporated commuinites within uning 6.5(dd). The first community that list will serve	•			
Area	5 5 1	• •	use it as the first community on all future filings				
Served	_	-	or mobile home parks should be reported in par				
	the identified city.						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	FREDONIA WILSON COUNTY	KS KS					
Community	WILCON COOK! I	NO					

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 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

Name		LEGAL NAME OF OWNER OF CABLE SYSTEM: Vvve Broadband A. LLC							
	Vyve Broadband A, LLC CITY OR TOWN	STATE	CITY OR TOWN	STATE					
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Area									
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FORM SA3, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 005766 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 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 Closed 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Closed 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

FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 005766 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** 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. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF NUMBER **STATION TULSA OK KOED-PBS** 11 Ε KSNF-NBC 16 **JOPLIN MO** N 14 **KFJX-FOX** ı PITTSBURG KS 7 Ν PITTSBURG KS **KOAM-CBS KODE-ABC** 12 Ν **JOPLIN MO**

FORM SA1-2. F									
LEGAL NAME O	F OWNER OF (CABLE S'	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						005766	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: Lis	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 v	vhose signals	were "ge	enerally receivable" by your ca	ab	ole system during	g the accounti	ng perio	d.	
Special Instruc	ctions 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 a						Transmitters:
			ved at the headend, with the						Radio
			Copyright Office regulations						
			each station carried.		, ,		J		
			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	
signal, indicate	this by placing	a check	mark in the "S/D" column.						
			on (the community to which th				or, in t	ne case of	
Mexican or Can	nadian stations	s, if any,	the community with which the	S	station is identifie	ed).			
CALLOION	Λ N A α α Γ N A	CID	LOCATION OF CTATION		CALL CLOS	Λ N A α α Γ N A	CID	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	L	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Name	Vyve Broadband A, LL		ГЕМ:				;	8YSTEM ID# 005766
Substitute	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.							
Carriage: Special Statement and Program Log	 Substitute						on 1	
	S	UBSTITUT	E PROGRAM		1 1	BSTITUTE C		7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN	MES TO	FOR DELETION
					-			

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Vyve Broadband A, LLC	005766	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identited in space E) during the accounting period. For a further explanation of how to compute this 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	K Gross Receipts
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 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.	\$263,800	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 fo accounting period is \$52.00	r 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 2 TOTAL POYALTY FFF DAYABLE FOR ACCOUNTING PERIOD, Add lines 4 and 2	¢ 52.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
1. Base amount under statutory formula		
Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K		
5. Enter the amount from line 3		
6. Subtract line 5 from line 4		
7. Multiply line 6 by .005 (enter figure here)		
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(600)	
2200K 3. SKOOS KEGEN 10 01 MONE 117/1/ \$200,000 (54/1000 than \$02/	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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.	page I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC SYSTEM ID# 005766
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. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 5. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 5. Enter the total number of activated channels and nonbroadcast services.
N Individual to Be Contacted for Further Information	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 914-235-8313
	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 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 [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: Jamiel J White Jamiel J
	Date: 2/26/2019

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LEGAL NAME OF OW	VNER OF	CABLE SYSTEM:		SYSTEM ID#	Name
Vyve Broadban	d A, Ll	LC		005766	Name
The Satellite Hor lowing sentence: "In determ service of	me View : nining th f providir	er Act of 1988 amended Title 17, section to total number of subscribers and the groups secondary transmissions of primary brounts collected from subscribers receiving secondary.	111(d)(1)(A), of the Copyright Act by ac ss amounts paid to the cable system fo padcast transmitters, the system shall n	r the basic ot include sub-	P Special Statement
During the accoumade by satellite	unting pe e carriers	when to exclude these amounts, see the reriod did the cable system exclude any amounts to satellite dish owners? here and list the satellite carrier(s) below.	ounts of gross receipts for secondary t		Concerning Gross Receipts Exclusion
Name Mailing Address			Name Mailing Address		
INTEREST AS	SSESS	MENTS			
•		worksheet for those royalty payments subrerest assessment, see page (viii) of the ge		nderpayment.	Q
Line 1 Enter the	e amoun	t of late payment or underpayment	x		Interest Assessment
Line 2 Multiply I	line 1 by	the interest rate* and enter the sum here	<u> </u>	- days	
Line 3 Multiply I	line 2 by	the number of days late and enter the sur		.00274	
		0.00274** enter here and on line 3, block , (page 7)	<mark>\$</mark>	st charge)	
		rate chart click on www.copyright.gov/licengy Division at (202) 707-8150 or licensing		stance please	
** This is the	decimal	equivalent of 1/365, which is the interest	assessment for one day late.		
•	-	is worksheet covering a statement of acco dress, first community served, ID number,		•	
Owner Address					
ID number					
First community: Accounting perio					

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