## 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				
2-29-24	\$ 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	July 1-December 31, 2023							
Period								
<b>B</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 ADD	PRESS OF CABLE SYSTEM						
	Vyve Broadband A, LLC							
				029450 2023/2				
	4 International Dr Suite 330							
	Rye Brook, NY 10573							
С			ify the business and operation of the system u					
C	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.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	(Number, street, rural route, apartment, or suite nui	mber)						
	(City, town, state, zip code)							
	Instructions: List each separate comm	unity served by the cable system. A	A "community" is the same as a "community u	nit" as defined				
D	in FCC rules: "a separate and distinct co	ommunity or municipal entitiy (includ	ding unincorporated commuinites within uninco	orporated				
_	5 5 .	•	5(dd). The first community that list will serve a					
Area Served	•		se it as the first community on all future filings.					
Octived	the identified city.	neis, apartments, condiminiums, or	mobile home parks should be reported in para	atrieses below				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First	FORT RILEY	KS						
Community	FORT RILEY EXEMPT	KS						
	ļ							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE S'  Vyve Broadband A, LLC	YSTEM:		SYSTEM 0294
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
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Area				
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 029450 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 23 · Service to first set 30.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 26 68.99 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Rates Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 19.95 · Motel, hotel • Pay cable—add'l channel Commercial Pay cable · Fire protection Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection 64.95 First set · Burglar protection · Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95 Converter Disconnect

Outlet relocation

Move to new address

20.00

39.95

**ACCOUNTING PERIOD: 2023/2** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 029450 **Vvve Broadband A. 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 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 **Primary** 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KSNT-Bounce .4 Top	27.4	I-M	TOPEKA KS
KSNT-NBC 27 Topek	27.1	N-M	TOPEKA KS
KTKA-ABC 49 Topek	49.1	N-M	TOPEKA KS
KTKA-CW 49.3 Topel	49.3	I-M	TOPEKA KS
KTKA-DABL 49.2 Top	49.2	I-M	TOPEKA KS
KTMJ-FOX 43 Topeka	43.1	I-M	TOPEKA KS
KTMJ-Grit TV 43.3 To	43.3	I-M	TOPEKA KS
KTMJ-Ion Mystery 43	43.2	I-M	TOPEKA KS
KTMJ-Laff 43.4 Tope	43.4	I-M	TOPEKA KS
KTWU-Enhance 11.3	11.3	E-M	TOPEKA KS
KTWU-PBS 11 Topek	11.1	E-M	TOPEKA KS
KTWU-PBS Kids 11.2	11.2	E-M	TOPEKA KS
WIBW - D3 - Heroes 8	13.3	I-M	TOPEKA KS
WIBW - D4 - Start	13.4	I-M	TOPEKA KS
WIBW - D5 - Circle	13.5	I-M	TOPEKA KS
WIBW-CBS HD 13 To	13.1	I-M	TOPEKA KS
WIBW-MNT 13.2 Tope	13.2	I-M	TOPEKA KS

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	OWNER OF C	CABLE SY	YSTEM:					SYSTEM ID#	Name
Vyve Broadb	oand A, LLC							029450	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discre	ete	e basis and list t	hose FM statio	ons carr	ied on an	Н
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
	_	_					•		
			-Band FM Carriage: Under C						Primary
			tem whenever it is received at						Transmitters: Radio
	-		ved at the headend, with the	-		-			Kaulo
			Copyright Office regulations of	on	this point, see p	page (v) of the	genera	instructions.	
		-	each station carried. n is AM or FM.						
			nal was electronically process	00	l by the cable sy	etom as a sor	oarata a	ad discrete	
			mark in the "S/D" column.	CC	i by the cable by	stem as a sep	arate a	id discrete	
			on (the community to which th	ıe	station is license	ed by the ECC	or in th	ne case of	
			the community with which the				, OI, III u	10 0030 01	
exear. er ear.	adian olanono	,,, .	and deminionally than miner the	•		۵).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF (	CABLE SYST	EM:					SYSTEM ID		
Name	Vyve Broadband A, LL	С						02945		
	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LOC	<b>;</b>					
Substitute	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	CONCER	NING SUBST	TTUTE CARRIAGE						
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant stat		root of this nos	o blank If your answer is	"Voo." vou mi	ust complete	Yes	⊠No		
	<b>Note:</b> 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									
	period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs.	ce, please a of every no distant stati gulations, o les like "mo Bulls."	attach additiona nnetwork televi ion and that yo r authorizationa vies" or "baske	al pages. ision program (substitute p ur cable system substitute s. See page (v) of the gen	orogram) that d for the prog eral instruction n titles, for ex	during the gramming of one for further	accounting f another stati er information			
	Column 3: Give the call s	sign of the s	station broadca	sting the substitute progra	m.					
	Column 4: Give the broathe case of Mexican or Can			ne community to which the			FCC or, in			
	Column 5: Give the mon	th and day		tem carried the substitute			with the mont	th		
	first. Example: for May 7 giv  Column 6: State the time		substitute pro	gram was carried by your	cable system.	. List the tim	nes accurately	/		
	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 progra	mming that y	our system	was required			
	to delete under FCC rules a gram was substituted for pro									
	effect on October 19, 1976.	ogramming	iliai youl sysie	em was permitted to delete	under i CC i	ules allu le	guiations in			
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED		7. REASON		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	FOR DELETIO		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>			
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FORM SA1-2. PAGE 6.	0.407514 10.41	
Vyve Broadband A, LLC	SYSTEM ID# 029450	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 transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (viii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	on service	<b>K</b> Gross Receipts
	\$ 11,147.00	
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions for more information.	,800	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 s 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)	)	
1. Base amount under statutory formula		
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	0)	
Enter the amount of gross receipts from space K		
2. Base amount under statutory formula		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTANCE DUE		
-		
il i 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
g	15.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	
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 mo	ore information.	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Vyve Broadband A, LLC	029450
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tations
Channels	to its subscribers and (2) the cable system's total number of activated charmers, during the accounting period.	
	Enter the total number of channels on which the cable	17
	system carried television broadcast stations	17
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	142
	and nonbroadcast services	
N	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	914-235-8313
Information		
	Address 4 International Dr 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) 914-234-836	
	Tax (optional) 1 ax (optional) 214 234 335.	·
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	tions,
0		
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	system as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	oyetem de laemanea
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ov	oner of the cable system
	in line 1 of space B.	mor or the dable dystem
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains	nd horoin
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	a nerem
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ $m{Daniel\ J\ White}$	
	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	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	029450	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 adding lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	basic lude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade 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		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underproperty for an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	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	-	
x 0.002	274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_	
(interest o	harge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e 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 Offce list below the owner, address, first community served, ID number, and accounting period as given in the original	-	
Owner Address		
ID number		
First community served		
Accounting period		

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