THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

DATE RECEIVED

3/30/22

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

\$

AMOUNT

ALLOCATION NUMBER

SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2020 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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division х LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband A, LLC 2020/1 4 International Dr 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: 2 (Number, street, rural route, apartment, or suite number) 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 AR Eudora First Community 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 suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

Nom-	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	Vyve Broadband A, LLC						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
-							
D							
continued)							
Area							
Served							

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							RM SA3. PAGE
Name	Vyve Broadband A, LLC							-	-
					TEO				
E	SECONDARY TRANSMISSION In General: The information in s					y transmission s	ervice of th	ne cable	
	system, that is, the retransmission								
Secondary	about other services (including p						iose existi	ng on the	
Transmission Service: Sub-	last day of the accounting period						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								
	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	•		-		-			
	systems most commonly provide that applies to your system. Note								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count und	ler "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system h					service that are	different fr	om those	
	printed in block 1 (for example, ti	•							
	with the number of subscribers a								
	sufficient.						<u> </u>	()	
	BLC	DCK 1 NO. OF	-				BLOC	K 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBER	S RATE
	Residential:								
	 Service to first set 		150	18.90					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		3	18.90					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES					
F	In General: Space F calls for rat					l your cable syst	em's servi	ces 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 of								
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the							-	
Transmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a s				•	01			
	brief (two- or three-word) description and include the rate for each.								
		BLOCK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVI	CE RATE
	Continuing Services:		Install	ation: Non-res	idential				
	Pay cable	19.95		tel, hotel					
	 Pay cable—add'l channel 			mmercial					
	Fire protection			y cable					
	•Burglar protection			y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	64.95		rglar protection					
	Additional set(s) EM radio (if concrete rate)			services:		20.05			
	FM radio (if separate rate)			connect		39.95			
	• Converter			connect tlet relocation		20.00			
				ive to new addr	222	20.00 39.95			
			• 1010	we to new addit	535	39.90			

N	LEGAL N	AME OF OWNER O	F CABLE SYSTEM:	SYSTEM II			
Name	Vyve E	Broadband A, L	LC				
	PRIMARY TRANSMITTERS: TELEVISION						
G Primary Transmitters: Television	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a 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 p 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 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 the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncom 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 licens. Column 4:						
		•					
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION			
	SIGN	CHANNEL NUMBER	OF STATION				
	SIGN WMAO-PBS 29 Greenwood	CHANNEL NUMBER 29	OF STATION	Greenwood			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR	CHANNEL NUMBER 29 7	OF STATION	Greenwood Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR	CHANNEL NUMBER 29 7 38	OF STATION I N I	Greenwood Little Rock, AR Pine Bluff, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA	CHANNEL NUMBER 29 7 38 10	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA	CHANNEL NUMBER 29 7 38 10	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			
	SIGN WMAO-PBS 29 Greenwood KATV-ABC 7 Little Rock, AR KASN-CW 38 Pine Bluff, AR KTVE-NBC 10 Monroe, LA KTHV-CBS 11 Little Rock, AR	CHANNEL NUMBER 29 7 38 10 11	OF STATION I N I N	Greenwood Little Rock, AR Pine Bluff, AR Monroe, LA Little Rock, AR			

ACCOUNTING PERIOD: 2020/1

FORM SA1-2. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Vyve Broadband A, LLC PRIMARY TRANSMITTERS: RADIO н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Primary Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio 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. **Column 1:** Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the 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). CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION

							FORM	M SA1-2. PAGE 5.	
Nama	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID#	
Name	Vyve Broadband A, LL	С							
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
Substitute Carriage: Special Statement and Program Log	In General: In space I, identi substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or authori			
	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE					
	 During the accounting peri broadcast by a distant stat 		r cable system	carry, on a substitute bas	is, any nonne			XNo	
	Note: If your answer is "No" log in block 2.	, leave the		e blank. If your answer is	"Yes," you mu				
	 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. 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 6: 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." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted to delete under FCC rules and regulations in effect during the						n		
						WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON			
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIME		FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО		
								·	
								·	
						_		·	

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM SYSTEM	EM ID#	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.		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 \$263,800 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. 		L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00		
	2.00	
	0.00	
	2.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
1. Base amount under statutory formula		
2. Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K		
5. Enter the amount from line 3		
6. Subtract line 5 from line 4		
7. Multiply line 6 by .005 (enter figure here)		
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
1. Enter the employed of group repeipte from append K		
1. Enter the amount of gross receipts from space K		
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		
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 I of the general instructions for more information.		

		FORM SA1-2. PAG	Ε7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I	ID#
	Vyve Broadband A, LLC		
	CHANNELS		
Μ	Instructions: You must give (1) the number of chann	els on which the cable system carried television broadcast stations	
	to its subscribers and (2) the cable system's total nur	nber of activated channels, during the accounting period.	
Channels			
	1. Enter the total number of channels on which the ca	6	ł
	system carried television broadcast stations	······	ł
	0. Establish total south as a fasting to data south		
	2. Enter the total number of activated channels		1
	on which the cable system carried television broad and nonbroadcast services	112	ł
			•
NI			
Ν	we can write or call about this statement of account.)	ORMATION IS NEEDED : (Identify an individual to whom	
Individual to	,		
Be Contacted			
for Further	Name Marie Censoplano	Telephone 914-235-8313	
Information			
	Address 4 International Dr Suite 330		
	(Number, street, rural route, apartment, or suite num	per)	
	Rye Brook, NY 10573		
	(City, town, state, zip)		
	Email (optional) marie.censoplano@vyvebb.c	om Fax (optional) 914-234-8363	
•	CERTIFICATION (This statement of account must be case explained in the general instructions.)	ertifed and signed in accordance with Copyright Offce regulations,	
0			
Certifcation	• I, the undersigned, hereby certify that (Check one, but	only one, of the boxes.)	
	(Owner other than corporation or partnership) a	n the owner of the cable system as identifed in line 1 of space B; or	
	in line 1 of space B and that the owner is not a	ship) I am the duly authorized agent of the owner of the cable system as identified corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) in line 1 of space B.	or a partner (if a partnership) of the legal entity identifed as owner of the cable system	
	-	declare under penalty of law that all statements of fact contained herein edge, information, and belief, and are made in good faith.	
	[18 U.S.C., Section 1001(1986)]		
	Hondwritten eigneture:	Is Daniel J White	
	Handwritten signature:	s Durac y white	
	Typed or printed name: Dan	iel J White	
	Title: SVP Financial PI	anning	
		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.	PAGE	8.
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EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nome
/yve Broadband A, LLC		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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not i 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 instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	e basic nclude sub- on 119." ıs.	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
x		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
× 0.0	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offer list below the owner, address, first community served, ID number, and accounting period as given in the original		
OwnerAddress		
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 i		

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