Cable Worksheet		\$ Total amount of re	Total amount of remittance		Number of SAs rec'd		
			Date of remittance	2	Check	🔲 EFT	G FILING FE
Cable ID #						Amount/I	nitials
Examined by	Rev	riewed by	Date examination completed	Allocatio	n number	\$	
Space A Accounting Period							
	January	/ 1 – June 30, 20		🔲 July 1 – D	ecember 31, 20		
	Letter s	ent		🔲 Informat	ion received		
	Accepte	ed 🔲 Phone call/	/Date/Contact				
Space B Owner							
	Letter se	ent		🔲 Informat	ion received		
	Accepte	ed 🔲 Phone call/	/Date/Contact				
Space D Area Served							
	Letter se	ent		🔲 Informat	ion received		
	Accepte	ed 🔲 Phone call/	/Date/Contact				
Space E Secondary Transmission							
Service Subscribers:	Letter se	ent		Informat	ion received		
and Rates	Accepte	ed 🔲 Phone call/	/Date/Contact				
Space G Primary Transmitters: Television							
	Letter se	ent		🔲 Informat	ion received		
	Accepte	ed 🔲 Phone call/	/Date/Contact				
Space H Primary Transmitters:							
Radio	Accepte	ed 🔲 Phone call/	/Date/Contact				

			Space I Substitute Carriage
Letter sent		Information received	
Accepted	Phone call/Date/Contact		
			Space J Part-time Carriage Log
Letter sent		Information received	(SA3 only)
Accepted	Phone call/Date/Contact		
			Space K Gross Receipts
Letter sent		Information received	
Accepted	Phone call/Date/Contact		
			Space L Copyright Filing and Royalty Fees
Royalty Fee s	hould be \$	Refund request to fiscal	
Letter sent		Information received	
Accepted	Phone call/Date/Contact		
			Space M Channels
Letter sent		Information received	
Accepted	Phone call/Date/Contact		
			Space O Certification
Letter sent		Information received	
Accepted	Phone call/Date/Contact		
			Space P Statement of Gross Receipts
Letter sent		Information received	
Accepted	Phone call/Date/Contact		
			Space Q Interest Assessment
Letter sent		lnfo/add'l fee received	
Accepted	Phone call/Date/Contact		

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.

DATE RECEIVED

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

\$

AMOUNT

ALLOCATION NUMBER

SA1-2 Short Form

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	ED BY THIS STATEMENT:				
Accounting Period	January 1-June 30, 201	19				
B Owner	incorrect information and print or type the of Give the full legal name of the owner of rate title of the subsidiary, not that of the pr List any other name or names under w If there were different owners during the a single statement of account and royalty f	correct information beside it. of the cable system. If the owner is arent corporation. which the owner conducts the busin he accounting period, only the own fee payment covering the entire acc	er on the last day of the accounting period should submit	001210		
	LEGAL NAME OF OWNER/MAILING AD	DDRESS OF CABLE SYSTEM				
	Vyve Broadband A, LLC					
			00	1216 2019/1		
		•				
	4 International Dr Suite 33	0				
	Rye Brook, NY 10573					
С			identify the business and operation of the system unle of the system, if different from the address given in spa			
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEN	Λ:				
	2 (Number, street, rural route, apartment, or suite r	number)				
		, 				
	(City, town, state, zip code)					
D Area Served	in FCC rules: "a separate and distinct areas and including single, discrete un of system identification hereafter know	community or municipal entitiy (incorporated areas)." 47 C.F.F m as the "first community." Ple	em. A "community" is the same as a "community unit" including unincorporated communites within unincorport. 76.5(dd). The first community that list will serve as a ase use it as the first community on all future filings. hs, or mobile home parks should be reported in parather	orated a form		
	the identified city.	-				
-	CITY OR TOWN	STATE KS	CITY OR TOWN	STATE		
First Community	PLAINS	KS				
· · · · · · · · · · · · · · · · · ·	MINNEOLA	KS				
	KISMET	KS				
	FOWLER	KS				

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 SY	STEM:		FORM SA3. PAG SYSTEM 0012
	Vyve Broadband A, LLC			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
-				
D				
itinued)				
rea				
rved				

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM IC			
Name	Vyve Broadband A, LLC								00121			
Е	SECONDARY TRANSMISSION											
	In General: The information in sp			•	-	•						
Secondary	system, that is, the retransmissio about other services (including pa											
Secondary Transmission	last day of the accounting period						iose existi	ng on the				
Service: Sub-	Number of Subscribers: Both						le system	, broken				
scribers and	down by categories of secondary											
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).											
								e and the				
	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 disco	•	,		,							
	Block 1: In the left-hand block											
		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 s			-		-						
	subscriber who pays extra for cal											
	first set" and would be counted o											
	Block 2: If your cable system h											
	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.											
	BLC	DCK 1					BLOCI	٢2				
		NO. OF			0.17			NO. OF	DAT			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT			
	Residential:		64	05 00								
	Service to first set		64	25.00								
	Service to additional set(s)											
	• FM radio (if separate rate) Motel, hotel								+			
			5	25.00					+			
	Commercial		5	25.00								
	Converter Residential											
	Non-residential								+			
	SERVICES OTHER THAN SECO		NSMISS		3							
-	In General: Space F calls for rate					l your cable syst	em's servi	ces that were				
F	not covered in space E, that is, th											
. .	service for a single fee. There are											
Services Other Than	furnished at cost or (2) services of											
Secondary	amount of the charge and the un enter only the letters "PP" in the r		usually	billed. If any fa	lites are ch	argeu on a vana	able per-pr	ografii basis,				
ransmissions:	Block 1: Give the standard rate		he cable	e system for ea	ch of the a	applicable servic	es listed.					
Rates	Block 2: List any services that your cable system furnished 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.											
	bhei (two- of three-word) descrip	tion and includ					Т					
		BLO						BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services:	10.05		ation: Non-res	idential							
		19.95		tel, hotel								
	Pay cable Add'l chappel		01	mmercial		h			.1			
	• Pay cable—add'l channel		• Dev	v cabla								
	Pay cable—add'l channel Fire protection			y cable	annel							
	 Pay cable—add'l channel Fire protection Burglar protection 		• Pa	y cable-add'l ch	nannel							
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Fire	y cable-add'l ch protection								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 	64.95	• Pay • Fire • Bur	y cable-add'l ch protection rglar protection								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	64.95	• Pay • Fire • Bur Other	y cable-add'l ch e protection rglar protection services:		20.05						
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	64.95	• Pay • Fire • Bur Other s	y cable-add'l ch protection rglar protection services: connect		39.95						
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 	64.95	• Pay • Fire • Bur • Bur • Ree • Dis	y cable-add'l ch e protection rglar protection services: connect connect								
	 Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	64.95	• Pay • Fire • Bur • Bur • Ree • Dis • Our	y cable-add'l ch protection rglar protection services: connect		39.95 20.00 39.95						

Nores	LEGAL NAME OF OWN	ER OF CABLE SYSTEM	M:	S	YSTEM ID			
Name	Vyve Broadband	A, LLC			00121			
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable sys FCC rules and regulation 76.59(d)(2) and (4), 76.6 substitute program basis. Substitute Basis Sta basis under specifc FCC • Do not list the station here, an basis. For further infor Column 1: List each s Column 2: Give the nor This may be different fror associated with a station the same on the form. Column 3: Indicate in educational station, by er (for independent multicas For the meaning of these Column 4: Give the lo	tem during the account s in effect on June 24 1(e)(2) and (4), or 76. as explained in the metions: With respect to rules, regulations, or are in space G—but d ly on a substitute bas d also in space I, if th mation concerning su station's call sign. Do umber of the channel methe channel on whice according to its over- each case whether the theoring the letter "N" (f etrms, see page (iv) bocation of each station	nting period, exce 1, 1981, permitting 63 (referring to 76 next paragraph. any distant static authorizations: lo list it in space I is. e station was carr ubstitute basis stat not report originat on which the static hy our cab; e syste thje-air designatio ne station is a network), "N-M ercial educational) of the general insi- n. For U.S. station	g translator stations and low power television stations) pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ans carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ted both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). rructions. s, list the community to which the station is licensed by th the community with which the station is identifed.	9			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				
	KUPK-ABC	13	N	GARDEN CITY KS				
	KSAS-FOX	24	I	WICHITA KS				
	KSCW-CW	33	I	WICHITA KS				
	KDCK-PBS	21	Е	DODGE CITY KS				
	KSNG-NBC	11	N	GARDEN CITY KS				
	KBSD-CBS	6	N	DODGE CITY KS				

ACCOUNTING PERIOD: 2019/1

FORM SA1-2. F							Account	NG PERIOD: 2019,
LEGAL NAME OF			/STEM:				SYSTEM ID#	Name
Vyve Broadb	band A, LLO	C					001216	
PRIMARY TRA		-	rried on a separate and discre	to basis and list t	boco EM stati		ied on an	н
			nerally receivable" by your ca					••
	-	-						Drimon
			-Band FM Carriage: Under C em whenever it is received at					Primary Transmitters:
on the basis of r	monitoring, to	be receiv	ved at the headend, with the s	system's FM ante	nna, during ce	rtain sta	ited intervals.	Radio
			Copyright Office regulations of	on this point, see	page (v) of the	e genera	l instructions.	
			ach station carried. n is AM or FM.					
			al was electronically processe	ed by the cable sy	/stem as a se	oarate a	nd discrete	
signal, indicate	this by placing	g a check	mark in the "S/D" column.					
			on (the community to which th			cor, in t	he case of	
viexican or Can	adian stations	s, if any, t	he community with which the	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						
								
		+						
		1		Γ	I			

Name

I

Substitute

Carriage: Special Statement and

Program Log

	FORM SA1-2. PAGE 5
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Vyve Broadband A, LLC	001216
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	
In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a substitute basis during the accounting period, under specific present and former FCC explanation of the programming that must be included in this log, see page (v) of the	rules, regulations, or authorizations. For a further
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE	
• During the accounting period, did your cable system carry, on a substitute basis broadcast by a distant station?	s, any nonnetwork television program
Note: If your answer is "No", leave the rest of this page blank. If your answer is " log in block 2.	Yes," you must complete the program
 In General: List each substitute program on a separate line. Use abbreviations we clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program), was broadcast by a distant station and that your cable system substituted under certain FCC rules, regulations, or authorizations. See page (v) of the gene Do not use general categories like "movies" or "basketball." List specific program "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "Net Column 3: Give the call sign of the station broadcasting the substitute program Column 4: Give the broadcast station's location (the community to which the state case of Mexican or Canadian stations, if any, the community with which the state case of Mexican or Canadian stations, if any, the community with which the state case of Mexican or Canadian stations, if any, the community with which the state the times when the substitute program was carried by your case to the nearest five minutes. Example: a program carried by a system from 6:01:1 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program to delete under FCC rules and regulations in effect during the accounting period; gram was substituted for programming that your system was permitted to delete a effect on October 19, 1976 	rogram) that, during the accounting I for the programming of another station ral instructions for further information. It itles, for example, "I Love Lucy" or o." n. station is licensed by the FCC or, in tation is identified). rogram. Use numerals, with the month able system. List the times accurately 5 p.m. to 6:28:30 p.m. should be mming that your system was required enter the letter "P" if the listed pro
to delete under FCC rules and regulations in effect during the accounting period;	enter the letter "P" if the listed pro

SUBSTITUTE PROGRAM					CARRIAGE OCCURRED		
S	OBSTITUT	E PROGRAM		CARR			7. REASON FOR DELETION
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		IMES	FOR DELETION
	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	– то	
					_	_	
				·			+
					_	_	
				·		<u>-</u>	+
					-	_	
						<u> </u>	
					-	_	
						_	
					-	_	
							
				·			
					_	_	
					_	_	
						-	
					_	_	
							· · · · · · · · · · · · · · · · · · ·
						_	
						-	

FORM SA1-2. PAGE 6.	-
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Vyve Broadband A, LLC 001216	-
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period	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. 	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 this six-month 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	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	
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)	
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	
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 page I of the general instructions for more information.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 001216
		001216
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	ions
Ohannala	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	6
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	120
	and nonbroadcast services	
Ν	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	Name Marie Censoplano Telephone 91	4-235-8313
Information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional)_914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ns,
Ο	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned in line 1 of space B.	r of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained l are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	herein
	[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)	
	· · · · · · · · · · · · · · · · · · ·	
	Date: 8/23/2019	

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 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.

ACCOUNTING PERIOD: 2019/1

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name		
Vyve Broadband A, LLC	001216	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 service of providing secondary transmissions of primary broadcast transmitters, the system shall not indescribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmised by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	basic clude sub- ı 119."	P Special Statement Concerning Gross Receipts Exclusion		
Name Mailing Address Mailing Address				
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	payment.	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	- 274			
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.				
Owner				
Address				
ID number				
First community served				
Accounting period				
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 a	as name, address and t	elephone		

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 sufficiency of the filing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2019/1

FORM SA1-2. FILING FEE ADDENDUM

	NAME OF OWNER OF CABLE SYSTEM: Broadband A, LLC		SYSTEM ID# 001216	Name	
Γ	CITY OR TOWN	STATE		First	
	MEADE	KS		Community	
	ine 1. ROYALTY FEE FROM SPACE L				
-			<mark>\$ 52.00</mark>	T	
I	ine 2. FILING FEE		15.00	Total Fee	
•	If Line 1 is from Space L, Block 1, enter		10.00		
	If Line 1 is from Space L, Block 2 or Blo	ck 3, enter \$20.00			
l	ine 3. TOTAL ROYALTY AND FILING FEES I	PAYABLE FOR ACCOUNTING PERIOD			
	Add lines 1 and 2 and enter here		\$ 67.00		
	Effective January 1, 2014, pursuant to the Satellite Television Extension and Localism Act of 2010 (STELA), which granted authority to the Copyright Office to establish fees for the filing of statements of account (SOAs) under the section 111, 119, and 122 statutory licenses, the Office now assesses filing fees for ALL SOAs for current, past and future accounting periods. For details, see the Federal Register, November 29, 2013 (78 FR 71498). Please be advised that the filing fee is deducted before				
	the royalty payment is credited; thus the omissi Please remit the royalty fee and filing fee in one EF				