| C v | Cable Worksheet | | \$ Total amount of re | Total amount of remittance | | | Initials | |
|--|--------------------|-------------------|-------------------------------|----------------------------|----------------|----------|-------------|--|
| | | | 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

| LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband A, LLC | Α | ACCOUNTING PERIOD COVER | RED BY THIS STATEMENT: | | | | | | | |
|---|-----------|--|--|---|-----------------|--|--|--|--|--|
| Owner 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 corpo- rate life of the subsidiary, not that of the parent corporation. | - | January 1-June 30, 20 |)19 | | | | | | | |
| Vyve Broadband A, LLC Image: Served Served A International Dr Suite 330 Rye Brook, NY 10573 C System Image: Served Served Nature and the inflication hereafter known as the "first community," Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminums, or mobile home parks should be reported in paratheses below the identification. | | incorrect information and print or type the Give the full legal name of the owne rate title of the subsidiary, not that of the List any other name or names under If there were different owners during a single statement of account and royally | e correct information beside it. r of the cable system. If the owner is a parent corporation. r which the owner conducts the busines the accounting period, only the owner y fee payment covering the entire acco | a subsidiary of another corporation, give the full corpo- ss of the cable system. • on the last day of the accounting period should submi unting period. | | | | | | |
| C NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names atready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 DENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 Mailung ADDRESS OF CABLE SYSTEM: 2 Mailung address of the system. I' different from the address given in space B. P Mailung ADDRESS OF CABLE SYSTEM: 2 Mailung address of cable system. I' consult number) 1 DENTIFICATION OF CABLE SYSTEM: 2 Mailung address of cable system. I' consult number) 1 Charles: street. runal route, apartment, or state number) 1 Charles: street runal route, apartment, or state number) 1 Charles: street. runal route, apartment, or state number) 1 Charles: street runal route, apartment, or state number) 1 Charles: a separate and distinct community or municipal entity (including unincorporated community unit' as defined of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served CITY OR TOWN STATE First Pawhuska OK CITY OR TOWN STATE | | | ADDRESS OF CABLE SYSTEM | | | | | | | |
| O03362 201 4 International Dr Suite 330 Rye Brook, NY 10573 C System INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, it different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (CHy, form, state, 2ip code) D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated community unit" as defined areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community unit all sturil serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. Kirea CITY OR TOWN STATE First Pawhuska OK | | Vyve Broadband A, LLC | | | | | | | | |
| A International Dr Suite 330 Rye Brook, NY 10573 C System INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. 1 Dentrification of CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 Mumber: street, rural route, apartment, or sulle number) (City, rown, state, 2ip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated community unit" as defined areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. First CITY OR TOWN STATE | | | | | | | | | | |
| Rye Brook, NY 10573 C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. 1 DENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or sule number) (City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. First CITY OR TOWN STATE CITY OR TOWN STATE | | | | | 003562 2019/1 | | | | | |
| Rye Brook, NY 10573 C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. First City OR TOWN STATE CITY OR TOWN STATE | | | | | | | | | | |
| C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. 1 IDENTIFICATION OF CABLE SYSTEM: 2 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, 2p code) D Area Served First First | | | 30 | | | | | | | |
| System Indicide directly upped in space 5. In mile 2, give the maining dudreds of the system, in direction from the dudreds given in space 5. System I IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: Mailing address of cable system. 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE First Pawhuska OK OK State | • | | business or trade names used to ic | dentify the business and operation of the system (| unless these | | | | | |
| Image: street | C | 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. | | | | | |
| 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code) D Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. First | System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | | |
| D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. First CITY OR TOWN STATE CITY OR TOWN STATE | | MAILING ADDRESS OF CABLE SYSTE | EM: | | | | | | | |
| D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. First CITY OR TOWN STATE Pawhuska OK | | 2 (Number, street, rural route, apartment, or suit | e number) | | | | | | | |
| D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. First CITY OR TOWN STATE Pawhuska OK | | (City town state zin code) | | | | | | | | |
| D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. First CITY OR TOWN STATE Pawhuska OK | | | mmunity served by the cable system | n A "community" is the same as a "community u | nit" as defined | | | | | |
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| Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE First Pawhuska OK OK | Δrea | 0 0 1 | • • | | | | | | | |
| CITY OR TOWN STATE CITY OR TOWN STATE First Pawhuska OK | | Note: Entities and properties such as | - | | | | | | | |
| First Pawhuska OK OK | | · · · · · · · · · · · · · · · · · · · | CTATE | | STATE | | | | | |
| Community | First | | | | STATE | | | | | |
| | Community | | | | | | | | | |
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| rivacy 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 SA1-2c Rev 04/2011

| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | SYS | STEM ID | | | |
|-------------------------------|---|---|--|---|--|---|---------------|----------------------|---------|--|--|--|
| Name | Vyve Broadband A, LLC | | | | | | | | 00356 | | | |
| _ | SECONDARY TRANSMISSION | | | | TES | | | | | | | |
| E | In General: The information in s | | | | | / transmission s | ervice of tl | ne cable | | | | |
| | system, that is, the retransmission | | | | | | | | | | | |
| Secondary | bout other services (including pay cable) in space F, not here. All the facts you state must be those existing on the ast day of the accounting period (June 30 or December 31, as the case may be). | | | | | | | | | | | |
| Transmission Service: Sub- | ast day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken | | | | | | | | | | | |
| scribers and | | own 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 servi | | | | | | | | | | | |
| | Rate: Give the standard rate cl unit in which it is generally billed. | 0 | | | | | | | | | | |
| | category, but do not include disc | · · · | , | | ny stanuar | | s wiu iir a p | | | | | |
| | Block 1: In the left-hand block | | | | ries of seco | ondary transmis | sion servic | e that cable | | | | |
| | systems most commonly provide | | | | | | | | | | | |
| | that applies to your system. Note | | | | | | | | | | | |
| | categories, that person or entity subscriber who pays extra for ca | | | | | | | | | | | |
| | first set" and would be counted o | | | | | | | | | | | |
| | | | | | | service that are | different fr | om those | | | | |
| | | 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 a sufficient. | ind rates, in the | right-han | d block. A tv | vo- or three | e-word descripti | on of the s | ervice is | | | | |
| | | OCK 1 | | | | | BLOCI | () | | | | |
| | | NO. OF | | | | | DLOOI | NO. OF | | | | |
| | CATEGORY OF SERVICE | SUBSCRIBE | RS | RATE | CAT | EGORY OF SE | RVICE | SUBSCRIBERS | RAT | | | |
| | Residential: | | | | | | | | | | | |
| | Service to first set | | 86 | 25.00 | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | FM radio (if separate rate) | | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | | |
| | Commercial | | 14 | 25.00 | | | | | | | | |
| | Converter | | | | | | | | | | | |
| | • Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | | | | | | | | • | | | | |
| _ | SERVICES OTHER THAN SECO In General: Space F calls for rat | | | | | l vour cable svs | 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 | | Isually bil | ed. If any ra | ites are cha | arged on a varia | able per-pr | ogram basis, | | | | |
| ransmissions: | enter only the letters "PP" in the rate column. 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 | | | | | | | | | | | |
| Rates | - | | | hed or offer | ed during t | he accounting p | | | | | | |
| | listed in block 1 and for which a s | separate charge | was mad | hed or offer le or establi | ed during t | he accounting p | | | | | | |
| | - | separate charge | was mad | hed or offer le or establi | ed during t | he accounting p | | | | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip | separate charge tion and include BLOC | was mad the rate K 1 | hed or offer de or establi for each. | ed during t shed. List t | he accounting p these other serv | rices in the | form of a BLOCK 2 | | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE | separate charge tion and include BLOC RATE | was mad the rate K 1 CATEGO | hed or offer de or establi for each. RY OF SER | ed during t shed. List t VICE | he accounting p | rices in the | form of a | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: | separate charge tion and include BLOC RATE | was mad the rate K 1 CATEGO | hed or offer de or establi for each. RY OF SER on: Non-res | ed during t shed. List t VICE | he accounting p these other serv | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable | separate charge tion and include BLOC RATE | was made the rate K 1 CATEGO nstallatio • Motel, | hed or offer de or establi for each. RY OF SER on: Non-res hotel | ed during t shed. List t VICE | he accounting p these other serv | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel | separate charge tion and include BLOC RATE | was made the rate K 1 CATEGO nstallatio • Motel, • Comn | hed or offer de or establi for each. RY OF SER on: Non-res hotel hercial | ed during t shed. List t VICE | he accounting p these other serv | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection | separate charge tion and include BLOC RATE | was made the rate K 1 CATEGO nstallatio • Motel, • Comm • Pay ca | hed or offer de or establi for each. RY OF SER on: Non-res hotel hercial able | ed during ti shed. List t VICE idential | he accounting p these other serv | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection | separate charge tion and include BLOC RATE | was mad the rate K 1 CATEGO nstallatio • Motel, • Comn • Pay ca • Pay ca | hed or offer de or establi for each. RY OF SER on: Non-res hotel hercial able able-add'l ch | ed during ti shed. List t VICE idential | he accounting p these other serv | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential | Separate charge tion and include BLOC RATE (19.95 | was made the rate K 1 CATEGO nstallatio • Motel, • Comn • Pay ca • Pay ca • Fire p | hed or offer de or establi for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection | ed during ti shed. List f VICE idential | he accounting p these other serv | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set | Separate charge tion and include BLOC RATE (19.95 64.95 | was mad e the rate K 1 CATEGO nstallatio • Motel, • Comn • Pay ca • Pay ca • Fire p • Burgla | hed or offer de or establi for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ar protection | ed during ti shed. List f VICE idential | he accounting p these other serv | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | Separate charge tion and include BLOC RATE (19.95 64.95 | was mad the rate K 1 CATEGO nstallatio • Motel, • Comn • Pay ca • Pay ca • Fire p • Burgla Other ser | hed or offer de or establi for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ir protection vices: | ed during ti shed. List f VICE idential | he accounting p these other server RATE | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | Separate charge tion and include BLOC RATE (19.95 64.95 | was mad the rate K 1 CATEGO nstallatid • Motel, • Comn • Pay ca • Pay ca • Fire p • Burgla Other ser • Recor | hed or offer de or establi for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ur protection vices: innect | ed during ti shed. List f VICE idential | he accounting p these other serv | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | Separate charge tion and include BLOC RATE (19.95 64.95 | was mad the rate K 1 CATEGO nstallatio • Motel, • Comn • Pay ca • Pay ca • Fire p • Burgla Other ser • Recor • Discol | hed or offer de or establi for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ur protection vices: unect nnect | ed during ti shed. List f VICE idential | RATE | rices in the | form of a BLOCK 2 | RAT | | | |
| | listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | Separate charge tion and include BLOC RATE (19.95 64.95 | was mad the rate K 1 CATEGO nstallatio • Motel, • Comn • Pay ca • Pay ca • Fire p • Burgla Other ser • Recor • Discol • Outlet | hed or offer de or establi for each. RY OF SER on: Non-res hotel hercial able able-add'l ch rotection ur protection vices: innect | ed during ti shed. List f VICE idential | he accounting p these other server RATE | rices in the | form of a BLOCK 2 | RAT | | | |

| Name | LEGAL NAME OF OWNER | R OF CABLE SYSTEM | Л: | S | YSTEM ID | | | | |
|---|--|--------------------------------|--------------------------|------------------------|----------|--|--|--|--|
| | Vyve Broadband A | , LLC | | | 00356 | | | | |
| | PRIMARY TRANSMITTERS: | | | | | | | | |
| G Primary Transmitters: Television | In General: In space G, identify every television station (including translator stations and low power television stations) 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 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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; 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 m | | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION | | | | | |
| | KJRH-NBC | 2 | N | Tulsa, OK | | | | | |
| | KRSU-ETV | 35 | I | Claremore, OK | | | | | |
| | KDOR-TBN | 17 | I | Bartlesville, OK | | | | | |
| | KQCW-CW | 19 | I | Muskogee, OK | | | | | |
| | KOTV-CBS | 6 | N | Tulsa, OK | | | | | |
| | KWHB-IND | 47 | I | Tulsa, OK | | | | | |
| | KTUL-ABC | 8 | N | Tulsa, OK | | | | | |
| | KMYT-MNT | 41 | I | Tulsa, OK | | | | | |
| | KOKI-FOX | 23 | I | Tulsa, OK | | | | | |
| | KOED-PBS | 11 | E | Tulsa, OK | | | | | |
| | KTPX-ION | 44 | I | Okmulgee, OK | | | | | |
| | KGEB-IND | 53 | I | Tulsa, OK | | | | | |
| | KTPX-Qubo | 44.2 | I-M | Okmulgee, OK | | | | | |
| | KDOR-JUCE/Smile T | 17.3 | I-M | Bartlesville, OK | | | | | |
| | KDOR-The Hillsong | 17.2 | I-M | Bartlesville, OK | | | | | |
| | KDOR-TBN Salsa | 17.5 | I-M | Bartlesville, OK | | | | | |
| | KDOR-Enlace | 17.4 | I-M | Bartlesville, OK | | | | | |
| | KTPX-Ion Life | 44.3 | I-M | Okmulgee, OK | | | | | |
| | KJRH-Laff | 2.3 | I-M | Tulsa, OK | | | | | |
| | KJRH-Bounce TV | 2.2 | I-M | Tulsa, OK | | | | | |
| | KTUL-TBD TV | 8.4 | I-M | Tulsa, OK | | | | | |
| | | | | | | | | | |
| | KTUL-Comet TV | 8.2 | I-M | Tulsa, OK | | | | | |

| Name | LEGAL NAME OF OWNE | S | YSTEM ID | | | | | | |
|---|--|--------------------------------|--------------------------|------------------------|-------|--|--|--|--|
| Nume | Vyve Broadband A | , LLC | | | 00356 | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | | |
| G Primary Transmitters: Television | 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), 70.71(for the station here, and also on some other basis. 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 independ | | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION | | | | | |
| | KMYT-GetTV | 41.2 | I-M | Tulsa, OK | | | | | |
| | KOKI-Escape | 23.3 | I-M | Tulsa, OK | | | | | |
| | KMYT-Grit TV | 41.3 | I-M | Tulsa, OK | | | | | |
| | KOTV-News on 6 Not | 6.3 | I-M | Tulsa, OK | | | | | |
| | KOED-World | 11.2 | E-M | Tulsa, OK | | | | | |
| | KTUL-Antenna TV | 8.3 | I-M | Tulsa, OK | | | | | |
| | KMYT-Heroes and Ic | 41.4 | I-M | Tulsa, OK | | | | | |
| | KOED-Create | 11.3 | E-M | Tulsa, OK | | | | | |
| | KOED-Kids | 11.4 | E-M | Tulsa, OK | | | | | |
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ACCOUNTING PERIOD: 2019/1

| FORM SA1-2. F | | | | | | | | |
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| LEGAL NAME OF | | | /STEM: | | | | SYSTEM ID# | Name |
| Vyve Broadb | band A, LLO | 5 | | | | | 003562 | |
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| PRIMARY TRA | | - | | | | | | ы |
| | | | rried on a separate and discre | | | | | Н |
| ali-dand dasis w | nose signais | were ge | nerally receivable" by your cal | bie system during | the accountin | ig perio | a. | |
| | | | -Band FM Carriage: Under C | | | | | Primary |
| | | | em whenever it is received at | | | | | Transmitters: |
| | | | ved at the headend, with the s | | | | | Radio |
| | | | Copyright Office regulations o each station carried. | n this point, see p | bage (v) of the | genera | instructions. | |
| | | | n is AM or FM. | | | | | |
| Column 3: If | the radio stati | ion's sigr | al was electronically processe | ed by the cable sy | rstem as a sep | oarate a | nd discrete | |
| signal, indicate | this by placing | a check | mark in the "S/D" column. | | | | | |
| | | | on (the community to which the | | - | cor, in tl | he case of | |
| Mexican or Can | adian stations | s, if any, t | he community with which the | station is identifie | d). | | | |
| | | | | | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
| 0/122 01011 | | 0/2 | | | | 0/2 | | |
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| Name | LEGAL NAME OF OWNER OF O | | EM: | | | | | | : | SYSTEM ID# 003562 |
|------------------------------|---|---|---|---|--|--|---|--|---|----------------------|
| | SUBSTITUTE CARRIAGE | : SPECIA | | T AND PROGRAM LOO | 3 | | | | | |
| I | In General: In space I, identit substitute basis during the ac | fy every nor counting pe | network televis riod, under spe | <i>ion program</i> broadcast by a cific present and former FC | a dis C ru | les, regula | tions, or au | | | |
| Substitute Carriage: | explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | |
| Special | During the accounting peri | | | | is a | nv nonnet | work telev | ision | program | |
| Statement and Program Log | broadcast by a distant stat | | | - | | | Yes | XNo | | |
| | Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE | | | je blank. If your answer is | "Yes | s," you mu | ist complet | e the | e program | |
| | In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a bunder certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Cana | itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broac sign of the s dcast static adian statio th and day | m on a separa attach additiona nnetwork televi on and that yo r authorization vies" or "baske dcast live, ente station broadca on's location (th ns, if any, the | al pages. ision program (substitute p ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "N usting the substitute program the community to which the | orog d fo eral n titl No." stat stat | ram) that, r the prog instruction es, for exa ion is licen on is iden | during the ramming o ns for furth ample, "I L nsed by the tified). | acco f ano er inf ove L e FC | ounting other statio formation. Lucy" or C or, in | |
| | Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | es when the Example: a er "R" if the nd regulatio | listed program brs in effect du | was substituted for progra iring the accounting period | 15 p amm I; en | .m. to 6:2 ning that yo ter the let | 8:30 p.m. s our system ter "P" if th | shoul 1 was e liste | ld be required ed pro | |
| | | | E PROGRAM | 1 | | | EN SUBS | | | 7. REASON |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | | 5. MONTH AND DAY | | | | FOR DELETION |
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| FORM SA1-2. PAGE 6. | • |
|--|-------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I | Nama |
| Vyve Broadband A, LLC 0035 | 62 Hamb |
| 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. Image: 18,354.00 (Amount of gross receipts) IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of 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 | _ |
| 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 \$ 263,800.00 | |
| 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# 003562 |
| | Vyve broadband A, LLC | 003562 |
| | CHANNELS | |
| M | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station | ons |
| | 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 | 32 |
| | system carried television broadcast stations | |
| | 2. Enter the total number of activated channels | |
| | on which the cable system carried television broadcast stations | 220 |
| | and nonbroadcast services | 238 |
| | | |
| Ν | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom | |
| IN | we can write or call about this statement of account.) | |
| Individual to | | |
| Be Contacted | | |
| for Further Information | Name Marie Censoplano Telephone 91 | 4-235-8313 |
| information | | |
| | 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 | |
| | | |
| | CEDTIFICATION (This statement of economic has estified and sized in economic with Conversion Office and sized | _ |
| 0 | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.) | s, |
| 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; c | r |
| | | |
| | (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys | tem 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 identifed as owner | of the cable system |
| | in line 1 of space B. | or the cable system |
| | | |
| | I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained h are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. | erein |
| | [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 | 003562 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclusion scribers 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 transmismade by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. \$ | asic ıde sub- 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 underpa For an explanation of interest assessment, see page (viii) of the general instructions. | ayment. | 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 | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | - 74 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest ch | - arge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | 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 Offce, list below the owner, address, first community served, ID number, and accounting period as given in the original | | |
| 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 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.