### 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

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FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 2-29-24 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo-Owner rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. 032669 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 032669 2023/2 Four International Drive, Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 3213 Highway 25 Ease Suite 1 2 (Number, street, rural route, apartment, or suite number Tazewell, TN 37879 City, town, state, zip code) Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE New Tazewell TN Speedwell TΝ First Community ΤN Arthur TΝ Tazewell **Cumberland Gap** TΝ ΤN Harrogate Lone Mountain TN Shawnee TΝ Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in

search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

## ACCOUNTING PERIOD: 2023/2

| Name           | LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: |       |              |       |  |  |  |  |  |  |
|----------------|--|-------|--------------|-------|--|--|--|--|--|--|
| Name           | Vyve Broadband J, LLC 032                    |       |              |       |  |  |  |  |  |  |
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| Area<br>Served |  |       |              |       |  |  |  |  |  |  |
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| Name                      | LEGAL NAME OF OWNER OF C  | ABLE SYSTEM:       |            |  |      |                |            | SYS                       | STEM II |  |  |  |  |
|---------------------------|---|--------------------|------------|--|------|----------------|------------|---------------------------|---------|--|--|--|--|
| Name                      | Vyve Broadband J, LLC   |                    |            |  |      |                |            |                           | 0326    |  |  |  |  |
| -                         | SECONDARY TRANSMISSION  | SERVICE: SU        | BSCRIBE    | RS AND RAT                             | ES   |                |            |                           |         |  |  |  |  |
| E                         | In General: The information in s  |                    |            |  |      | transmission   | service of | the cable                 |         |  |  |  |  |
|                           | system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information  |                    |            |  |      |                |            |                           |         |  |  |  |  |
| Secondary<br>Transmission | 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).  |                    |            |  |      |                |            |                           |         |  |  |  |  |
| Service: Sub-             | Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken  |                    |            |  |      |                |            |                           |         |  |  |  |  |
| scribers and              | down by categories of secondary transmission service. In general, you can compute the number of subscribers in  |                    |            |  |      |                |            |                           |         |  |  |  |  |
| Rates                     |   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | separately for the particular servi<br>Rate: Give the standard rate c   |                    |            |  |      |                |            | ne and the                |         |  |  |  |  |
|                           | unit in which it is generally billed.   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | category, but do not include disc   | ounts allowed      | for advand | e payment.                             |      |                |            |                           |         |  |  |  |  |
|                           | Block 1: In the left-hand block   | •                  |            | -                                      |      | -              |            |                           |         |  |  |  |  |
|                           | systems most commonly provide<br>that applies to your system. Note  |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | categories, that person or entity   |                    |            | -                                      |      | -              |            |                           |         |  |  |  |  |
|                           | subscriber who pays extra for ca  |                    |            |  |      |                | •          |                           |         |  |  |  |  |
|                           | first set" and would be counted o   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | <b>Block 2:</b> 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 a  |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | sufficient.   | ,                  | 5          |  |      |                |            | I of the service is       |         |  |  |  |  |
|                           | BLO   | DCK 1              |            |  |      |                | BLOC       |                           |         |  |  |  |  |
|                           | CATEGORY OF SERVICE   | NO. OF<br>SUBSCRIB |            | RATE                                   | CATE | EGORY OF SE    |            | NO. OF<br>SUBSCRIBERS     | RAT     |  |  |  |  |
|                           | Residential:  | SUBSCRIB           | EKO        | RATE                                   | CATE | LOOKT OF SE    | RVICE      | SUBSCRIBERS               | KAI     |  |  |  |  |
|                           | Service to first set  |                    | 1,123      | 30.00                                  |      |                |            |                           |         |  |  |  |  |
|                           | Service to additional set(s)  |                    | 1,125      |  |      |                |            |                           |         |  |  |  |  |
|                           | • FM radio (if separate rate)   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | Motel, hotel  |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | Commercial  |                    | 75         | 68.99                                  |      |                |            |                           |         |  |  |  |  |
|                           | Converter   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | Residential   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | Non-residential   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           |   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | SERVICES OTHER THAN SEC   | ONDARY TRA         | NSMISSI    | ONS: RATES                             |      |                |            |                           |         |  |  |  |  |
| F                         | In General: Space F calls for rat   | •                  | ,          | •                                      |      | • •            |            |                           |         |  |  |  |  |
| Г                         | not covered in space E, that is, the  |                    |            |  |      |                |            |                           |         |  |  |  |  |
| Services                  | service for a single fee. There ar<br>furnished at cost or (2) services (   |                    |            |  |      |                |            |                           |         |  |  |  |  |
| Other Than                | amount of the charge and the un   |                    |            |  |      |                |            |                           |         |  |  |  |  |
| Secondary                 | enter only the letters "PP" in the  | rate column.       |            |  |      | 0              |            | - <b>3</b>                |         |  |  |  |  |
| ransmissions:             | Block 1: Give the standard rat  |                    |            | •                                      |      | ••             |            |                           |         |  |  |  |  |
| Rates                     | Block 2: List any services that<br>listed in block 1 and for which as   |                    |            |  | -    |                |            |                           |         |  |  |  |  |
|                           | brief (two- or three-word) descrip  |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           |   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | CATEGORY OF SERVICE   | BLO<br>RATE        | -          | RY OF SERVI                            | CE   | RATE           | CATEG      | BLOCK 2<br>ORY OF SERVICE | RAT     |  |  |  |  |
|                           | Continuing Services:  |                    |            | on: Non-resid                          |      |                | UATEC      |                           | . 1041  |  |  |  |  |
|                           | • Pay cable   | 19.95              | Mote       |  |      | T&M            |            |                           |         |  |  |  |  |
|                           | Pay cable—add'l channel   | 15.95              | Comr       |  |      | T&M            |            |                           |         |  |  |  |  |
|                           | Fire protection   | N/A                | • Pay c    | able                                   |      | T&M            |            |                           |         |  |  |  |  |
|                           | •Burglar protection   | N/A                | -          | able-add'l chai                        | nnel | T&M            |            |                           |         |  |  |  |  |
|                           | Installation: Residential   |                    | -          | rotection                              |      | N/A            |            |                           |         |  |  |  |  |
|                           | • First set   | 59.99              | •          | ar protection                          |      | N/A            |            |                           |         |  |  |  |  |
|                           | Additional set(s)   | 19.99              | Other se   |  |      |                |            |                           |         |  |  |  |  |
|                           | • FM radio (if separate rate)   | N/A                | • Reco     |  |      | 29.99          |            |                           |         |  |  |  |  |
|                           | · · · /   |                    |            |  |      |                |            |                           |         |  |  |  |  |
|                           | ·Converter  |                    | • DISCO    | nnect                                  |      |                |            |                           |         |  |  |  |  |
|                           | Converter   |                    |            | nnect<br>t relocation                  |      | 29 99          |            |                           |         |  |  |  |  |
|                           | Conventer   |                    | Outle      | nnect<br>t relocation<br>to new addres | s    | 29.99<br>29.99 |            |                           |         |  |  |  |  |

| Name  | LEGAL NAME OF OWNER  | R OF CABLE SYSTEM   | 1:  | S   | YSTEM ID# |  |  |  |  |
|---|--|---|---|---|-----------|--|--|--|--|
|   | Vyve Broadband J   |   | 032669  |   |           |  |  |  |  |
|   | PRIMARY TRANSMITTERS: TELEVISION   |   |   |   |           |  |  |  |  |
| G<br>Primary<br>Transmitters:<br>Television | <ul> <li>carried by your cable syste</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61(</li> <li>substitute program basis, a</li> <li>Substitute Basis Static</li> <li>basis under specifc FCC ru</li> <li>Do not list the station herre, station was carried only</li> <li>List the station here, and</li> <li>basis. For further inform</li> <li>Column 1: List each static</li> <li>Column 2: Give the nuit</li> <li>This may be different from</li> <li>associated with a station as the same on the form.</li> <li>Column 3: Indicate in e</li> <li>educational station, by enter</li> <li>(for independent multicast)</li> <li>For the meaning of these to</li> <li>Column 4: Give the loc</li> </ul> | m during the accour<br>in effect on June 24,<br>e)(2) and (4), or 76.6<br>as explained in the monetain<br>ons: With respect to<br>alles, regulations, or a<br>e in space G—but do<br>on a substitute basis<br>also in space I, if the<br>action concerning sul<br>ation's call sign. Do r<br>mber of the channel<br>the channel on whic<br>ccording to its over-t<br>each case whether the<br>ering the letter "N" (for<br>, "E" (for noncomme<br>erms, see page (iv) of<br>ation of each station | ting period, exce<br>, 1981, permitting<br>33 (referring to 76<br>ext paragraph.<br>any distant static<br>authorizations:<br>b list it in space I<br>s.<br>e station was carr<br>bstitute basis stat<br>not report originat<br>on which the stat<br>h your cab;e syst<br>hje-air designatio<br>e station is a netto<br>or network), "N-M<br>rcial educational)<br>of the general ins:<br>. For U.S. station | In the special stations and low power television stations)<br>pt (1) stations carried only on a part-time basis under<br>the carriage of certain network programs [sections<br>.61(e)(2) and (4))]; and (2) certain stations carried on a<br>ons carried by your cable system on a substitute program<br>(the Special Statement and Program Log)—if the<br>ied both on a substitute basis and also on some other<br>ions, see page (v) of the general instructions.<br>ion program services such as HBO, ESPN, etc.<br>ion's broadcasts are carried in its own community.<br>em carried the station. Identify each multicast stream<br>n. For example, report multicast stream "WETA-2" as<br>work station, an independent station, or a noncommercial<br>" (for network multicast). "I" (for independent), "I-M"<br>, or "E-M" (for noncommercial educational multicast).<br>tructions.<br>s, list the community to which the station is licensed by the<br>the community with which the station is identifed. | •         |  |  |  |  |
|   | 1. CALL<br>SIGN  | 2. B'CAST<br>CHANNEL<br>NUMBER  | 3. TYPE<br>OF<br>STATION  | 6. LOCATION OF STATION  |           |  |  |  |  |
|   | WATE 6 (ABC) Knoxville H   | 6   | N   | Knoxville, TN   |           |  |  |  |  |
|   | WATE-Get tv 6.2 Knoxville  | 6.2   | I-M   | Knoxville, TN   |           |  |  |  |  |
|   | WATE-Rewind TV 6.3 Kno   | 6.3   | I-M   | Knoxville, TN   |           |  |  |  |  |
|   | WBIR 10 (NBC) HD Knoxvi  | 10  | N   | Knoxville, TN   |           |  |  |  |  |
|   | WBIR 10.2 (MeTV) Knoxvi  | 10.2  | I-M   | Knoxville, TN   |           |  |  |  |  |
|   | WBIR 10.3 True Crime Net   | 10.3  | I-M   | Knoxville, TN   |           |  |  |  |  |
|   | WBIR Quest Knoxville   | 10.4  | I-M   | Knoxville, TN   |           |  |  |  |  |
|   | WBXX - D3 - Heroes & Ico   | 20.3  | I   | Knoxville, TN   |           |  |  |  |  |
|   | WBXX 20 (CW) Knoxville °   | 20.1  | I-M   | Knoxville, TN   |           |  |  |  |  |
|   | WBXX 20.2 Story Televisio  | 20.2  | I-M   | Knoxville, TN   |           |  |  |  |  |
|   | WKNX 7 (IND) Knoxville H   | 7   | I   | Knoxville, TN   |           |  |  |  |  |
|   | WKNX 7.2 Daystar Knoxvi  | 7.2   | I-M   | Knoxville, TN   |           |  |  |  |  |
|   | WKOP 15 (PBS) Knoxville I  | 2   | Е   | Knoxville, TN   |           |  |  |  |  |
|   | WKOP 15.2 PBS Kids S   | 2.2   | E-M   | Knoxville, TN   |           |  |  |  |  |
|   | WKOP 15.3 PBS Create   |   | E-M   | Knoxville, TN   |           |  |  |  |  |
|   | WKOP-World 2.4 Snee  |   | E-M   | Knoxville, TN   |           |  |  |  |  |
|   | WLFG 68 (IND) Harlan   | 68  |   | Harlan, TN  |           |  |  |  |  |
|   | WLMU 14 (LMU) Harro  |   | · · ·   | Harrogate, TN   |           |  |  |  |  |
|   | WPXK-Court TV 54.2 J   |   |   | Jellico, TN   |           |  |  |  |  |
|   | WPXK-ION 54 HD Jellio  |   | I-M   | Jellico, TN   |           |  |  |  |  |
|   | WPXK-Laff 54.3 Jellico   |   | I-M   | Jellico, TN   |           |  |  |  |  |
|   |  |   |   |   |           |  |  |  |  |
|   | WTNZ 43 (FOX) Knoxy  |   | 1   | Knoxville, TN   |           |  |  |  |  |

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|              |   |                         |                        |  | SA1-2. PAGE |  |  |  |  |  |  |
|--------------|---|-------------------------|------------------------|--|-------------|--|--|--|--|--|--|
| Name         | LEGAL NAME OF OWNE  | R OF CABLE SYSTEM       | 1:                     | S  | YSTEM ID    |  |  |  |  |  |  |
|              | Vyve Broadband J  | , LLC                   |                        |  | 03266       |  |  |  |  |  |  |
|              | PRIMARY TRANSMITTERS:   | TELEVISION              |                        |  |             |  |  |  |  |  |  |
| G            | carried by your cable syste   | em during the accour    | nting period, except ( | anslator stations and low power television stations)<br>1) stations carried only on a part-time basis under<br>corrigen of costoin potwork programs (costions) |             |  |  |  |  |  |  |
| Primary      | 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 |                         |                        |  |             |  |  |  |  |  |  |
| ransmitters: | substitute program basis, as explained in the next paragraph.<br>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program   |                         |                        |  |             |  |  |  |  |  |  |
| Television   | basis under specifc FCC ru  | ules, regulations, or a | authorizations:        | carried by your cable system on a substitute program   |             |  |  |  |  |  |  |
|              | station was carried only  |                         |                        | 1 3 5  |             |  |  |  |  |  |  |
|              | basis. For further inform   | nation concerning su    | bstitute basis station | both on a substitute basis and also on some other<br>s, see page (v) of the general instructions.<br>program services such as HBO, ESPN, etc.                  |             |  |  |  |  |  |  |
|              |   |                         |                        | s broadcasts are carried in its own community.   |             |  |  |  |  |  |  |
|              |   |                         |                        | carried the station. Identify each multicast stream  |             |  |  |  |  |  |  |
|              |   | ccording to its over-t  | hje-air designation.   | For example, report multicast stream "WETA-2" as   |             |  |  |  |  |  |  |
|              | the same on the form.   | ach case whether th     | e station is a networ  | k station, an independent station, or a noncommercial  |             |  |  |  |  |  |  |
|              |   |                         |                        | or network multicast), "I" (for independent), "I-M"  |             |  |  |  |  |  |  |
|              |   |                         |                        |  |             |  |  |  |  |  |  |
|              | (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).<br>For the meaning of these terms, see page (iv) of the general instructions.   |                         |                        |  |             |  |  |  |  |  |  |
|              |   |                         | ,                      | st the community to which the station is licensed by the<br>e community with which the station is identifed.   |             |  |  |  |  |  |  |
|              | FCC. FOI MEXICAN OF CANA  | iulan stations, il any, | give the name of the   |  |             |  |  |  |  |  |  |
|              |   |                         |                        |  |             |  |  |  |  |  |  |
|              | 1. CALL   | 2. B'CAST               | 3. TYPE                | 6. LOCATION OF STATION   |             |  |  |  |  |  |  |
|              | SIGN  | CHANNEL                 | OF                     |  |             |  |  |  |  |  |  |
|              |   | NUMBER                  | STATION                |  |             |  |  |  |  |  |  |
|              | WTNZ 43.3 GritTV Kno  | 43.3                    | I-M                    | Knoxville, TN  |             |  |  |  |  |  |  |
|              | WVLR 48 (IND) Knoxv   | 48                      | I                      | Knoxville, TN  |             |  |  |  |  |  |  |
|              | WVLT 8 (CBS) Knoxvil  | 8                       | N                      | Knoxville, TN  |             |  |  |  |  |  |  |
|              | WVLT 8.2 (MyNet) Kn   | 8.2                     | I-M                    | Knoxville, TN  |             |  |  |  |  |  |  |
|              | WYMT 27 (CBS) HD O  | 57.1                    | N-M                    | Sneedville, TN   |             |  |  |  |  |  |  |
|              | WYMT-Heroes & Icon  | 57.2                    | I-M                    | Sneedville, TN   |             |  |  |  |  |  |  |
|              |   |                         |                        |  |             |  |  |  |  |  |  |
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FORM SA1-2. PAGE 3.

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# ACCOUNTING PERIOD: 2023/2

| FORM SA1-2. PAGE 4.   |  |   |   |           |   |  |                      | NG PERIOD: 2023,                       |      |
|---|--|---|---|-----------|---|--|----------------------|--|------|
| Vyve Broadk   |  |   | STEM:   |           |   |  |                      | SYSTEM ID#<br>032669                   | Name |
| <ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>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.</li> <li>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.</li> </ul> |  |   |   |           |   |  |                      | H<br>Primary<br>Transmitters:<br>Radio |      |
| For detailed info<br>Column 1: Id<br>Column 2: S<br>Column 3: If<br>signal, indicate t<br>Column 4: G   | ormation about<br>lentify the call<br>tate whether t<br>the radio stat<br>this by placing<br>ive the station | It the the<br>sign of e<br>the statio<br>ion's sigr<br>g a check<br>n's locatio | Copyright Office regulations of<br>each station carried.<br>In is AM or FM.<br>all was electronically process<br>mark in the "S/D" column.<br>on (the community to which the<br>he community with which the | on<br>sec | this point, see p<br>I by the cable sy<br>station is licens | bage (v) of the<br>vstem as a sep<br>ed by the FCC | e genera<br>parate a | I instructions.<br>nd discrete         |      |
|   |  | -   |   | , s<br>11 |   | -  | C/D                  |  |      |
| CALL SIGN   | AM or FM   | S/D   | LOCATION OF STATION   |           | CALL SIGN   | AM or FM   | S/D                  | LOCATION OF STATION                    |      |
|   |  |   |   |           |   |  |                      |  |      |
|   |  |   |   |           |   |  |                      |  |      |
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FORM SA1-2. PAGE 5.

|                              | LEGAL NAME OF OWNER OF O   | CABLE SYST           | EM:               |                              |            |      |                 |  | SYSTEM ID# |  |
|------------------------------|--|----------------------|-------------------|------------------------------|------------|------|-----------------|--|------------|--|
| Name                         | Vyve Broadband J, LL0  | C                    |                   |                              |            |      |                 |  | 032669     |  |
|                              | SUBSTITUTE CARRIAGE  |                      |                   |                              |            |      |                 |  |            |  |
| I                            | In General: In space I, identif<br>substitute basis during the ac  |                      |                   |                              |            |      |                 |  |            |  |
| Substitute                   | explanation of the programmi   |                      |                   |                              |            |      |                 |  |            |  |
| Carriage:<br>Special         | 1. SPECIAL STATEMENT   |                      |                   |                              |            |      |                 |  |            |  |
| Statement and<br>Program Log | <ul> <li>During the accounting peri<br/>broadcast by a distant stat</li> </ul>   | ion?                 | -                 | -                            | -          |      |                 | Yes  | ⊠No        |  |
|                              | ote: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program g in block 2.   |                      |                   |                              |            |      |                 |  |            |  |
|                              | 2. LOG OF SUBSTITUTE   | PROGRA               | MS                |                              |            |      |                 |  |            |  |
|                              | In General: List each substicted and substicted and substicted and substitution of the |                      |                   |                              | wherever   | pos  | sible, if their | meaning is                                 |            |  |
|                              | Column 1: Give the title of  | of every no          | nnetwork televi   | ision program (substitute    |            |      |                 |  |            |  |
|                              | period, was broadcast by a cunder certain FCC rules, reg   |                      |                   |                              |            |      |                 |  |            |  |
|                              | Do not use general categori  | es like "mo          |                   |                              |            |      |                 |  |            |  |
|                              | "NBA Basketball: 76ers vs. I<br>Column 2: If the program   |                      | lcast live, enter | r "Yes." Otherwise enter "   | No."       |      |                 |  |            |  |
|                              | Column 3: Give the call s<br>Column 4: Give the broa   | sign of the s        | station broadca   | asting the substitute progra | am.        | lico | need by the l   | CC or in                                   |            |  |
|                              | the case of Mexican or Cana  | adian statio         | ns, if any, the   | community with which the     | station is | iden | ntified).       |  |            |  |
|                              | Column 5: Give the mon<br>first. Example: for May 7 giv  |                      | when your syst    | tem carried the substitute   | program.   | Use  | numerals, w     | ith the month                              | ١          |  |
|                              | Column 6: State the time   | es when the          |                   |                              |            |      |                 |  |            |  |
|                              | to the nearest five minutes.<br>stated as "6:00–6:30 p.m."   | Example: a           | program carrie    | ed by a system from 6:01     | 15 p.m. to | 6:2  | 8:30 p.m. sh    | ould be                                    |            |  |
|                              | <b>Column 7:</b> Enter the letter to delete under FCC rules a  |                      |                   |                              |            |      |                 |  |            |  |
|                              | gram was substituted for pro   |                      |                   |                              |            |      |                 |  |            |  |
|                              | effect on October 19, 1976.  |                      |                   |                              |            |      |                 |  |            |  |
|                              | _  |                      |                   | _                            |            |      | EN SUBSTI       |  |            |  |
|                              |  | UBSTITUT<br>2. LIVE? | E PROGRAM         |                              | 5. MON     |      |                 | CCURRED 7. REASON<br>6. TIMES FOR DELETION |            |  |
|                              | 1. TITLE OF PROGRAM  | Yes or No            | CALL SIGN         | 4. STATION'S LOCATION        | AND D      |      | FROM -          |  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 |  |            |  |
|                              |  |                      |                   |                              |            |      |                 |  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
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|                              |  |                      |                   |                              |            |      |                 |  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |
|                              |  |                      |                   |                              |            |      |                 |  |            |  |
|                              |  |                      |                   |                              |            |      |                 |  |            |  |
|                              |  |                      |                   |                              |            |      |                 |  |            |  |
|                              |  |                      |                   |                              |            |      |                 |  |            |  |
|                              |  |                      |                   |                              |            |      |                 | -  |            |  |

| FORM SA1-2. PA                        | GE 6.  |                            |                               |
|---------------------------------------|--|----------------------------|-------------------------------|
|                                       | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Vyve Broadband J, LLC  | SYSTEM ID#<br>032669       | Name                          |
|                                       | GROSS RECEIPTS<br>Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter<br>all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis<br>(as identified in space E) during the accounting period. For a further explanation of how to compute this am<br>page (vii) of the general instructions.<br>Gross receipts from subscribers for secondary transmission service(s) | sion service               | K<br>Gross Receipts           |
|                                       |  | 255,256.00                 |                               |
|                                       | IMPORTANT: You must complete a statement in space P concerning gross receipts.   | (Amount of gross receipts) |                               |
| Instructions: T<br>•<br>•<br>•        | ROYALTY FEE<br>o compute 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 \$26<br>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>the general instructions for more information.                        | 33,800                     | 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 this accounting period is \$52.00  | s six-month                |                               |
|                                       | Line 1. Royalty fee for accounting period  |                            |                               |
|                                       | 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<br>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         \$         255,256.00   |                            |                               |
|                                       | 3. Subtract line 2 from line 1   |                            |                               |
|                                       |  | 5,256.00                   |                               |
|                                       | • · · · · · · · · · · · · · · · · · · ·  | ·                          |                               |
|                                       |  | 8,544.00                   |                               |
|                                       |  | 6,712.00                   |                               |
|                                       | 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  | \$ 1,233.56                |                               |
|                                       | 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<br>Remittance | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)  | \$ 1,233.56                |                               |
| Due                                   | 2. Filing Fee (See the instructions for more information on filing fee calculations)   | \$ 20.00                   |                               |
|                                       | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3   | \$ 1,253.56                |                               |
|                                       | 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  | more information.          |                               |

|                   |   | FORM SA1-2. PAGE 7     |
|-------------------|---|------------------------|
| Name              | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br>Vyve Broadband J, LLC   | SYSTEM ID#<br>032669   |
|                   |   | 052003                 |
|                   | CHANNELS  |                        |
| Μ                 | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta   | tions                  |
|                   | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.   |                        |
| Channels          | 1. Enter the total number of channels on which the coble  |                        |
|                   | Enter the total number of channels on which the cable     system carried television broadcast stations  | 29                     |
|                   |   |                        |
|                   | 2. Enter the total number of activated channels   |                        |
|                   | on which the cable system carried television broadcast stations   | 159                    |
|                   | and nonbroadcast services   |                        |
|                   |   |                        |
| Ν                 | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom  |                        |
| Individual to     | we can write or call about this statement of account.)  |                        |
| Be Contacted      |   |                        |
| for Further       | Name Marie Censoplano Telephone 9   | 14-234-8313            |
| 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)   |                        |
|                   |   |                        |
| O<br>Certifcation | <ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>                          | ons,                   |
|                   | (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 so in line 1 of space B and that the owner is not a corporation or partnership; or  | ystem as identified    |
|                   | (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.  | er of the cable system |
|                   | <ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul> | herein                 |
|                   | Handwritten signature: /s/ Daniel J White   |                        |
|                   | Typed or printed name: <b>Daniel J. White</b>   |                        |
|                   | Title: SVP - Financial Planning<br>(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  | 032669                         | 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: <ul> <li>"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 ind scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 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 transmised by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.</li></ul> | basic<br>clude sub-<br>ı 119." | P<br>Special<br>Statement<br>Concerning<br>Gross Receipts<br>Exclusion |
| Name Name Mailing Address  |                                |  |
| INTEREST ASSESSMENTS   |                                |  |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or under<br>For an explanation of interest assessment, see page (viii) of the general instructions.  | payment.                       | 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  | -<br>days                      |  |
| Line 3 Multiply line 2 by the number of days late and enter the sum here   | - 274                          |  |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)   | <u> </u>                       |  |
| (interest of<br>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistant<br>contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  | 0 /                            |  |
| ** 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<br>list below the owner, address, first community served, ID number, and accounting period as given in the origina  |                                |  |
| Owner<br>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 info<br>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 a   |                                |  |

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