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

					Return to:					
STATEMENT OF ACCO			FOR COPYRIGH	IT OFFICE USE ONLY	Library of Congress Copyright Office					
		Transmissions by (Short Form)	DATE RECEIVED	AMOUNT	Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400					
General instructions are at the end of this form [pages (i)-(vii)].			08/27/19	\$ ALLOCATION NUMBER	(202) 707-8150 For courier deliveries, see page ii of the general instructions					
Α	AC	COUNTING PERIOD COVEREI	D BY THIS STATEMENT:							
Accounting Period		January 1-June 30, 2019	9							
B Owner	inco rate	prrect information and print or type the co Give the full legal name of the owner of e title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the ingle statement of account and royalty fee	rrect information beside it. the cable system. If the owner is a sent corporation. ich the owner conducts the business a accounting period, only the owner of a payment covering the entire account	on the last day of the accounting period si	e full corpo-					
	LE	EGAL NAME OF OWNER/MAILING ADD Vyve Broadband A, LLC	DRESS OF CABLE SYSTEM							
С				entify the business and operation of th						
•	nai	mes already appear in space B. In lin IDENTIFICATION OF CABLE SYSTEM:	e 2, give the mailing address of the	he system, if different from the addres	ss given in space B.					
System	1	IDENTIFICATION OF CABLE STSTEM:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite nu	mber)							
		(City, town, state, zip code)								
D	in I	FCC rules: "a separate and distinct co	ommunity or municipal entitiy (inc	. A "community" is the same as a "co luding unincorporated commuinites w 76.5(dd). The first community that list	vithin unincorporated					
Area Served	No	•	•	use it as the first community on all fu or mobile home parks should be repo	0					
_		CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community		NGSTON, OK DYLE, OK								
form in order to pro	cess	your statement of account. PII is any personal	information that can be used to identify o	he personally identifying information (PII) requ r trace an individual, such as name, address a ich includes appearing in the Offce's public inc	and telephone					

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.

Form SA1-2c Rev 04/2011

ame	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Vyve Broadband A, LLC	CTATE		032				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
D								
nued)								
9								
d								
			+					
			+					

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM ID		
Name	Vyve Broadband A, LLC								03249		
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RAT	ES						
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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary Transmission	last day of the accounting period						nose 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 nu							charged			
	separately for the particular servi										
	Rate: Give the standard rate cl unit in which it is generally billed.	-	-	•			-				
	category, but do not include disc	· · ·	,		y standar		, within a b				
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable			
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity s subscriber who pays extra for cal										
	first set" and would be counted o					In the count un					
						service that are	different fr	om those			
	printed in block 1 (for example, ti	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.						DI 00	(a			
	BLC	DCK 1 NO. OF	-				BLOCI	K 2 NO. OF	1		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set										
	 Service to additional set(s) 								1		
	• FM radio (if separate rate)				••••••						
	Motel, hotel										
	Commercial		103	49.25							
	Converter		105						•		
	Residential			······					••••••••••		
	Non-residential			•••••••••••••••••••••••••••••••••••••••					•		
	- Non-residential			······					•		
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS								
-	In General: Space F calls for rate				pect to all	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	furnished at cost or (2) services of										
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually	billed. If any rate	es are cha	arged on a varia	able per-pr	ogram basis,			
ransmissions:			he cable	system for eacl	h of the a	applicable servic	es listed.				
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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) descrip	tion and includ	le the ra	te for each.							
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SERV	ICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Installa	tion: Non-resid	lential						
	• Pay cable	14.95	• Mot	el, hotel							
	 Pay cable—add'l channel 		• Cor	nmercial							
	Fire protection		• Pay	v cable							
	•Burglar protection		• Pay	∕ cable-add'l cha	nnel						
	Installation: Residential		• Fire	protection							
		64.95	• Bur	glar protection							
	First set		1.			[тт		
	First setAdditional set(s)		Other s	services:		1					
				services: connect		39.95					
	• Additional set(s) • FM radio (if separate rate)		• Rec	connect		39.95					
	 Additional set(s) 		• Rec • Disc	connect connect							
	• Additional set(s) • FM radio (if separate rate)		• Rec • Disc • Out	connect	22	39.95 20.00 39.95					

Name	LEGAL NAME OF OWNE	R OF CABLE SYSTEM	1:	S	YSTEM ID			
Name	Vyve Broadband A	A, LLC			03249			
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	 carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stati basis under specifc FCC r Do not list the station her station was carried only List the station here, and basis. For further inform Column 1: List each st Column 2: Give the nu This may be different from associated with a station at the same on the form. Column 3: Indicate in educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the loop 	em during the accour in effect on June 24 (e)(2) and (4), or 76.6 as explained in the n ons: With respect to ules, regulations, or a re in space G—but du or on a substitute basis also in space I, if the nation concerning su ation's call sign. Do r mber of the channel the channel on whic ccording to its over-t each case whether th ering the letter "N" (ff), "E" (for noncomme erms, see page (iv) of cation of each station	ting period, except , 1981, permitting th 33 (referring to 76.6 ext paragraph. any distant station authorizations: b list it in space I (th s. e station was carrie bstitute basis station on which the station on which the station h your cab;e syster hje-air designation. e station is a netwo or network), "N-M" (rcial educational), o of the general instru . For U.S. stations,	translator stations and low power television stations) (1) stations carried only on a part-time basis under ne carriage of certain network programs [sections 1(e)(2) and (4))]; and (2) certain stations carried on a s carried by your cable system on a substitute program ne Special Statement and Program Log)—if the d both on a substitute basis and also on some other ns, see page (v) of the general instructions. n program services such as HBO, ESPN, etc. n's broadcasts are carried in its own community. n carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" as ork station, an independent station, or a noncommercial for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). uctions. list the community to which the station is licensed by the he community with which the station is identifed.	3			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				
	KAUT-IND	43	I	OKLAHOMA CITY OK				
	KOCM-IND	46	I	NORMAN OK				
	KFOR-NBC	4	N	OKLAHOMA CITY OK				
	KOCO-ABC	5	N	OKLAHOMA CITY OK				
	KOPX-ION	62	I	OKLAHOMA CITY OK				
	KWTV-CBS	9	N	OKLAHOMA CITY OK				
	KOKH-FOX	25	I	OKLAHOMA CITY OK				
	KOCB-CW	34	I	OKLAHOMA CITY OK				
	KETA-PBS	13	Е	OKLAHOMA CITY OK				
	KTBO-TBN	14	I	OKLAHOMA CITY OK				

ACCOUNTING PERIOD: 2019/1

FORM SA1-2. F LEGAL NAME OF Vyve Broadk	FOWNER OF (/STEM:				SYSTEM ID# 032491	Name
•	•							
	t every radio s	tation ca	rried on a separate and discre nerally receivable" by your cal					н
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete								
Column 4: G	live the station	n's locatio	mark in the "S/D" column. on (the community to which the he 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	

	-						FOR	VI SA1-2. PAGE 5.					
News	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#					
Name	Vyve Broadband A, LL	С						032491					
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every nor counting pe	nnetwork televis riod, under spe	<i>ion program</i> broadcast by a cific present and former FCC	distant statior rules, regula	tions, or autho							
Carriage: Special Statement and Program Log	 explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 												
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more span- Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the month 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 letted to delete under FCC rules a	 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or 'NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." 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 station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be 											
	S 1. TITLE OF PROGRAM	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		EN SUBSTIT IAGE OCCU 6. TII FROM —	IRRED MES	7. REASON FOR DELETION					

Image: series of the series					_	
Image: series of the series					_	
Image: series of the series				 	_	
Image: selection of the selec	 	 		 	_	
Image: selection of the selec	 	 		 	_	
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	 	 	-	 	_	
	 	 	-	 	_	
Image: state	 	 	-	 	_	
Image: state stat	 	 	-	 	_	
Image: Second	 	 		 	_	
Image: state	 	 		 		
Image: Sector	 	 	-	 		
Image: Second	 	 		 	_	
	 	 	-	 		
	 	 		 	_	
	 		-	 		

FORM SA1-2. PAGE 6.		-
	TEM ID#	Name
Vyve Broadband A, LLC	032491	
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. IMPORTANT: You must complete a statement in space P concerning gross receipts.		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 \$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	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 \$ 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	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)		
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 page I of the general instructions for more information.		

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Hamo	Vyve Broadband A, LLC	032491
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
	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	10
	system carried television broadcast stations	10
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	40
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further	Name Marie Censoplano Telephone 9	14-235-8313
Information	Name Marie Censopiano relepione 9	
	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 as explained in the general instructions.)	ns,
0		
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 identified as owned in line 1 of space B.	er of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained	herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel I 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	
	1	

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.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	032491	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 addir lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sect For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. 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	ne basic include sub- ion 119." ns.	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	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	
	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistat contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ance please	
** 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 Off list below the owner, address, first community served, ID number, and accounting period as given in the orig	-	
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 form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, suc		

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. FILING FEE ADDENDUM

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	032491	Name
CITY OR TOWN STATE		First
LANGSTON		Community
L		
Line 1. ROYALTY FEE FROM SPACE L		
	<mark>\$ 52.00</mark>	T . ()
Line 2. FILING FEE	15.00	Total Fee
If Line 1 is from Space L, Block 1, enter \$15.00	15.00	
If Line 1 is from Space L, Block 2 or Block 3, enter \$20.00		
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 and enter here	\$ 67.00	
	• 01.00	
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 (SC	DAs) under the section 111, 119, and	
122 statutory licenses, the Office now assesses filing fees for ALL SOAs for current, past a details, see the Federal Register, November 29, 2013 (78 FR 71498). Please be advised t		
the royalty payment is credited; thus the omission of the appropriate filing fee will result in	an underpayment of royalty fees.	
Please remit the royalty fee and filing fee in one EFT payment. (SOA1 filing fee: \$15; SOA2 filing		