ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

Period

	INSTR	RUCTIONS:								
B Owner	Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.									
	In lin	In line 2, list any other names under which the owner conducts the business of the cable system.								
	If the	ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit								
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DATA							
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Filing Period							
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*028							
		Vyve Broadband J, LLC								
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:								
		Four International Drive, Suite 330								
		(Number, street, rural route, apartment, or suite number)								
		Rye Brook, NY 10573								
		(City, town, state, zip)								
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these								
С	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	4	IDENTIFICATION OF CABLE SYSTEM:								
	'									
		MAILING ADDRESS OF CABLE SYSTEM:								
		234 N Windriver Drive								
	2	(Number, street, rural route, apartment, or suite number)								
		Douglas, WY 82633								
		(City, town, state, zip code)								

	BLOC	νr\				
E		NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		389	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel		60	68.99		
	Commercial					
	Converter					
	Residential					
	Non-residential					
		•				
		BLO	OCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	ICE .	RATE
F	Continuing Services:		Instal	llation: Non-resid	dential	
	• Pay cable	19.95		 Motel, hotel 		T&M
Services	 Pay cable—add'l channel 	15.95		 Commercial 		T&M
Other Than	Fire protection	N/A		 Pay cable 		T&M
Secondary	•Burglar protection	N/A		• Pay cable-add'	l channel	T&M
Transmissions:	Installation: Residential			• Fire protection		N/A
Rates	First set	59.99		Burglar protecti	ion	N/A
	Additional set(s)	19.99	Other	r services:		
	FM radio (if separate rate)	N/A		 Reconnect 		29.99
	Converter	-		 Disconnect 		-
				 Outlet relocatio 	n	29.99
	1			 Move to new a 	ddress	29.99

BLOCK 1

	CHANNELS											
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations											
	to its subscribers and (2) the o	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
Channels						ì						
	Enter the total number of channels on which the cable											
	system carried television bu	oadcast stations										
	2. Enter the total number of ac	ctivated channels										
	on which the cable system	carried television broadcast statio	ons		142							
	and nonbroadcast services				. 142							
						•						
N	we can write or call about this	CTED IF FURTHER INFORMATION	ON IS NEEDED: (Id	lentity an individual to whom								
Individual to	we can write or can about this	statement of account.)										
Be Contacted	None	Maria Canaanlana		Talankan a	044 024 0242							
for Further Information	Name	Marie Censoplano		Telephone	914-234-8313							
	Address	Four International Drive	e. Suite 330									
			al route, apartment, c	r suite number)								
		Rye Brook, NY 10573										
		(City, town, state, zip	p)									
	Email (optional)			Fax (optional)								
	OFFICION /This statement	A -6		i4b	datiana							
0	as explained in the general instru	it of account must be certifed and actions.)	signed in accordal	nce with Copyright Office regu	liations,							
O Certifcation	· -	tify that (Check one, but only one,	of the boxes)									
Certification	i, the undereigned, hereby con	any that (Oncok one, but only one,	, or the boxes.)									
	(Owner other than corn	oration or partnership) I am the	owner of the cable	system as identified in line 1	of enace R: or							
	(Owner other than corp.	ration of partite ship, rain the	owner or the cable	system as identified in line 1	or space b, or							
	–	nan corporation or partnership)		-	the cable system as identified							
	In line 1 of space i	3 and that the owner is not a corpo	oration or partnersi	nip; or								
	(Officer or partner) I am	an officer (if a corporation) or a p	partner (if a partner	ship) of the legal entity identi	fed as owner of the cable syste	em						
	in line 1 of space I	3.		•	·							
	. There exemple of the state	A of a company and to control to the		with at all atataments of 5								
		it of account and hereby declare ι it to the best of my knowledge, inf										
	[18 U.S.C., Section 1001(1986	•	.ciadon, and belle	, aa aro mado in good faiti	••							
	, ,											
		Handwritter	n signature:									
		Typed or p	rinted name:	Daniel J. White								
		ryped or pr	inited Hallle.	Daniel J. Wille								
		Title:	SVP - Financ	ial Planning								
		riue.		ion held in corporation or partne	rship)							
			,	, 2. Parate	• ,							
		Date:		02/26/2022								
			•••••									

2. B'cast

1. Call Sign	Channel Number	3. Type of Station	6. Location of Station
KCWC 6 (PBS)	6	Е	Riverton
KCWC-HD 6 (PBS)	6.1	Ε	Riverton
KKTQ 2 (ABC)	2	N	Cheyenne
KLWY 27 (FOX)	27	1	Cheyenne
KLWY-HD 27 (FOX)	27.1	1	Cheyenne
KSTF (CW) 10.3	10.3	N-M	Scottsbluff
KSTF (NBC)	10	N	Scottsbluff
KSTF 5 (CBS)	5	N	Scottsbluff
KTNE 13 (PBS)	13	Ε	Alliance
KTNE-HD 13 (PBS)	13.1	Е	Alliance
KWYF 26 MeTV/MNT	26	1	Cheyenne

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							
8/29/2022	\$							
	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	January 1-June 30, 2022										
B Owner	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. 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										
			02	2877220221							
				028772 2022/1							
	Four International Drive Rye Brook, NY 10573	, Suite 330									
С	, 0		ify the business and operation of the system un system, if different from the address given in s								
System	1 IDENTIFICATION OF CABLE SYSTE	M:	· · · · · · · · · · · · · · · · · · ·								
	MAILING ADDRESS OF CABLE SYS 234 N Windriver Drive (Number, street, rural route, apartment, or s Douglas, WY 82633 (City, town, state, zip code)										
D	in FCC rules: "a separate and distin	ct community or municipal entitiy (includ	A "community" is the same as a "community unding unincorporated communites within uninco 5(dd). The first community that list will serve a	orporated							
Area Served		·	se it as the first community on all future filings. mobile home parks should be reported in para	itheses below							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE							
First Community	Torrington Goshen County	WY									
	Lingle	WY									

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.

Form SA1-2c Rev 04/2011

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband J, LLC

SYSTEM ID#

028772

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 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).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by 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 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.

OCK 1	BLOCK 2				
NO. OF			NO. OF		
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
389	25.00				
60	68.99				
	NO. OF SUBSCRIBERS 389 60	NO. OF SUBSCRIBERS RATE 389 25.00 60 68.99	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE 389 25.00 60 68.99	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS	

F

Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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 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 	15.95	Commercial	T&M			
 Fire protection 	N/A	• Pay cable	T&M			
 Burglar protection 	N/A	Pay cable-add'l channel	T&M			
Installation: Residential		Fire protection	N/A			
First set	59.99	Burglar protection	N/A			
 Additional set(s) 	19.99	Other services:				
 FM radio (if separate rate) 	N/A	Reconnect	29.99			
Converter		Disconnect				
		Outlet relocation	29.99			
		Move to new address	29.99			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028772 Vyve 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. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF NUMBER STATION KCWC 6 (PBS) Ε Riverton 6 Riverton KCWC-HD 6 (PBS) 6.1 Ε KKTQ 2 (ABC) 2 Ν Cheyenne KLWY 27 (FOX) 27 ı Cheyenne 27.1 ī Cheyenne KLWY-HD 27 (FOX) N-M Scottsbluff KSTF (CW) 10.3 10.3 10 Ν Scottsbluff KSTF (NBC) Ν Scottsbluff KSTF 5 (CBS) 5 KTNE 13 (PBS) 13 Ε Alliance 13.1 Ε **Alliance** KTNE-HD 13 (PBS) **KWYF 26 MeTV/MNT** 26 ī Cheyenne

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	F OWNER OF (YSTEM:					SYSTEM ID# 028772	Name	
-										
	t every radio s	tation ca	arried on a separate and disc enerally receivable" by your c						Н	
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.										
signal, indicate Column 4: 0	this by placing Give the station	g a check n's locati	nal was electronically process on mark in the "S/D" column. on (the community to which the ommunity with which the	he	e station is licens	sed by the FC0				
				Т			e/D	LOCATION OF STATION		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
				-		 				
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				<u> </u>	

	LEGAL NAME OF OWNER OF	CABLE SYST	FM·				10111	SYSTEM ID#					
Name	Vyve Broadband J, LL						,	028772					
	.,							020112					
Substitute	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.												
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? Yes X No Note: If your answer is "Yes," you must complete the program												
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute prograce, please a of every no distant stat gulations, o ies like "mo Bulls." In was broad sign of the adcast static adian static ath and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach addition. nnetwork telev ion and that your authorization: vies" or "basked dcast live, ente station broadca on's location (the ons, if any, the when your sys a substitute pro a program carri listed program ons in effect du	al pages. ision program (substitute our cable system substitute our cable system substitute out cable system substitute out cable system substitute out cable." List specific program of the substitute program of the community to which the community with which the tem carried the substitute out of the substitute of t	program) that ed for the program eral instruction m titles, for ex No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	, during the acgramming of a sons for further is cample, "I Love ensed by the Futified). The numerals, with the time 28:30 p.m. show ther "P" if the li	counting nother stat nformation e Lucy" or FCC or, in th the mon s accuratel ould be as required sted pro	th y					
		UBSTITUT	E PROGRAM 3. STATION'S			IBSTITUTE C OCCURRED 6. TIM		7. REASON FOR DELETION					
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО						
						_							

FORM SA1-2. PAG		0)/(TEM ID#	
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	513	028772	Name
	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 transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ion service		K Gross Receipts
	during the accounting period.	79,7	797.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross	receipts)	
•	OYALTY FEE 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 he 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 $$137,100$ or less, the royalty fee that you must pay for this accounting period is $$52.00$	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 \$137,100)	Ψ	32.00	
	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			
	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			
	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			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	52.00	
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00	
	EFT Trace # or TRANSACTION ID #	Not Availabl	e	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	more information	٦.	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Vyve Broadband J, LLC	028772		
	QUANNELO			
N/I	CHANNELS			
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations		
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.			
Onamieis	Enter the total number of channels on which the cable			
	system carried television broadcast stations	11		
	Enter the total number of activated channels			
	on which the cable system carried television broadcast stations	142		
	and nonbroadcast services	172		
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom			
I	we can write or call about this statement of account.)			
Individual to				
Be Contacted				
for Further	Name Marie Censoplano Telephone §	914-234-8313		
Information				
	Address Four International Drive, Suite 330			
	(Number, street, rural route, apartment, or suite number)			
	Rye Brook, NY 10573			
	(City, town, state, zip)			
	Email (optional) Fax (optional			
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations,			
0	as explained in the general instructions.)			
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)			
	i, the undersigned, hereby certary that (emest eme, set em) emes sexes.			
	(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 heat of my knowledge, information, and helief, and are made in good faith.			
	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)]			
	Omial 7 9116:40			
	Handwritten signature: /s/ Daniel J White			
	Typed or printed name: Daniel I. White			
	Typed or printed name: Daniel J. White			
	Title: SVP - Financial Planning			
	(Title of official position held in corporation or partnership)			
	Date: 8/22/22			
	1			

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028772	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 add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	the basic ot 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 trained 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 or un For an explanation of interest assessment, see page (viii) of the general instructions.	nderpayment.	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	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_	
	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	tance 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 C list below the owner, address, first community served, ID number, and accounting period as given in the or		
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.