## 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:

Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 02/28/22 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2021 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В 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-Owner rate 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. 028746 Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband J, LLC 028746 2021/2 Four International Drive, Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 5804B FM 51 South 2 (Number, street, rural route, apartment, or suite number) Decatur TX 76234 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 D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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. Area 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 Decatur ΤХ First Community ТΧ Bridgeport Chico ΤХ ТΧ Alvord **Runaway Bay** ТΧ Lake Bridgeport ТΧ 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 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 suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:							SA3. PAGE		
Name	Vyve Broadband J, LLC								02874		
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND RA	TES						
E	In General: The information in sp			0		•					
	system, that is, the retransmissio										
Secondary	about other services (including pa						hose existi	ng on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken			
scribers and	down by categories of secondary	•					-				
Rates	each category by counting the nu										
	separately for the particular service at the rate indicated—not the number of sets receiving service). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the										
	<b>Rate:</b> Give the standard rate cl unit in which it is generally billed.										
	category, but do not include disc				iy standar	d rate variations	s within a p				
	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						•				
	subscriber who pays extra for cal first set" and would be counted o					in the count un	der "Servic	e to the			
	Block 2: If your cable system h					service that are	different fr	om 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.										
	BLC	DCK 1					BLOCH		1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	002001112			0,			CODCOTADENCO			
	Service to first set		244	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel		85	68.99							
	Commercial		05	00.99							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SECO		Nemie								
_	<b>In General:</b> Space F calls for rate					l your cable sys	tem'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		usually	billed. If any rat	es 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.										
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.										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:		Install	ation: Non-resi	dential						
	• Pay cable	19.95	• Mc	otel, hotel		T&M					
	<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	• Co	mmercial		T&M					
	Fire protection	N/A	•Pa	y cable		T&M					
	•Burglar protection	N/A	•Pa	y cable-add'l ch	annel	T&M					
	Installation: Residential		• Fir	e protection		N/A					
	1	59.99	• Bu	rglar protection		N/A					
	<ul> <li>First set</li> </ul>		1			1	1				
	<ul> <li>First set</li> <li>Additional set(s)</li> </ul>	19.99	Other	services:							
				services: connect		29.99					
	<ul> <li>Additional set(s)</li> </ul>	19.99	• Re			29.99					
	• Additional set(s) • FM radio (if separate rate)	19.99	• Re • Dis	connect sconnect							
	• Additional set(s) • FM radio (if separate rate)	19.99	• Re • Dis • Ou	connect	ess	29.99 29.99 29.99					

Name	LEGAL NAME OF OWN	ER OF CABLE SYSTEM	Л:	S	YSTEM ID
	Vyve Broadband	J, LLC			02874
	PRIMARY TRANSMITTERS	: TELEVISION			
G Primary Transmitters: Television	<ul> <li>carried by your cable syst</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61</li> <li>substitute program basis,</li> <li>Substitute Basis Stat</li> <li>basis under specifc FCC 1</li> <li>Do not list the station here, and</li> <li>basis. For further inforr</li> <li>Column 1: List each s</li> <li>Column 2: Give the not</li> <li>This may be different from</li> <li>associated with a station as the same on the form.</li> <li>Column 3: Indicate in</li> <li>educational station, by en</li> <li>(for independent multicas</li> <li>For the meaning of these</li> <li>Column 4: Give the lo</li> </ul>	em during the account s in effect on June 24 (e)(2) and (4), or 76.1 as explained in the m <b>ions:</b> With respect to rules, regulations, or the in space G—but d y on a substitute bas d also in space I, if th mation concerning su tation's call sign. Do umber of the channel n the channel on whice according to its over- each case whether th tering the letter "N" (f t), "E" (for noncomment terms, see page (iv) cation of each station	nting period, exce , 1981, permitting 63 (referring to 76 ext paragraph. o any distant static authorizations: o list it in space 1 is. e station was carr ibstitute basis stat not report originat on which the stati thy your cab; e syste thje-air designatio ne station is a network), "N-M ercial educational) of the general inst n. For U.S. station	g translator stations and low power television stations) pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ins carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the the community with which the station is identifed.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	KAZD 55	55	I	DALLAS TX	
	KDAF 33 (CW)	33	I	DALLAS TX	
	KDFI 27 (My Net)	27	I	DALLAS TX	
	KDFW 4 (FOX)	4	I	DALLAS TX	
	KDTN 2 (Daystar)	2	I	DENTON TX	
	KERA 13 (PBS)	13	E	DALLAS TX	
	KFWD-SonLife 52	52	I	DALLAS TX	
	KPXD 68 (ION)	68	I	DALLAS TX	
	KTVT 11 (CBS)	11	N	DALLAS TX	
	KTVT-Start TV 11.2	11.2	N-M	DALLAS TX	
	KTXA 21-IND	21	I	DALLAS TX	
	KTXD 47 (IND)	47	1	DALLAS TX	
	KPXD 68.2 Bounce	68.2	I-M	DALLAS TX	

## ACCOUNTING PERIOD: 2021/2

FORM SA1-2. P LEGAL NAME OF			/STEM·						N
Vyve Broadb								SYSTEM ID# 028746	Name
vyve bioaut	anu J, LLC							028/40	
PRIMARY TRAI			rried on a senarate and discr	oto	basis and list t	hoso FM stati	one carr	ied on an	н
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.								••	
	-	-							Drimery
			-Band FM Carriage: Under C em whenever it is received a						Primary Transmitters
			ved at the headend, with the						Radio
or detailed info	rmation abou	t the the	Copyright Office regulations						
			ach station carried.						
			n is AM or FM. al was electronically process	hos	by the cable sy	rstem as a ser	arate a	nd discrete	
			mark in the "S/D" column.	seu	by the cable sy	stem as a set	Jarale a		
			on (the community to which th	he	station is license	ed by the FCC	cor, in th	ne case of	
lexican or Can	adian stations	s, if any, t	he community with which the	e st	ation is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:						SYSTEM ID#	
Name	Vyve Broadband J, LL(	C							028746	
l Subatituta	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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Frogram Log	Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	"Yes," yo	ս ու	ist complete	the program		
	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									
	<ul> <li>Clear. If you need more space, please attach additional pages.</li> <li>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."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 4: Give the call sign of the station broadcasting the substitute program.</li> <li>Column 5: 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).</li> <li>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."</li> <li>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 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 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 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 le</li></ul>								'n	
						WН	EN SUBSTI	TUTE		
	S	UBSTITUT	E PROGRAM	1	C	ARR	AGE OCC		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MO AND [			IMES – TO	FOR DELETION	
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FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028746	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission service	K Gross Receipts
<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul>	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 th accounting period is \$52.00	is 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	
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 \$137,10	00)	
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 \$527,6	500)	
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		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page general instructions for more information.	e I of the	

-		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 028746
		028746
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
Champala	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	14
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	142
	and nonbroadcast services	
Ν	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual to whom we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone 9	14-234-8313
Information		
	Address Four International Drive, Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(Ony, town, state, zip)	
	Email (optional) Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation	ns,
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own 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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	herein
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J. White</b>	
	Title: SVP - Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 02/26/2022	
	1	

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## ACCOUNTING PERIOD: 2021/2

FORM SA1-2. PAG	E 8	3.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Vyve Broadband J, LLC 028746	Name
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$-	
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served       Accounting period	
	l
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requester 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	

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