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.

STATEMENT OF ACCOUNT

FOR COPYRIGHT OFFICE USE ONLY

SA1-2 Short Form

Return to:

Library of Congress Copyright Office

	ry Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division					
Cable Syster	ms (Short Form)	2/20/22	\$	101 Independence Ave. SE Washington, DC 20557-6400					
General instruc	ctions are at the	3/30/22		(202) 707-8150					
	n [pages (i)-(vii)].		ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions					
Α		N BY THIS STATEMENT.							
Accounting Period									
B Owner	rate title of the subsidiary, not that of the pa List any other name or names under will If there were different owners during th a single statement of account and royalty fe	prrect information beside it. f the cable system. If the owner is a sur- rent corporation. hich the owner conducts the business of e accounting period, only the owner of ee payment covering the entire accoun- st filing. If not, enter the system's ID nu	ubsidiary of another corporation, give the of the cable system. In the last day of the accounting period si	e full corpo- hould submit					
	4 International Dr Suite 330 Rye Brook, NY 10573			037145 2020/1					
С	INSTRUCTIONS: In line 1, give any bu								
System	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. 1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
D Area Served	Instructions: List each separate comm in FCC rules: "a separate and distinct c areas and including single, discrete unit of system identification hereafter known Note: Entities and properties such as he the identified city.	ommunity or municipal entitiy (incluncorporated areas)." 47 C.F.R. 76 mas the "first community." Please	uding unincorporated commuinites w 6.5(dd). The first community that list use it as the first community on all fu	vithin unincorporated t will serve as a form uture filings.					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community	Perryton	ТХ							
form in order to proc numbers. By providi	: Section 111 of title 17 of the United States Code sess your statement of account. PII is any personal ng PII, you are agreeing to the routine use of it to of ared for the public. The effects of not providing the	l information that can be used to identify or establish and maintain a public record, which	trace an individual, such as name, address a ch includes appearing in the Offce's public ind	and telephone dexes and in					

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.

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID		
Name	Vyve Broadband A, LLC								03714		
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND RA	TES						
E	In General: The information in s			0							
0	system, that is, the retransmission										
Secondary Transmission	about other services (including p last day of the accounting period						nose existi	ng on the			
Service: Sub-							le system.	broken			
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
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.	-	-	•			-				
	category, but do not include disc	· · ·	,		iy stanuai		s wiu iir a p				
	Block 1: In the left-hand block				ies of seco	ondary transmis	sion servic	e that cable			
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity						•				
	subscriber who pays extra for cal first set" and would be counted o					in the count un	der Servic				
	Block 2: If your cable system h	0			()	service that are	different fr	om those			
	printed in block 1 (for example, ti										
	with the number of subscribers a	nd rates, in the	right-ha	nd block. A tw	o- or three	e-word description	on of the s	ervice is			
	sufficient.				1		B I BO	<u> </u>			
	BLC	DCK 1 NO. OF					BLOC	NO. OF	1		
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CATI	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		138	28.50							
	 Service to additional set(s) 										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		13	25.00							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRAI	SMISS	ONS: RATES	5						
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were										
Г	not covered in space E, that is, those services that are not offered in combination with any secondary transmission										
Services	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the										
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,										
Cocondom	enter only the letters "PP" in the rate column.										
Secondary						0		ogram basis,			
ransmissions:	Block 1: Give the standard rat	e charged by th		system for ea	ch of the a	pplicable servic	es listed.				
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	e charged by th your cable sys	tem furn	system for ea	ch of the a ed during t	pplicable servic	es listed. eriod that	were not			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	e charged by th your cable sys separate charge	tem furn e was m	system for ea ished or offere ade or establis	ch of the a ed during t	pplicable servic	es listed. eriod that	were not			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	e charged by th your cable sys separate charge tion and include	tem furn e was m e the rate	system for ea ished or offere ade or establis	ch of the a ed during t	pplicable servic	es listed. eriod that	were not form of a			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e charged by th your cable sys separate charge tion and include BLOC	tem furn e was ma e the rate CK 1	system for ea ished or offere ade or establis e for each.	ch of the a ed during t shed. List t	pplicable servic he accounting p hese other serv	es listed. eriod that rices in the	were not form of a BLOCK 2			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	e charged by th your cable sys separate charge tion and includ BLOC RATE	tem furn e was ma e the rate CK 1 CATEG	system for ea ished or offere ade or establis e for each. DRY OF SER	ch of the a ed during t shed. List t VICE	pplicable servic	es listed. eriod that rices in the	were not form of a	RATE		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	e charged by th your cable sys separate charge tion and includ BLOC RATE	tem furn e was ma e the rate CK 1 CATEGO Installat	system for ea ished or offere ade or establis e for each. DRY OF SER iton: Non-res	ch of the a ed during t shed. List t VICE	pplicable servic he accounting p hese other serv	es listed. eriod that rices in the	were not form of a BLOCK 2	RATE		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	e charged by th your cable sys separate charge tion and includ BLOC RATE	tem furn e was ma e the rate CK 1 CATEG Installat • Mote	system for ea ished or offere ade or establis e for each. DRY OF SER' iton: Non-res el, hotel	ch of the a ed during t shed. List t VICE	pplicable servic he accounting p hese other serv	es listed. eriod that rices in the	were not form of a BLOCK 2	RATI		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	e charged by th your cable sys separate charge tion and includ BLOC RATE	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com	system for ea ished or offere ade or establis e for each. DRY OF SER [*] cion: Non-res el, hotel imercial	ch of the a ed during t shed. List t VICE	pplicable servic he accounting p hese other serv	es listed. eriod that rices in the	were not form of a BLOCK 2	RATE		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	e charged by th your cable sys separate charge tion and includ BLOC RATE	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay	system for ea ished or offere ade or establis e for each. DRY OF SER iton: Non-res el, hotel imercial cable	ch of the a ad during t shed. List f VICE idential	pplicable servic he accounting p hese other serv	es listed. eriod that rices in the	were not form of a BLOCK 2	RATI		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	e charged by th your cable sys separate charge tion and includ BLOC RATE	tem furn e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay	system for ea ished or offere ade or establis e for each. DRY OF SER cion: Non-res el, hotel imercial cable cable-add'l ch	ch of the a ad during t shed. List f VICE idential	pplicable servic he accounting p hese other serv	es listed. eriod that rices in the	were not form of a BLOCK 2	RATI		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	e charged by th your cable sys separate charge tion and includ BLOO RATE 19.95	tem furn e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire	system for ea ished or offere ade or establis e for each. DRY OF SER ion: Non-res el, hotel imercial cable cable-add'l ch protection	ch of the a ad during t shed. List f VICE idential	pplicable servic he accounting p hese other serv	es listed. eriod that rices in the	were not form of a BLOCK 2	RATI		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	e charged by th your cable sys separate charge tion and include BLOC RATE 19.95 64.95	tem furn e was ma e the rate CK 1 CATEG Installat • Mote • Com • Pay • Pay • Fire • Burg	system for ea ished or offere ade or establis e for each. DRY OF SER tion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection	ch of the a ad during t shed. List f VICE idential	pplicable servic he accounting p hese other serv	es listed. eriod that rices in the	were not form of a BLOCK 2	RATI		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	e charged by th your cable sys separate charge tion and include BLOC RATE 19.95 64.95	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	system for ea ished or offere ade or establis e for each. DRY OF SER' tion: Non-res el, hotel mercial cable cable-add'l ch protection ilar protection ervices:	ch of the a ad during t shed. List f VICE idential	pplicable servic he accounting p these other servic RATE	es listed. eriod that rices in the	were not form of a BLOCK 2	RATE		
ransmissions:	Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	e charged by th your cable sys separate charge tion and include BLOC RATE 19.95 64.95	tem furn e was ma e the rate CK 1 CATEGO Installat • Mote • Com • Pay • Fire • Burg Other se • Reco	system for ea ished or offere ade or establis e for each. DRY OF SER' cion: Non-res el, hotel mercial cable cable-add'l ch protection lar protection ervices: onnect	ch of the a ad during t shed. List f VICE idential	pplicable servic he accounting p hese other serv	es listed. eriod that rices in the	were not form of a BLOCK 2	RATE		
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Name		R OF CABLE SYSTE	N:	51	STEM ID				
	Vyve Broadband	A, LLC			03714				
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary ansmitters: elevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Stati basis under specifc FCC r • Do not list the station here station was carried only • List the station here, and basis. For further inforr Column 1: List each st Column 2: Give the nu This may be different from associated with a station a the same on the form. Column 3: Indicate in educational station, by emi (for independent multicast For the meaning of these Column 4: Give the low	em during the account in effect on June 24 (e)(2) and (4), or 76, as explained in the re- ions: With respect to ules, regulations, or re in space G—but of y on a substitute base I also in space I, if the nation concerning su cation's call sign. Do umber of the channel the channel on white according to its over- each case whether the tering the letter "N" (), "E" (for noncomme- terms, see page (iv) cation of each station	nting period, excep 1, 1981, permitting 63 (referring to 76 next paragraph. 5 any distant station authorizations: 10 list it in space I (is. e station was carri- ubstitute basis stat not report origination on which the station on which the station this a network), "N-M" ercial educational), of the general insta- n. For U.S. stations	Ig translator stations and low power television stations) pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. ion's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). tructions. s, list the community to which the station is licensed by the 'the community with which the station is identifed.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KAMR-NBC	4	N	Amarillo, TX					
	KAMR-NBC KAMR-MNT	4.2	I-M	Amarillo, TX Amarillo, TX					
				Amarillo, TX Amarillo, TX Amarillo, TX					
	KAMR-MNT	4.2	I-M	Amarillo, TX					
	KAMR-MNT KVII-ABC	4.2 7	I-M N	Amarillo, TX Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX	4.2 7 14 10	I-M N I	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS	4.2 7 14 10 7.2	I-M N I N	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS KVII-CW	4.2 7 14 10 7.2 2	I-M N I N I-M E	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS KVII-CW KACV-PBS	4.2 7 14 10 7.2 2 10.2	I-M N I N I-M	Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS KVII-CW KACV-PBS KFDA-News Channel	4.2 7 14 10 7.2 2	I-M N I N I-M E	Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS KVII-CW KACV-PBS KFDA-News Channel 10	4.2 7 14 10 7.2 2 10.2	I-M N I N I-M E I-M	Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS KVII-CW KACV-PBS KFDA-News Channel 10 KFDA-Telemundo	4.2 7 14 10 7.2 2 10.2 10.3	I-M N I N I-M E I-M I-M	Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS KVII-CW KACV-PBS KFDA-News Channel 10 KFDA-Telemundo KFDA-MeTV	4.2 7 14 10 7.2 2 10.2 10.3 10.4	I-M N I N I-M E I-M I-M	Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS KVII-CW KACV-PBS KFDA-News Channel 10 KFDA-Telemundo KFDA-MeTV KVII-Comet TV	4.2 7 14 10 7.2 2 10.2 10.3 10.4 7.3	I-M N I N I-M E I-M I-M I-M	Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS KVII-CW KACV-PBS KFDA-News Channel 10 KFDA-Telemundo KFDA-Telemundo KFDA-MeTV KVII-Comet TV KCIT-Grit TV	4.2 7 14 10 7.2 2 10.2 10.3 10.4 7.3 14.2	I-M N I N I-M E I-M I-M I-M I-M	Amarillo, TX					
	KAMR-MNT KVII-ABC KCIT-FOX KFDA-CBS KFDA-CBS KFDA-News Channel 10 KFDA-News Channel KFDA-MeTV KVII-Comet TV KCIT-Grit TV KCIT-Escape TV	4.2 7 14 10 7.2 2 10.2 10.3 10.4 7.3 14.2 14.3	I-M N I N I-M E I-M I-M I-M I-M I-M	Amarillo, TX					

ACCOUNTING PERIOD: 2020/1

FORM SA1-2. F LEGAL NAME OF Vyve Broadk	F OWNER OF O		/STEM:				SYSTEM ID# 037145	Name
		-					037 143	
	t every radio s	tation ca	rried on a separate and discre nerally receivable" by your cat					н
receivable if (1) on the basis of if For detailed info Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation abou dentify the call tate whether t the radio stati this by placing	y the syst be receive t the the sign of e he station ion's sign g a check	Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. In is AM or FM. Nal was electronically processes mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter n this point, see ad by the cable sy	idend, and (2) nna, during ce page (v) of the rstem as a sep	it can b rtain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters: Radio
	1	s, if any, t	he community with which the		-			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<u> </u>						
		<u> </u>						
	<u> </u>	t						
		+					+	

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					ļ	SYSTEM ID#
Name	Vyve Broadband A, LL	C							037145
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G				
I	In General: In space I, identif substitute basis during the ac								
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Carriage: Special	 SPECIAL STATEMENT During the accounting peri 				sis an	w nonnet	work televisio	n program	
Statement and Program Log	broadcast by a distant stat Note: If your answer is "No"	ion?				-		Yes	⊠No
	log in block 2.	, leave the	rest of this pag	je blatik. Il your allswer is	res,	you mu	si complete t	ne program	
	2. LOG OF SUBSTITUTE								
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."								
	gram was substituted for pro effect on October 19, 1976.	ogramming	that your syste	em was permitted to delete	e unde	er FCC ru	iles and regu	lations in	
	S	UBSTITUT	E PROGRAM	1			EN SUBSTIT		7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		MONTH ND DAY	6. TI FROM —	MES	FOR DELETION
					_				
					_				
							<u> </u>		

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 037145	Name
	037 145	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ission 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 \$2 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. 	263,800	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 th accounting period is \$52.00	is six-month	
Line 1. Royalty fee for accounting period	\$ 52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
1. Base amount under statutory formula \$ 263,800.00		
2. Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K		
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,	500)	
1. Enter the amount of gross receipts from space K		
2. Base amount under statutory formula \$ 263,800.00		
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		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page general instructions for more information.	e I of the	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Vyve Broadband A, LLC	037145
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stati	ons
	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 cable	16
	system carried television broadcast stations	10
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	240
	and nonbroadcast services	
Ν	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	N. Maria Canaanlana Talankara 01	4 005 0040
for Further Information	Name Marie Censoplano Telephone 91	4-230-8313
mormation		
	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, 914-234-8363	
		_
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	IS,
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 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 in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owne in line 1 of space B.	r of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained h	nerein
	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/ Daniel J White	
	Transformative Deniel 1 W/hite	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 8/27/2020	

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: 2020/1

FORM SA1-2. PAG	E 8	3.
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EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nomo
Vyve Broadband A, LLC 037145	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 the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ - (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number	
First community served Accounting period	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested	d on this elephone

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.