# 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. 063496 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 A, LLC 063496 2021/2 4 International Dr 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: 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 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 ок Geronimo First Community 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

### ACCOUNTING PERIOD: 2021/2

lame	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Vyve Broadband A, LLC		1	0634				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
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tinued)								
rea rved								
vea								

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					SYS	STEM IC		
Name	Vyve Broadband A, LLC							06349		
	SECONDARY TRANSMISSION			ATES						
E	In General: The information in s				y transmission s	ervice of th	ne cable			
	system, that is, the retransmission									
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the									
Transmission Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each categories of secondary transmission service. In general, you can compute the number of subscribers in 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 c	0	0,			0				
	unit in which it is generally billed. category, but do not include disc	· · ·	,		rd rate variations	within a p	articular rate			
	Block 1: In the left-hand block				ondarv 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				in the count une	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, ti									
	with the number of subscribers a	and rates, in the	right-hand block. A t	wo- or thre	e-word description	on of the s	ervice is			
	sufficient.						( )			
	BLC	OCK 1 NO. OF				BLOC	NO. OF	<u> </u>		
	CATEGORY OF SERVICE	SUBSCRIBE	RS RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATI		
	Residential:									
	Service to first set		10 25.00							
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)							1		
	Motel, hotel							1		
	Commercial		39.90					1		
	Converter							1		
	Residential									
	Non-residential									
				11			1	<u> </u>		
	SERVICES OTHER THAN SEC									
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were									
-	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									
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.									
ransmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Rates	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.									
		BLOC	K 1				BLOCK 2			
	CATEGORY OF SERVICE	RATE (	CATEGORY OF SEF	RVICE	RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:		nstallation: Non-res	sidential						
	• Pay cable	19.95	<ul> <li>Motel, hotel</li> </ul>							
	<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Commercial</li> </ul>							
	Fire protection		<ul> <li>Pay cable</li> </ul>							
	<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l c</li> </ul>	hannel	[]					
	Installation: Residential		<ul> <li>Fire protection</li> </ul>							
	• First set	64.95	<ul> <li>Burglar protectior</li> </ul>	ו	]]					
	<ul> <li>Additional set(s)</li> </ul>		Other services:							
	• FM radio (if separate rate)		Reconnect		39.95					
	• Converter		Disconnect					Τ		
	Convertor		* Disconnect							
			Outlet relocation		20.00					
				ress	20.00 39.95					

Name	LEGAL NAME OF OWNER	R OF CABLE SYSTI	EM:	S	SYSTEM ID			
Name	Vyve Broadband A	, LLC			06349			
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Static</b> basis under specifc FCC ru • Do not list the station here station was carried only • List the station here, and basis. For further inform <b>Column 1</b> : List each sta <b>Column 2</b> : Give the nur This may be different from associated with a station ac the same on the form. <b>Column 3</b> : Indicate in e educational station, by ente (for independent multicast) For the meaning of these to <b>Column 4</b> : Give the loc	m during the acco in effect on June 2 e)(2) and (4), or 76 is explained in the <b>ons:</b> With respect iles, regulations, of e in space G—but on a substitute ba also in space I, if the ation concerning se ation's call sign. Do nber of the channel the channel on wh coording to its ove ach case whether ering the letter "N" , "E" (for noncomm erms, see page (iv ation of each station	unting period, exce 24, 1981, permitting 5.63 (referring to 76 next paragraph. to any distant static r authorizations: do list it in space I isis. the station was carr substitute basis stat o not report originat el on which the stati inch your cab;e syster r-thje-air designatio the station is a netw (for network), "N-M nercial educational) o of the general insi- ton. For U.S. station	g translator stations and low power television stations) of (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 ns carried by your cable system on a substitute program the Special Statement and Program Log)—if the ed both on a substitute basis and also on some other ions, see page (v) of the general instructions. on 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 the 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 th the community with which the station is identifed.	e			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				
	KAUZ-CBS	6	N	WITCHITA FALLS TX				
	KAUZ-CW	8	N	WITCHITA FALLS TX				
	KETA-OETA PBS	13	E	OKLAHOMA CITY OK				
	KFDX-NBC	3	N	WITCHITA FALLS TX				
	KJBO-MyNetwork TV	4	I-M	WITCHITA FALLS TX				
	KJTL-FOX	12	I	WITCHITA FALLS TX				
	KSWO-ABC	7	N	Lawton OK				
	KSWO-ME-TV 7.3 Lawton,	7.3	I-M	Lawton OK				
	KSWO-Telemundo 7.2 Law	7.2	I-M	Lawton OK				

### ACCOUNTING PERIOD: 2021/2

FORM SA1-2. F LEGAL NAME OF			/STEM·					eveten id#	NI
Vyve Broadk								SYSTEM ID# 063496	Name
yve bloadk								003490	
	NSMITTERS	RADIO							
			rried on a separate and discre	et	e basis and list t	hose FM stati	ons carr	ied on an	н
all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
Special Instruc	tions Conce	rnina All	-Band FM Carriage: Under (	c	opyright Office re	gulations an	FM sian	al is generally	Primary
			em whenever it is received a						Transmitters
on the basis of r	monitoring, to	be receiv	ved at the headend, with the	sy	/stem's FM antei	nna, during ce	ertain sta	ted intervals.	Radio
			Copyright Office regulations	or	n this point, see p	page (v) of the	e genera	l instructions.	
	•	-	ach station carried. n is AM or FM.						
			al was electronically process	e	d by the cable sy	stem as a ser	oarate a	nd discrete	
			mark in the "S/D" column.		, ,	·			
			on (the community to which th			-	C or, in tl	ne case of	
lexican or Can	adian stations	s, if any, t	he community with which the	e s	tation is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<b>†</b>							
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FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:						SYSTEM ID#
Name	Vyve Broadband A, LL	C							063496
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
I	In General: In space I, identif substitute basis during the ac	y every non	network televis	ion program broadcast by	a distar				
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage: Special	<ol> <li>SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program</li> </ol>								
Statement and Program Log	broadcast by a distant station?								⊠No
	<ul> <li>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.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>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.</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</li> </ul>								
	"NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s	n was broad sign of the s	station broadca	sting the substitute progr	am.				
	Column 4: Give the broa the case of Mexican or Cana Column 5: Give the mon	adian statio	ns, if any, the	community with which the	station	is iden	tified).		
	first. Example: for May 7 giv	e "5/7."							
	<b>Column 6:</b> State the time to the nearest five minutes.								
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progr	ammino	a that v	our system w	as required	
	to delete under FCC rules a	nd regulatio	ons in effect du	iring the accounting perio	d; enter	the let	ter "P" if the l	isted pro	
	gram was substituted for pro effect on October 19, 1976.	gramming	that your syste	an was permitted to delet	e under	FUUN	ules and regu	nations in	
									7. REASON
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAN 3. STATION'S		5. N		IAGE OCCL 6. TI		FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AN	D DAY	FROM -	- TO	
					-			-	
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FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Namo
Vyve Broadband A, LLC 063496	
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	K Gross Receipts
COPYRIGHT ROYALTY FEE	
<ul> <li>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 \$263,800</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>	L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	]
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
Line 1. Royalty fee for accounting period \$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
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)	ļ
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	
<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 I of the general instructions for more information.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
1401116	Vyve Broadband A, LLC	063496
-	CHANNELS	
R.A		·
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	IONS
- ·	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	6
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	67
	and nonbroadcast services	
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (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'	14-235-8313
Information		
	Address 4 International Dr Suite 330	
	Address 4 International DI 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	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulatio	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;	o.,
	(Owner other than corporation of partnership) I am the owner of the cable system as identified in line 1 of space B,	0I
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy	stem 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 owned	er 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 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	

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: 2021/2

FORM SA1-2. PAG	E 8	3.
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EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
/yve Broadband A, LLC	063496	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 addi lowing sentence:         <ul> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for t service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sec</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	he basic include sub- tion 119." ns.	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 unc For an explanation of interest assessment, see page (viii) of the general instructions.	lerpayment.	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	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(intere * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assist contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	st charge) ance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Of list below the owner, address, first community served, ID number, and accounting period as given in the original served.	-	
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) requeste	d 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, suc		

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