## 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, 2018						
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 A, LLC						
			*00	0060420182*			
				000604 2018/2			
	4 International Dr Suite 330	i					
	Rye Brook, NY 10573						
С			ntify the business and operation of the system				
System	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 DENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite number)						
		,					
	(City, town, state, zip code)						
D	-		A "community" is the same as a "community				
U	·	, , , , ,	uding unincorporated commuinites within uning 5.5(dd). The first community that list will serv	•			
Area		•	use it as the first community on all future filing				
Served	,	•	or mobile home parks should be reported in p	o .			
	the identified city.						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	Winters	TX					
Community							
			······································				

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 SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 000604 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 ⊨, 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: 56 Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 16 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 20.00

· Move to new address

39.95

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 000604 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. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION KPCB** Snyder, TX 17 ı **KTAB** 32 Abilene, TX N **KRBC** 9 Ν Abilene, TX **KXVA** 15 Abilene, TX **KTXS** 12 Ν Sweetwater, TX 12.2 I-M KTXS-CW Sweetwater, TX KTAB-Telemundo 32.2 I-M Abilene, TX

FORM SA1-2. PAGE 4.									
LEGAL NAME OI			YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						000604	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: List	t every radio s	tation ca	arried on a separate and discre	et	te basis and list	those FM stati	ons carr	ied on an	Н
all-band basis w	vhose signals	were "ge	enerally receivable" by your ca	ab	le system during	g the accounti	ng perio	d.	
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	
-			k 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, i	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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							FURIV	1 3A 1-2. FAGE 3.
Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		ГЕМ:				;	#SYSTEM ID 000604
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm  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 spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re; Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon	FROGRA itteleprogra ce, please a ce, please	nnetwork televis riod, under spe it be included in NING SUBST r cable system rest of this pag  MS m on a separa attach additiona nnetwork televi on and that yo r authorizations vies" or "baske deast live, enter station broadca son's location (the ns, if any, the	sion program broadcast by cific present and former FC this log, see page (v) of the ITTUTE CARRIAGE carry, on a substitute base blank. If your answer is the line. Use abbreviations al pages. Ision program (substitute pur cable system substitute s. See page (v) of the gent thall." List specific program of "Yes." Otherwise enter "Itsting the substitute program of community to which the community with which the	a distant static CC rules, regula e general instr sis, any nonne "Yes," you mu wherever pos program) that, ed for the prog eral instructio m titles, for ex- am. e station is lice station is ider	ations, or authouctions.  twork television  ust complete the sible, if their moduring the accuramming of arms for further in ample, "I Love insed by the Fontified).	orizations. For the program Pr	carried on a or a further  No
	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 preffect on October 19, 1976.	es when the Example: a er "R" if the nd regulation ogramming	program carrie listed program ons in effect du	was substituted for progr iring the accounting period em was permitted to delete	amming that yd; enter the let e under FCC r	8:30 p.m. shown our system water "P" if the list	uld be as required sted pro lations in	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	000604	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 identified 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	<b>K</b> 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.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	\$263,800	L Copyright Royalty Fee
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay fo	r this six-mont	
accounting period is \$52.00  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,	100)	
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	7,600)	
4. Fater the amount of areas reside from annual K		
1. Enter the amount of gross receipts from space K		
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	
U. Interest charge. Enter the amount normine 4, space Q, page 0	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See general instructions for more information.	page I of the	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC  SYSTEM:	STEM ID# 000604
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  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services  80	
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	
in line 1 of space B and that the owner is not a corporation or partnership; or	
Title: SVP Financial Planning (Title of official position held in corporation or partnership)  Date: 2/26/2019	
	Vyve Broadband A, LLC  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.  7.   2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  80.   INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identity 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 (Winder, driver, trust route, spatiment, or suite number)  Rye Brook, NY 10573 (City, town, state, 2pg)  Email (optional) marie, censoplano@vyvebb.com Fax (optional) 914-234-3363  CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations as explained in the general instructions.)  1. It the undersigned, hereby certify that (Check one, but only one, of the boxes.)  1. (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or interest the company of the cable system as identified as 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 owner of the cable in line 1 of space B.  1. In optical partnership is not a corporation or partnership) of an an amage in good faith  1. It is a Durniel J White  Title: SVP Financial Planning  1. Title: SVP Financial Planning  1. Title: SVP Financial Planning  1. Title: SVP Financial Planning

Privacy Act Notice: Section 1711 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	Nama
Vyve Broadband A, LLC	000604	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the leader of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	pasic lude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	nissions	Concerning Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or undergrown an explanation of interest assessment, see page (viii) of the general instructions.	oayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	l
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 4	l
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	arge)	l
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	l
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		1
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce list below the owner, address, first community served, ID number, and accounting period as given in the original		l
Owner Address		ı
ID number  First community served  Accounting period		

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