## 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				
02/28/22	\$				
	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	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:						
Accounting Period	July 1-December 31, 20	21						
<b>B</b> Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fee	rrect information beside it. the cable system. If the owner is a sub- ent corporation. iich the owner conducts the business of er accounting period, only the owner on er payment covering the entire accounting	the last day of the accounting period should submit	028776				
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Vyve Broadband J, LLC							
				028776 2021/2				
	Four International Drive, St Rye Brook, NY 10573	uite 330						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
System	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:							
.,	1 DENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:  234 N Windriver Drive (Number, street, rural route, apartment, or suite nuit Douglas, WY 82633 (City, town, state, zip code)	mber)						
D	· ·		A "community" is the same as a "community u					
D	•		ding unincorporated commuinites within uninco 5(dd). The first community that list will serve	•				
Area Served	Note: Entities and properties such as ho	·	se it as the first community on all future filings mobile home parks should be reported in para					
	the identified city.  CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First	Wheatland	WY		5				
Community	Platte County	WY						

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

• FM radio (if separate rate)

Converter

N/A

Reconnect

DisconnectOutlet relocation

Move to new address

29.99

29.99

29.99

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028776 **Vyve Broadband J, 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 Transmission last 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 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: 141 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel 24 68.99 Commercial 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, enter only the letters "PP" in the rate column. Secondary 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 T&M • Pay cable—add'l channel Commercial T&M 15.95 · Fire protection N/A · Pay cable T&M • Pay cable-add'l channel T&M Burglar protection N/A Installation: Residential · Fire protection N/A First set 59.99 · Burglar protection N/A · Additional set(s) 19.99 Other services:

**ACCOUNTING PERIOD: 2021/2** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028776 **Vvve Broadband J. 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 **Primary** 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 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 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. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION** KCNC 4 (CBS) 4 Ν Denver, CO KCWC 6 (PBS) Ε Riverton, WY 6 KMGH 7 (ABC) 7 Ν Denver, CO KTVD 20 (MyNet) 20 Denver, CO KUSA 9 (NBC) 9 Denver, CO KWGN 2 (CW) 2 Denver, CO KDVR 31 (FOX) 31 Denver, CO KKTQ 16 (ABC) 16 N Cheyenne, CO

FORM SA1-2. F									
LEGAL NAME OF	OWNER OF C	CABLE SY	YSTEM:					SYSTEM ID#	Name
Vyve Broadb	oand J, LLC	;						028776	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discre	ete	e basis and list t	hose FM statio	ons carr	ed on an	Н
	•		nerally receivable" by your ca						
	_	_							
			-Band FM Carriage: Under C						Primary
			tem whenever it is received at						Transmitters:
			ved at the headend, with the						Radio
			Copyright Office regulations of	on	this point, see p	page (v) of the	genera	instructions.	
		-	each station carried.						
			n is AM or FM.						
			nal was electronically process	ec	by the cable sy	stem as a sep	parate a	na discrete	
			mark in the "S/D" column.			500			
			on (the community to which th			-	or, in tr	ie case of	
Mexican of Can	auian sialions	, ii ariy, i	the community with which the	5	iation is identifie	u).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGIN	AWOTTW	3/10	ECCATION OF STATION	H	CALL SIGN	AW OF TWI	3/0	ECCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Vyve Broadband J, LL0	C						028776
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
ı	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							
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.							
Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and Program Log	broadcast by a distant station?							
i rogram Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
	2. LOG OF SUBSTITUTE							
	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 3: Give the call s	sign of the s	station broadca	· "Yes." Otherwise enter "N sting the substitute progra	ım.			
	Column 4: Give the broathe case of Mexican or Can			e community to which the			CC or, in	
	Column 5: Give the mon	th and day	when your syst	em carried the substitute	program. Use	numerals, wi	th the month	ı
	first. Example: for May 7 giv  Column 6: State the time		substitute pro	gram was carried by your	cable system.	List the times	s accurately	
	to the nearest five minutes. stated as "6:00–6:30 p.m."							
	Column 7: Enter the lette			was substituted for progra				
	to delete under FCC rules a gram was substituted for pro							
	effect on October 19, 1976.			·				
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED						7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 CTATIONIC I COATION	5. MONTH	6. TI		FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	- ТО	
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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 028776	Name
	020110	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amo 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.	on service unt, see	<b>K</b> Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263  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.	,800	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 s accounting period is \$52.00	ix-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 \$137,100)		
1. Base amount under statutory formula		
Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
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	)	
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)	319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See page I o general instructions for more information.	f the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  028776
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 914-234-8313
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)
	Rye Brook, NY 10573
	(City, town, state, zip)
	Email (optional) Fax (optional)
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 identified 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 identifed 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)
İ	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC		028776	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d) lowing sentence:  "In determining the total number of subscribers and the gross am service of providing secondary transmissions of primary broadcas scribers and amounts collected from subscribers receiving second.  For more information on when to exclude these amounts, see the note of During the accounting period did the cable system exclude any amounts made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	nounts paid to the cable system for the bast transmitters, the system shall not included any transmissions pursuant to section of the general instructions.	asic Ide sub- 119."	Special Statement Concerning Gross Receipts Exclusion
Name Nam	***************************************		
Mailing Address Mailin	ng Address		
INTEREST ASSESSMENTS			
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general		lyment.	Q
Line 1 Enter the amount of late payment or underpayment			Interest
	x		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here		-	
	х	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	e		
	x 0.0027	74	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	<b>^</b>		
space L, (page 7)		arge)	
* To view the interest rate chart click on www.copyright.gov/licensing contact the Licensing Division at (202) 707-8150 or licensing@loc.		please	
** This is the decimal equivalent of 1/365, which is the interest asses	esment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account all list below the owner, address, first community served, ID number, and ac			
Owner			
Address			
ID number			
First community served			
Accounting period			

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