Cable
Worksheet

	able)		<u>\$</u>					
U W	orksheet			Total amount of	Total amount of remittance			Number of SAs rec'd	
				Date of remittar	ice		Check	☐ EFT	☐ FILING FEE
Cable ID #								Amount/I	nitials
Examined by	R	Reviewe	ed by	Date examination completed	Allo	ocation r	number	\$	
Space A Accounting					<u>'</u>				
Period	Janua	ary 1 – J	une 30, 20		☐ July	y 1 – Dece	ember 31, 20		
	Letter	r sent			☐ Info	ormation	n received		
	☐ Accep	oted	☐ Phone call/D	ate/Contact					
Space B Owner									
	Letter	r sent			☐ Info	ormatio	n received		
	☐ Accep	oted	☐ Phone call/D	ate/Contact					
Space D Area Served									
	Letter	r sent			☐ Info	ormation	n received		
	☐ Accep	oted	☐ Phone call/D	ate/Contact					
Space E Secondary Transmission									
Service Subscribers: and Rates	Letter	r sent			☐ Info	ormatio	n received		
and Rates	☐ Accep	oted	☐ Phone call/D	ate/Contact					
Space G Primary Transmitters: Television									
	Letter	r sent			☐ Info	ormation	n received		
	☐ Accep	oted	☐ Phone call/D	ate/Contact					
Space H Primary Transmitters:									
Radio	☐ Accep	oted	☐ Phone call/D	ate/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		☐ Info/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.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
	\$ ALLOCATION NUMBER					

Return to: Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVEREI	BY THIS STATEMENT:						
Accounting Period		January 1-June 30, 2019	9						
B Owner	rate	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Onastructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below. If there are any changes, draw a line through the incorrect information given below.							
	LE	GAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM						
		Vyve Broadband A, LLC							
					003917 2019/1				
		4 International Dr Suite 330							
		Rye Brook, NY 10573							
С				tify the business and operation of the system u system, if different from the address given in s					
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2	(Number, street, rural route, apartment, or suite nu	m hav						
	_	(Number, street, rural route, apartment, or suite nu	mber)						
		(City, town, state, zip code)							
D	Ins	tructions: List each separate comm	unity served by the cable system.	A "community" is the same as a "community ur	nit" as defined				
U		·		ding unincorporated communities within uninco	· ·				
Area		5 5 .	•	5(dd). The first community that list will serve a se it as the first community on all future filings.					
Served		•	•	mobile home parks should be reported in para					
		identified city.	,.	, , , , , , , , , , , , , , , , , , , ,					
		CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First		CGEHEE	AR	CHICOT COUNTY	AR				
Community		TCHELVILLE	AR						
		KE VILLAGE IMAS	AR AR	_					
		SHA COUNTY	AR						
		RMOTT	AR						
				H					

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

FORM SA3. PAGE 1b.

Name	LEGAL NAME OF OWNER OF CABLE SY Vyve Broadband A, LLC	STEM:		SYSTEM II 0039
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
ontinued)				
Area				
Served				
			H	
			H	
				-

Converter

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 003917 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Transmission Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 625 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 54 25.00 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 19.95 · Motel, hotel • Pay cable—add'l channel Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection 64.95 First set · Burglar protection · Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95

DisconnectOutlet relocation

Move to new address

20.00 39.95 **ACCOUNTING PERIOD: 2019/1** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003917 **Vvve Broadband A. LLC** PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** Transmitters: 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 Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 2 B'CAST 3 TYPE 1 CALL 6 LOCATION OF STATION

1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION
KETS-PBS	NUMBER 2	STATION E	LITTLE ROCK AR
KARZ-MNT	42		LITTLE ROCK AR
KATV-ABC	7	N	LITTLE ROCK AR
KLRT-FOX	16	l	LITTLE ROCK AR
KARK-NBC	4	N	LITTLE ROCK AR
KTHV-CBS	11	N	LITTLE ROCK AR
KASN-CW	38	I	PINE BLUFF AR
KVTN-IND	25	I	PINE BLUFF AR
KATV-Comet TV	7.2	I-M	LITTLE ROCK AR
KTHV-Antenna TV	11.2	I-M	LITTLE ROCK AR
KTHV-Justice Netwo	11.3	I-M	LITTLE ROCK AR
KARZ-Bounce	42.2	I-M	LITTLE ROCK AR
KATV-Charge TV	7.3	I-M	LITTLE ROCK AR
KATV-TBD TV	7.4	I-M	LITTLE ROCK AR
KTHV-Quest	11.4	I-M	LITTLE ROCK AR
KARK-Laff	4.2	I-M	LITTLE ROCK AR
KARK-Grit TV	4.3	I-M	LITTLE ROCK AR
KLRT-Escape	16.2	I-M	LITTLE ROCK AR
KETS-Create	2.2	I-M	LITTLE ROCK AR
KETS-PBS Kids	2.3	E-M	LITTLE ROCK AR
KETS-World	2.4	I-M	LITTLE ROCK AR

FORM SA1-2. F									
LEGAL NAME OF			/STEM:					SYSTEM ID#	Name
Vyve Broadl	oand A, LLC							003917	
PRIMARY TRA									
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an									H
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	ıbl	le system during	the accounting	ng period	l.	
Special Instruc	tions Concer	ning All	-Band FM Carriage: Under C	Co	pyright Office re	gulations, an	FM signa	al is generally	Primary
			em whenever it is received a						Transmitters:
on the basis of	monitoring, to	be receiv	ved at the headend, with the	sy	stem's FM antei	nna, during ce	rtain sta	ted intervals.	Radio
			Copyright Office regulations of	on	this point, see p	page (v) of the	genera	l instructions.	
	•	-	each station carried.						
			n is AM or FM.		d by the eable of			ad diagrata	
			nal was electronically process mark in the "S/D" column.	ec	a by the cable sy	stem as a sep	oarate a	id discrete	
-			on (the community to which th	ne	station is license	ed by the FCC	or. in th	ne case of	
			he community with which the			-	,		
		, ,,	,			-,			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				-					
				=					
				-					
				=					
				ш					l

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				;	SYSTEM ID#	
Name	Vyve Broadband A, LL	C						003917	
ī	In General: In space I, identif substitute basis during the ac	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.							
Substitute Carriage:	explanation of the programmi 1. SPECIAL STATEMENT			, , ,	e general instr	uctions.			
Special Statement and Program Log	 During the accounting peri broadcast by a distant stat Note: If your answer is "No" 	od, did you ion?	r cable system	carry, on a substitute bas			Yes	⊠No	
	log in block 2. 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 "577." 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 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules								
			E PROGRAM	<u> </u>	CARF	EN SUBSTI RIAGE OCCU		7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -			
							_		
								·	
							_		
							_		
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					-		_		
						_	_		
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							_		
							-		
						_	_		
						_	_		

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Vyve Broadband A, LLC	003917	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service	K Gross Receipts
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 9. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.	\$263,800	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 accounting period is \$52.00	his six-month	
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	
Live a Total Poyal Ty FFF Payable For Accounting PFPIOD Addition Acade	£ 50.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
1. Base amount under statutory formula	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	4 240 00	
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00 0.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>	
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 pa general instructions for more information.	ge I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC 903917
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
for Further Information	Name Marie Censoplano Telephone 914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) [Owner other than corporation or partnership] I am the owner of the cable system as 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 system as identified in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system
	in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	Handwritten signature: /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

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	003917	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic I not include sub-	P Special Statement
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 made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment o For an explanation of interest assessment, see page (viii) of the general instructions.	r underpayment.	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	-	
	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(ir	nterest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further a contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ssistance 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 Copyrigilist below the owner, address, first community served, ID number, and accounting period as given in the	· ·	
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 sufficiency of the fling, a determination that would be made by a court of law.

GAL NAME OF OWNER OF CABLE SYSTEM: yve Broadband A, LLC				SYSTEM ID# Name Name		
CITY OR TOWN		STATE				First
MCGEHEE		AR				Community
Line 1. ROYALTY FEE FROM SPACE L \$ 52.00						
Line O. Turno TTT					45.00	Total Fee
Line 2. FILING FEE If Line 1 is from Space L, Block 1, enter \$15.00 If Line 1 is from Space L, Block 2 or Block 3, enter \$20.00					166	
ne 3. TOTAL ROYALTY AND FILING FEES 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 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 fee: \$20).						