## 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.

DATE RECEIVED

2-29-24

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

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

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AMOUNT

ALLOCATION NUMBER

## SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

| Α   | AC  | COUNTING PERIOD COVERE  | D BY THIS STATEMENT:  |  |  |           |  |
|---|---|---|---|--|--|-----------|--|
| Accounting<br>Period  | July 1-December 31, 2023  |   |   |  |  |           |  |
| B<br>Owner  | inco<br>rate  | rrect information and print or type the cc<br>Give the full legal name of the owner o<br>title of the subsidiary, not that of the pa<br>List any other name or names under wi | prrect information beside it.<br>f the cable system. If the owner is<br>rent corporation.<br>hich the owner conducts the busin<br>e accounting period, only the own<br>be payment covering the entire acc | a subsidia<br>ess of the<br>er on the la<br>ounting pe | ast day of the accounting period should submit eriod.  | _ 02874   |  |
|   | LE  | GAL NAME OF OWNER/MAILING AD  | DRESS OF CABLE SYSTEM   |  |  |           |  |
|   |   | Vyve Broadband J, LLC   |   |  |  |           |  |
|   |   |   |   |  | 028  | 746 2023/ |  |
|   |   | Four International Drive, S<br>Rye Brook, NY 10573  | uite 330  |  |  |           |  |
| С   |   |   |   |  | he business and operation of the system unless<br>tem, if different from the address given in space  |           |  |
| System  | 1   | IDENTIFICATION OF CABLE SYSTEM:   | - , <u>,</u> ,  |  | · , · · · · · · · · · · · · · · · · · ·  | -         |  |
|   | 2   | MAILING ADDRESS OF CABLE SYSTEM:<br>5804B FM 51 South<br>(Number, street, nural route, apartment, or suite nu<br>Decatur TX 76234<br>(City, town, state, zip code)            |   |  |  |           |  |
| D<br>Area<br>Served   | Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined<br>in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communites within unincorporated<br>areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form<br>of system identification hereafter known as the "first community." Please use it as the first community on all future filings.<br>Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below<br>the identified city. |   |   |  |  |           |  |
|   |   | CITY OR TOWN  | STATE   |  | CITY OR TOWN   | STATE     |  |
| First<br>Community  |   | catur<br>idgeport   | TX<br>TX  |  |  |           |  |
|   |   | ico   | ТХ  | <u></u>  |  |           |  |
|   | Alv   | vord  | ТХ  |  |  |           |  |
|   | Ru  | naway Bay   | ТХ  |  |  |           |  |
|   |   | ke Bridgeport   | ТХ  |  |  |           |  |
| form in order to pro<br>numbers. By provi<br>search reports pre | ocess y<br>ding PI<br>pared f   | our statement of account. PII is any personal<br>I, you are agreeing to the routine use of it to e  | l information that can be used to identi<br>establish and maintain a public record,<br>PII requested is that it may delay proc  | y or trace a<br>which inclu<br>essing of ye            | onally identifying information (PII) requested on this<br>an individual, such as name, address and telephone<br>ides appearing in the Offce's public indexes and in<br>our statement of account and its placement in the<br>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 space E should cover all categories of secondary transmission service of the cable  |                              |   |  |              |                            |              |                |           |  |
| <b>.</b>                  | system, that is, the retransmissio   |                              |   |  |              |                            |              |                |           |  |
| Secondary<br>Transmission | about other services (including particular to the accounting period  |                              | -   |  |              |                            | hose existi  | ng on the      |           |  |
| Service: Sub-             |  |                              |   |  |              |                            | ole system.  | broken         |           |  |
| scribers and              | <b>Number of Subscribers:</b> 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             |                              |   |  |              |                            |              |                |           |  |
| Rates                     | each category by counting the number of billings in that category (the number of persons or organizations charged  |                              |   |  |              |                            |              |                |           |  |
|                           | separately for the particular servi<br>Rate: Give the standard rate cl   |                              |   |  |              |                            |              | e and the      |           |  |
|                           | unit in which it is generally billed.  |                              |   |  |              |                            |              |                |           |  |
|                           | category, but do not include disce   | ounts allowed                | for adva  | ance payment.  |              |                            |              |                |           |  |
|                           | Block 1: In the left-hand block  | •                            |   | -  |              | •                          |              |                |           |  |
|                           | systems most commonly provide<br>that applies to your system. Note   |                              |   |  |              |                            |              |                |           |  |
|                           | categories, that person or entity s  |                              |   | -  |              | -                          |              |                |           |  |
|                           | subscriber who pays extra for cal  |                              |   |  |              |                            | •            |                |           |  |
|                           | first set" and would be counted o  |                              |   |  |              |                            |              |                |           |  |
|                           | Block 2: If your cable system h  | -                            |   | •  |              |                            |              |                |           |  |
|                           | printed in block 1 (for example, ti with the number of subscribers a   |                              |   |  |              |                            |              |                |           |  |
|                           | sufficient.  |                              | s ngnt-i  |  |              |                            |              |                |           |  |
|                           | BLC  | DCK 1                        |   |  |              |                            | BLOCI        | ٢2             |           |  |
|                           |  | NO. OF                       |   | DATE   | 0.17         |                            |              | NO. OF         | DAT       |  |
|                           | CATEGORY OF SERVICE  | SUBSCRIB                     | ERS   | RATE   | CAT          | EGORY OF SE                | RVICE        | SUBSCRIBERS    | RAT       |  |
|                           | Residential:   |                              | 150   | 20.00  |              |                            |              |                |           |  |
|                           | Service to first set   |                              | 150   | 30.00  |              |                            |              |                |           |  |
|                           | Service to additional set(s)   |                              |   |  |              |                            |              |                |           |  |
|                           | • FM radio (if separate rate)<br>Motel, hotel  |                              | 81  | 69.00  |              |                            |              |                |           |  |
|                           | Commercial   |                              | 01  | 68.99  |              |                            |              |                |           |  |
|                           | Converter  |                              |   |  |              |                            |              |                |           |  |
|                           | Residential  |                              |   |  |              |                            |              |                |           |  |
|                           | Non-residential  |                              |   |  |              |                            |              |                |           |  |
|                           |  |                              |   |  |              |                            |              |                |           |  |
|                           | SERVICES OTHER THAN SECO   |                              | NSMIS   |  | 3            |                            |              |                |           |  |
| -                         | In General: 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<br>Other Than    | furnished at cost or (2) services of   |                              |   |  |              |                            |              |                |           |  |
| Secondary                 | 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.   |                              |   |  |              |                            |              |                |           |  |
| ransmissions:             | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.  |                              |   |  |              |                            |              |                |           |  |
| Rates                     | <b>Block 2:</b> 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) descrip   |                              |   |  | sned. List i | these other serv           | lices in the | form of a      |           |  |
|                           |  |                              |   |  |              |                            |              |                |           |  |
|                           |  | BLO                          |   |  | 105          | DATE                       | 0.475.0      | BLOCK 2        |           |  |
|                           | CATEGORY OF SERVICE<br>Continuing Services:  | RATE                         |   | GORY OF SER<br>ation: Non-res  |              | RATE                       | CATEG        | ORY OF SERVICE | RATI      |  |
|                           | Pay cable  | 19.95                        |   | tel, hotel   | luentiai     | T&M                        |              |                |           |  |
|                           |  | 13.35                        |   | mmercial   |              | T&M                        |              |                |           |  |
|                           |  | 15 05                        |   |  |              | ·····                      |              |                |           |  |
|                           | • Pay cable—add'l channel  | 15.95<br>N/A                 | • Do  | v canie  |              |                            |              |                |           |  |
|                           | Pay cable—add'l channel     Fire protection  | N/A                          |   | y cable<br>v cable-add'l ch  | annel        | Т&М<br>Т&М                 |              |                |           |  |
|                           | <ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>   |                              | • Pa  | y cable-add'l ch   | nannel       | T&M                        |              |                |           |  |
|                           | <ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>  | N/A<br>N/A                   | • Pa<br>• Fire  | y cable-add'l ch<br>e protection   |              | T&M<br>N/A                 |              |                |           |  |
|                           | <ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>   | N/A<br>N/A<br>59.99          | •Pa<br>•Fir<br>•Bu  | y cable-add'l ch<br>e protection<br>rglar protection   |              | T&M                        |              |                |           |  |
|                           | <ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>  | N/A<br>N/A<br>59.99<br>19.99 | • Pa<br>• Fire<br>• Bu<br>Other                                 | y cable-add'l ch<br>e protection<br>rglar protection<br><b>services:</b>                       |              | T&M<br>N/A<br>N/A          |              |                |           |  |
|                           | <ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>                         | N/A<br>N/A<br>59.99          | •Pa<br>•Fin<br>•Bu<br><b>Other</b><br>•Re                       | y cable-add'l ch<br>e protection<br>rglar protection<br><b>services:</b><br>connect            |              | T&M<br>N/A                 |              |                |           |  |
|                           | <ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>  | N/A<br>N/A<br>59.99<br>19.99 | •Pa<br>•Fir<br>•Bu<br><b>Other</b><br>•Re<br>•Dis               | y cable-add'l ch<br>e protection<br>rglar protection<br><b>services:</b><br>connect<br>connect |              | T&M<br>N/A<br>N/A<br>29.99 |              |                |           |  |
|                           | <ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>                         | N/A<br>N/A<br>59.99<br>19.99 | • Pa<br>• Firo<br>• Bu<br><b>Other</b><br>• Re<br>• Dis<br>• Ou | y cable-add'l ch<br>e protection<br>rglar protection<br><b>services:</b><br>connect            |              | T&M<br>N/A<br>N/A          |              |                |           |  |

| Name<br>G                              | Vyve Broadband J, LLC   |   |   |   |       |
|--|---|---|---|---|-------|
| G                                      |   |   |   |   | 02874 |
| G                                      | PRIMARY TRANSMITTERS: TELEVISION  |   |   |   |       |
| Primary<br>Transmitters:<br>Television | In General: In space G, identify every te<br>carried by your cable system during the<br>FCC rules and regulations in effect on J<br>76.59(d)(2) and (4), 76.61(e)(2) and (4),<br>substitute program basis, as explained i<br>Substitute Basis Stations: With res-<br>basis under specifc FCC rules, regulatic<br>• Do not list the station here in space G-<br>station was carried only on a substitu<br>• List the station here, and also in space<br>basis. For further information concer<br>Column 1: List each station's call sig<br>Column 2: Give the number of the c<br>This may be different from the channel of<br>associated with a station according to its<br>the same on the form.<br>Column 3: Indicate in each case wh<br>educational station, by entering the letter<br>(for independent multicast), "E" (for non<br>For the meaning of these terms, see par | accounting period,<br>une 24, 1981, perm<br>or 76.63 (referring<br>n the next paragrap<br>pect to any distant<br>ons, or authorizatior<br>—but do list it in spa-<br>ite basis.<br>I, if the station was<br>ning substitute basis<br>gn. Do not report or<br>hannel on which tho<br>on which your cab;<br>s over-thje-air desig<br>ether the station is a<br>r "N" (for network),<br>commercial educati<br>ge (iv) of the general | except (1) stations<br>hitting the carriage<br>to 76.61(e)(2) and<br>h.<br>stations carried by<br>ace I (the Special S<br>carried both on a<br>is stations, see pag-<br>igination program<br>e station's broadca<br>e station's broadca<br>e system carried th<br>gnation. For exam<br>a network station,<br>"N-M" (for network<br>ional), or "E-M" (fo<br>al instructions. | d (4))]; and (2) certain stations carried on a<br>y your cable system on a substitute program<br>Statement and Program Log)—if the<br>substitute basis and also on some other<br>ge (v) of the general instructions.<br>services such as HBO, ESPN, etc.<br>asts are carried in its own community.<br>the station. Identify each multicast stream<br>ple, report multicast stream "WETA-2" as<br>an independent station, or a noncommercial |       |
|  | FCC. For Mexican or Canadian stations   |   |   |   |       |
|  | 1. CALL<br>SIGN   | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 6. LOCATION OF STATION  |       |
|  | KAZD-MeTV   | 55.2  | I-M   | DALLAS TX   |       |
|  | KAZD-Spectrum News 1  | 55  | I   | DALLAS TX   |       |
|  | KDAF 33 (CW) Dallas   | 33  | I   | DALLAS TX   |       |
|  | KDFI 27 (My Net) Dallas   | 27  | I   | DALLAS TX   |       |
|  | KDFW 4 (FOX) Dallas   | 4   | I   | DALLAS TX   |       |
|  | KDTN 2 (Daystar) Denton   | 2   | I   | DENTON TX   |       |
|  | KDTX-TBN 45 Dallas  | 45  | I   | DALLAS TX   |       |
|  | KERA 13 (PBS) Dallas  | 13  | Е   | DALLAS TX   |       |
|  | KFWD-SonLife 52 Dallas  | 52  | I   | DALLAS TX   |       |
|  | KPXD 68 (ION) Dallas  | 68  | I   | ARLINGTON, TX   |       |
|  | KTVT 11 (CBS) Dallas  | 11  | N   | DALLAS TX   |       |
|  | KTVT-Start TV 11.2 Dallas   | 11.2  | I-M   | DALLAS TX   |       |
|  | KTXA 21-IND-Fort Worth, TX  | 21  | I   | DALLAS TX   |       |
|  | KTXA-QVC 21.2 Dallas, TX  | 21.2  | I-M   | FORT WORTH, TX  |       |
|  | KTXD 47 (IND) Dallas  | 47  | I   | DALLAS TX   |       |
|  | KXAS - CoziDallas (In Market)   | 5.2   | I-M   | FORT WORTH, TX  |       |
|  | KXAS - Dallas (In Market)   | 5   | I   | FORT WORTH, TX  |       |
|  | KXTX - Dallas/Fort Worth (Retrans)  | 39  | 1   | DALLAS TX   |       |
|  | KXTX - TeleXitos Dallas/Fort Worth (R   | 39.2  | I-M   | DALLAS TX   |       |
|  | WFAA 8 (ABC) Dallas   | 8   | N   | DALLAS TX   |       |
|  | KPXD-Bounce 68.2 Dallas   | 68.2  | I-M   | ARLINGTON, TX   |       |

## ACCOUNTING PERIOD: 2023/2

| FORM SA1-2. P<br>LEGAL NAME OF |                |              | /STEM·   |        |                    |                 |            | SYSTEM ID#          | Norre                   |
|--------------------------------|----------------|--------------|--|--------|--------------------|-----------------|------------|---------------------|-------------------------|
| Vyve Broadb                    |                |              | 1 <b>J</b> 1 LIVI.   |        |                    |                 |            |                     | Name                    |
|                                |                | ,<br>        |  |        |                    |                 |            | 028746              |                         |
|                                |                |              |  |        |                    |                 |            |                     |                         |
| PRIMARY TRAI                   |                |              | rried on a separate and discr                              | ete    | hasis and liet t   | hose FM stati   | ons carr   | ied on an           | н                       |
|                                |                |              | nerally receivable" by your ca                             |        |                    |                 |            |                     | ••                      |
|                                | -              | -            |  |        |                    |                 |            |                     | Duineana                |
|                                |                |              | -Band FM Carriage: Under (<br>em whenever it is received a |        |                    |                 |            |                     | Primary<br>Transmitters |
|                                |                |              | ved at the headend, with the                               |        |                    |                 |            |                     | Radio                   |
| or detailed info               | ormation abou  | t the the    | Copyright Office regulations                               |        |                    |                 |            |                     |                         |
|                                |                |              | ach station carried.                                       |        |                    |                 |            |                     |                         |
|                                |                |              | n is AM or FM.<br>al was electronically process            | hos    | by the cable sy    | stem as a ser   | arate a    | nd discrete         |                         |
|                                |                |              | an was electronically process mark in the "S/D" column.    | seu    | by the cable sy    | Stelli as a set | Jarale a   |                     |                         |
|                                |                |              | on (the community to which th                              | he s   | 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 |                         |
| ON LE OTOIT                    |                | 0,0          |  | Ħ      | CALL CIGIT         |                 | 0,0        |                     |                         |
|                                |                |              |  | -   -  |                    |                 |            |                     |                         |
|                                |                |              |  | -   -  |                    |                 |            |                     |                         |
|                                |                | +            |  | -   -  |                    |                 |            |                     |                         |
|                                |                | <u> </u>     |  | -    - |                    |                 |            |                     |                         |
|                                |                | <u>+</u>     |  | -      |                    |                 |            |                     |                         |
|                                |                | <u> </u>     |  | -      |                    |                 |            |                     |                         |
|                                |                | <u> </u>     |  | -      |                    |                 |            |                     |                         |
|                                |                | [            |  |        |                    |                 |            |                     |                         |
|                                |                | <br>         |  |        |                    |                 |            |                     |                         |
|                                |                | <b> </b>     |  |        |                    |                 |            |                     |                         |
|                                |                | <b> </b>     |  | -   -  |                    |                 |            |                     |                         |
|                                |                | <b></b>      |  | -   -  |                    |                 |            |                     |                         |
|                                |                | <u>+</u>     |  | -   -  |                    |                 |            |                     |                         |
|                                |                | <u> </u>     |  | -    - |                    |                 |            |                     |                         |
|                                |                | <u>+</u>     |  | 1  -   |                    |                 |            |                     |                         |
|                                |                | <u> </u>     |  |        |                    |                 |            |                     |                         |
|                                |                | [            |  |        |                    |                 |            |                     |                         |
|                                |                | <b> </b>     |  |        |                    |                 |            |                     |                         |
|                                |                | <b> </b>     |  | -    - |                    |                 |            |                     |                         |
|                                |                | <b></b>      |  | -   -  |                    |                 |            |                     |                         |
|                                |                | <b>+</b>     |  | -   -  |                    |                 |            |                     |                         |
|                                |                |              |  | -      |                    |                 |            |                     |                         |
|                                |                | +            |  | 11     |                    |                 |            |                     |                         |
|                                |                |              |  |        |                    |                 |            |                     |                         |
|                                |                |              |  | [      |                    |                 |            |                     |                         |
|                                |                |              |  | _      |                    |                 |            |                     |                         |
|                                |                |              |  | -   -  |                    |                 |            |                     |                         |
|                                |                |              |  | -   -  |                    |                 |            |                     |                         |
|                                |                | +            |  |        |                    |                 |            |                     |                         |
|                                |                | +            |  |        |                    |                 |            |                     |                         |
|                                |                |              |  | 11-    |                    |                 |            |                     |                         |
|                                |                | +            |  | 11     |                    |                 |            |                     |                         |
|                                |                |              |  | 11     |                    |                 |            |                     |                         |
|                                |                |              |  |        |                    |                 |            |                     |                         |
|                                |                |              |  | 1      |                    |                 |            |                     |                         |
|                                |                | <b>↓</b>     |  |        |                    |                 |            |                     |                         |
|                                |                |              |  |        |                    |                 |            |                     |                         |
|                                |                |              |  |        |                    |                 |            |                     |                         |

FORM SA1-2. PAGE 5.

|                          | LEGAL NAME OF OWNER OF O   | CABLE SYST                    | EM:                       |   |   |  |   | SYSTEM ID#   |  |  |
|--------------------------|--|-------------------------------|---------------------------|---|---|--|---|--------------|--|--|
| Name                     | Vyve Broadband J, LLO  | 2                             |                           |   |   |  |   | 028746       |  |  |
|                          | SUBSTITUTE CARRIAGE  | : SPECIA                      |                           | T AND PROGRAM LO  | G   |  |   |              |  |  |
| I                        | In General: In space I, identif substitute basis during the ac   | counting pe                   | riod, under spe           | cific present and former FC                             | C rules, reg                              | ulations, or auth                                    |   |              |  |  |
| Substitute<br>Carriage:  | explanation of the programmi<br>1. SPECIAL STATEMENT   |                               |                           |   | e general ins                             | tructions.   |   |              |  |  |
| Special<br>Statement and | <ul> <li>During the accounting peri<br/>broadcast by a distant stat</li> </ul>   | od, did you                   |                           |   | sis, any non                              | network televisi                                     |   | ХNо          |  |  |
| Program 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 PROGRAMS  |                               |                           |   |   |  |   |              |  |  |
|                          | In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.<br>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.<br>Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."<br>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."<br>Column 3: Give the call sign of the station broadcasting the substitute program.<br>Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).<br>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." |                               |                           |   |   |  |   |              |  |  |
|                          | to the nearest five minutes.<br>stated as "6:00–6:30 p.m."<br><b>Column 7:</b> Enter the letter<br>to delete under FCC rules a<br>gram was substituted for pro-<br>effect on October 19, 1976.   | er "R" if the<br>nd regulatio | listed program            | was substituted for progr<br>ring the accounting period | amming tha<br>d; enter the<br>e under FC0 | t your system v<br>etter "P" if the<br>rules and reg | /as required<br>listed pro<br>ulations in |              |  |  |
|                          | S  | UBSTITUT                      | E PROGRAM                 | 1   |   | HEN SUBSTI<br>RRIAGE OCCU                            |   | 7. REASON    |  |  |
|                          | 1. TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No         | 3. STATION'S<br>CALL SIGN | 4. STATION'S LOCATION                                   | 5. MONT<br>AND DA                         | Н 6. Т   | IMES                                      | FOR DELETION |  |  |
|                          |  |                               |                           |   |   |  |   |              |  |  |
|                          |  |                               |                           |   |   |  | -   |              |  |  |
|                          |  |                               |                           |   |   |  | -   |              |  |  |
|                          |  |                               |                           |   |   |  | -   |              |  |  |
|                          |  |                               |                           |   |   |  | _   |              |  |  |
|                          |  |                               |                           |   |   |  | -   |              |  |  |
|                          |  |                               |                           |   |   |  | _   |              |  |  |
|                          |  |                               |                           |   |   |  |   |              |  |  |
|                          |  |                               |                           |   |   |  | _   |              |  |  |
|                          |  |                               |                           |   |   |  | _   |              |  |  |
|                          | ·  |                               |                           |   |   |  | -   |              |  |  |
|                          |  |                               |                           |   |   |  | -   |              |  |  |
|                          |  |                               |                           |   |   |  | _   |              |  |  |
|                          |  |                               |                           |   |   | _  | -   |              |  |  |
|                          |  |                               |                           |   |   | _  | _   |              |  |  |
|                          |  |                               |                           |   |   |  | _   |              |  |  |
|                          |  |                               |                           |   |   |  | -   |              |  |  |
|                          |  |                               |                           |   |   |  | -   |              |  |  |

|   | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Vyve Broadband J, LLC  | SYSTEM ID<br>02874                      | Namo                          |
|---|--|---|-------------------------------|
|   | GROSS RECEIPTS<br>Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente<br>all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi<br>(as identified in space E) during the accounting period. For a further explanation of how to compute this ar<br>page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) | ission service                          | K<br>Gross Receipts           |
|   | during the accounting period   | 47,319.00<br>(Amount of gross receipts) |                               |
| • • •                                     | ALTY FEE<br>mpute the royalty fee you owe:<br>Complete block 1, block 2, or block 3.<br>Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2<br>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>eneral instructions for more information.                                   | 263,800                                 | L<br>Copyright<br>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 \$137,100)   |   |                               |
|   | 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  | 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<br>Total Remittance<br>Due | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)  | \$ 52.00                                |                               |
|   | 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   | \$ 67.0                                 | 0                             |
|   | EFT Trace # or TRANSACTION ID #  | Not Available                           |                               |
|   | See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for  | r more information.                     |                               |

|                            | •   | FORM SA1-2. PAGE 7     |
|----------------------------|---|------------------------|
| Name                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Vyve Broadband J, LLC   | SYSTEM ID#<br>028746   |
|                            |   | 020740                 |
|                            | CHANNELS  |                        |
| Μ                          | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta   | tions                  |
| Channels                   | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   |                        |
| onanneis                   | 1. Enter the total number of channels on which the cable  | 24                     |
|                            | system carried television broadcast stations  | 21                     |
|                            |   |                        |
|                            | 2. Enter the total number of activated channels   |                        |
|                            | on which the cable system carried television broadcast stations<br>and nonbroadcast services  | 142                    |
|                            |   |                        |
| N                          | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom  |                        |
| Ν                          | we can write or call about this statement of account.)  |                        |
| Individual to              |   |                        |
| Be Contacted               |   |                        |
| for Further<br>Information | Name Marie Censoplano Telephone 9   | 14-234-8313            |
| information                |   |                        |
|                            | Address Four International Drive, Suite 330   |                        |
|                            | (Number, street, rural route, apartment, or suite number)   |                        |
|                            | City, 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     |
|                            | in line 1 of space B and that the owner is not a corporation of partnership, of   |                        |
|                            | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owned 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 leaving decision and belief, and are made in good faith | herein                 |
|                            | are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.<br>[18 U.S.C., Section 1001(1986)]  |                        |
|                            |   |                        |
|                            | Handwritten signature: /s/ Daniel J White   |                        |
|                            | 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: 2/26/24   |                        |
|                            |   |                        |

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: 2023/2

| FORM SA1-2. PAG | E 8 | 3. |
|-----------------|-----|----|
|-----------------|-----|----|

| 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:         <ul> <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> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.     <ul> <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></li></ul> | P<br>Special<br>Statement<br>Concerning<br>Gross Receipts<br>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.<br>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<br>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,<br>space L, (page 7) <b>\$</b> -<br>(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   |  |
|  |  |
| 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 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 t   |  |

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.