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				
3/30/22	\$ ALLOCATION NUMBER				

Return to: Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:					
Accounting Period	January 1-June 30, 2020	0					
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	ORESS OF CABLE SYSTEM					
	Vyve Broadband J, LLC						
				002428 2020/1			
	Four International Drive, St Rye Brook, NY 10573	uite 330					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	, IDENTIFICATION OF CABLE SYSTEM:	e 2, give the mailing address of the	system, if different from the address given in	space B.			
oyoto	1 DENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM: 2504 Westwood Rd (Number, street, rural route, apartment, or suite nu Westlake, LA 70669 (City, town, state, zip code)	mber)					
D	·		A "community" is the same as a "community un				
ט	•		ling unincorporated commuinites within uninco 5(dd). The first community that list will serve	•			
Area	5 5 .	·	se it as the first community on all future filings.				
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.						
Finat	CITY OR TOWN Kinder	STATE LA	CITY OR TOWN	STATE			
First Community	Allen Parish	LA					
	Elton	LA					
	Oberlin	LA					
			+				

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

FORM SA3_PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 002428 **Vyve Broadband J, LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Е 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 each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 NO. OF CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 269 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 120 25.00 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 RAT
Continuing Services:		Installation: Non-residential		
• Pay cable	19.95	Motel, hotel	T&M	
Pay cable—add'l channel	15.95	Commercial	T&M	
Fire protection	N/A	• Pay cable	T&M	
•Burglar protection	N/A	Pay cable-add'l channel	T&M	
Installation: Residential		Fire protection	N/A	
• First set	59.99	Burglar protection	N/A	
Additional set(s)	19.99	Other services:		
 FM radio (if separate rate) 	N/A	Reconnect	29.99	
Converter		Disconnect		
İ		Outlet relocation	29.99	
		Move to new address	29.99	

ACCOUNTING PERIOD: 2020/1 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002428 Vvve Broadband J. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION** KVHP 29.2 (CW) Lake 29.2 I-M **Lake Charles** KPLC 7 (NBC) Lake Ch 7 Ν **Lake Charles** KVHP 29 (FOX) Lake C 29 **Lake Charles** ı 18 Ε **Lake Charles** KLTL 18 (PBS) Lake Charle E-M **Lake Charles** KLTL 18.2 PBS Kids Lake C 18.2 KLTL 18.3 PBS Create Lake 18.3 E-M **Lake Charles** 7.3 I-M **Lake Charles KPLC 7.3 Bounce TV Lake** 17 Ν **Lake Charles** KSWL-CBS 17 Lake Charles 7.2 I-M KPLC 7.2 (CW) Lake Charle **Lake Charles** 7.4 I-M **Lake Charles** KPLC 7.4 Grit TV Lake Cha 19.1 E-M **Lake Charles** KWWE-MyNetwork

FORM SA1-2. F		CADLE CY	/CTEM:					SYSTEM ID#	N
Vyve Broad			TOTEWI.					002428	Name
1,10 2.000.								002420	
PRIMARY TRANSMITTERS: RADIO 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.						Н			
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.							Primary Transmitters: Radio		
Column 2: S	state whether t	he statio	each station carried. n is AM or FM. nal was electronically process	se.	d by the cable sv	∕stem as a sei	oarate a	nd discrete	
signal, indicate	this by placing	a check	mark in the "S/D" column.						
			on (the community to which the the community with which the				or, in t	ne case of	
Wickloan or Can	iadian stations	, ii airy, i	are community with which the	, ,	nation is identifie	.uj.			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL GIGIT	AWIOLIW	0/15	EGOATION OF GTATION		OALL GIGIT	AWIOITW	0/0	EGOATION OF STATION	
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	LEGAL NAME OF OWNER OF (CABLE SYST	EM:					SYSTEM ID	
Name	Vyve Broadband J, LL0							00242	
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	T AND PROGRAM LOG					
Substitute	In General: In space I, identify <i>every nonnetwork television program</i> 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	TITUTE CARRIAGE					
Special Statement and	During the accounting peri		r cable system	carry, on a substitute basi	s, any nonne	twork televisi		XNo	
Program Log	broadcast by a distant station? 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.	, leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	ist complete	tne program		
	2. LOG OF SUBSTITUTE	PROGRA	MS						
		ce, please a of every no	attach additiona nnetwork televi	al pages. sion program (substitute p	rogram) that,	during the a	ccounting		
	period, was broadcast by a under certain FCC rules, red Do not use general categori	gulations, o es like "mo	r authorization	s. See page (v) of the gene	eral instruction	ns for further	information		
	Column 3: Give the call s	n was broad sign of the s	station broadca	r "Yes." Otherwise enter "N sting the substitute progra	m.				
	the case of Mexican or Can Column 5: Give the mon	adian statio th and day	ns, if any, the	ne community to which the community with which the stem carried the substitute p	station is iden	itified).		h	
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	s when the		gram was carried by your o				,	
	stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a			was substituted for progra					
	gram was substituted for proeffect on October 19, 1976.								
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM –	IMES - TO	FOR DELETIO	
						_	_		
			 						
									
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 002428	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service	K 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: 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	\$263,800	L Copyright Royalty Fee
	this six month	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00 Line 1. Royalty fee for accounting period		
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	_	
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	
5. meret analysis = 1.10. me another me 1, space a, page 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
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)	
BEGON O. ONGOE NEGET TO OF MORE THAN \$220,000 (But 1000 than \$027)	,000)	
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		
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		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pageneral instructions for more information.	ge I of the	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Vyve Broadband J, LLC	002428						
	CHANNELS							
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations							
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels	to to subscribers and (2) the sable system's total number of activated onalines, during the accounting period.							
	Enter the total number of channels on which the cable	11						
	system carried television broadcast stations							
	2. Enter the total number of activated channels							
	on which the cable system carried television broadcast stations and nonbroadcast services	231						
	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED. (Ideatify as in dividual to whom							
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	914-234-8313						
Information								
	Address Four International Drive, Suite 330							
	(Number, street, rural route, apartment, or suite number)							
	Rye Brook, NY 10573							
	(City, town, state, zip)							
	Email (optional) Fax (optional)							
	CERTIFICATION (This statement of account must be contifed and signed in accordance with Converteb Office regular	ations						
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	auons,						
O Certifcation								
Certification	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 identified in line 1 of space	B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified							
	in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system							
	in line 1 of space B.							
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain	ed herein						
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.							
	[18 U.S.C., Section 1001(1986)]							
	Handwritten signature: /s/ $m{Daniel}\ m{J}$ $m{White}$							
	Typed or printed name: Daniel J. White							
	Typod of prince name.							
	Title CVD Eineneiel Dieneine							
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)							
	Date: 8/27/2020							
ĺ								

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	Name
Vyve Broadband J, LLC	002428	
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 the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not includ scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11	sic le 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 transmiss made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	sions	Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions.	ment.	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 0.00274	ļ	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest char	rge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance properties to contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	olease	
** 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, pl list below the owner, address, first community served, ID number, and accounting period as given in the original file.		
Owner Address		
ID number		
First community served		
Accounting period		

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