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

Return to: Library of Congress

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 3/30/22 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, 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. 029450 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 A, LLC 029450 2020/2 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 FORT RILEY KS First Community FORT RILEY EXEMPT KS 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

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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

ACCOUNTING PERIOD: 2020/2

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	Vyve Broadband A, LLC										
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES						
E	In General: The information in sp			•		•					
	system, that is, the retransmission										
Secondary	about other services (including p						nose existi	ng on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						lo system	broken			
scribers and		•					-				
Rates	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										
	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 disc	· ·	,		ny olanaa		, mann a b				
					ies of sec	ondary transmis	sion servio	e that cable			
	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										
	subscriber who pays extra for cal					i in the count un	der "Servic	e 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										
	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										
	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.										
	BLC	DCK 1					BLOC				
	CATEGORY OF SERVICE	NO. OF				EGORY OF SEI		NO. OF	DAT		
		SUBSCRIBI	=RS	RATE	CAT	EGORT OF SEI	RVICE	SUBSCRIBERS	RAT		
	Residential:		405								
	Service to first set		165	28.50							
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		33	25.00							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES										
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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										
Services	furnished at cost or (2) services of										
Other Than	amount of the charge and the un		usually	billed. If any ra	ites are ch	arged on a varia	able per-pr	ogram basis,			
Secondary	enter only the letters "PP" in the										
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.										
		BLOO				DATE		BLOCK 2			
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE		
	-	19.95		el, hotel	laentiai						
	Pay cable Add'l channel	19.95		nmercial		·····					
	Pay cable—add'l channel										
	Fire protection			r cable							
	•Burglar protection			cable-add'l ch	lannei						
	Installation: Residential			protection							
	• First set	64.95		glar protection							
	 Additional set(s) 		Other s	ervices:							
	• FM radio (if separate rate)		• Rec	connect		39.95					
	• Converter		• Disc	connect		<u> </u>					
									1		
			• Out	let relocation		20.00					
				let relocation /e to new addr	ess	20.00 39.95					

Narra	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	Л:	S	YSTEM ID				
Name	Vyve Broadband A		02945						
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Static basis under specifc FCC ru • Do not list the station here station was carried only • List the station here, and basis. For further inform Column 1: List each sta Column 2: Give the nur This may be different from associated with a station ac the same on the form. Column 3: Indicate in e educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the loc	m during the accour in effect on June 24 e)(2) and (4), or 76.6 is explained in the n ons: With respect to illes, regulations, or a e in space G—but di on a substitute basis also in space I, if the ation concerning su ation's call sign. Do n nber of the channel the channel on whic ccording to its over-t ach case whether the ering the letter "N" (fi- , "E" (for noncomme erms, see page (iv) ation of each station	nting period, exce , 1981, permitting 63 (referring to 76 ext paragraph. any distant static authorizations: o list it in space I s. e station was carr bstitute basis stat not report originat on which the stati thy your cab; e syste thje-air designatio ne station is a network), "N-M ercial educational) of the general insi n. For U.S. station	g 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 uns carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ted 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. on'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). rructions. s, list the community to which the station is licensed by the the community with which the station is identifed.	Э				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KSNT-NBC 27	27	N	TOPEKA, KS					
	KTKA-ABC 49	49	I	TOPEKA, KS					
	KTKA-CW 49.3	49.3	I-M	TOPEKA, KS					
	KTKA-Weather HD 49	49.2	I-M	TOPEKA, KS					
	KTMJ-Escape 43.2	43.2	I-M	TOPEKA, KS					
	KTMJ-FOX 43	43	I	TOPEKA, KS					
	KTMJ-Grit TV 43.3	43.3	I-M	TOPEKA, KS					
	KTWU-Enhance 11.3	11.3	E-M	TOPEKA, KS					
	KTWU-PBS 11	11	E	TOPEKA, KS					
	KTWU-PBS Kids 11.2	11.2	E-M	TOPEKA, KS					
	KSNT-Bounce .4	27.4	N-M	TOPEKA, KS					
	KTMJ-Laff 43.4	43.4	I-M	TOPEKA, KS					

ACCOUNTING PERIOD: 2020/2

FORM SA1-2. F LEGAL NAME OF			/STEM·					eveten id#	NI
Vyve Broadk								SYSTEM ID# 029450	Name
vyve broaut	Janu A, LL							029450	
PRIMARY TRA			rried on a senarate and discr	ota	a basis and list t	hoso FM stati	one carr	ied on an	н
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.								••	
	-	-							Drimery
			-Band FM Carriage: Under (em whenever it is received a						Primary Transmitters
			ved at the headend, with the						Radio
			Copyright Office regulations	on	this point, see p	age (v) of the	e genera	l instructions.	
			ach station carried.						
			n is AM or FM. al was electronically process	sec	t by the cable sy	stem as a ser	harate a	nd discrete	
			mark in the "S/D" column.		a by the bable by		Jurate a		
			on (the community to which th	ne	station is license	ed by the FCC	Cor, in tl	he case of	
lexican or Can	adian stations	s, if any, t	he community with which the	e s	tation is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Π	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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Name	LEGAL NAME OF OWNER OF O Vyve Broadband A, LL		EM:					SYSTEM ID# 029450		
	SUBSTITUTE CARRIAGE	: SPECIA		T AND PROGRAM LO	3					
	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 CONCERNING SUBSTITUTE CARRIAGE									
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and 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.									
	 LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning it 									
	clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program	 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. 								
	the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv	adian statio th and day e "5/7."	ns, if any, the owner system	tem carried the substitute	station is ic program. U	entified). se numerals,	with the month	1		
 Column 6: State the times when the substitute program was carried by your cable system. List the to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your sy to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting the accounting the period; enter the letter "P" gram was substituted for programming that your system was permitted to delete under FCC rules and the period period period permitted to delete under FCC rules and the period period								n. should be em was required the listed pro		
	effect on October 19, 1976.									
	s	UBSTITUT	E PROGRAM	1	WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R			7. REASON		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONT AND DA	Н 6.	TIMES — TO	FOR DELETION		
							_			
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FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 029450	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	263,800	L Copyright Royalty Fee
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 Line 1. Royalty fee for accounting period Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		
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)0)	
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 \$527,6	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		
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	029450
	CHANNELS	
М		000
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stati	UNS
Channels	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	
	system carried television broadcast stations	12
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	4.40
	and nonbroadcast services	146
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 91	4-235-8313
Information	Name Marie Censopiano relepitore 91	4 200 0010
	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	IS,
0	as explained in the general instructions.)	
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
Germeanon		
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;	or
		A STATE AND A S
	(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 are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith	ierein
	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	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 2/26/2021	

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.

FORM SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYS	TEM ID#
Vyve Broadband A, LLC	029450
 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 su scribers 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 transmission made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	ub- Special Statement Concerning Gross Receipts
Name 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 underpaymer For an explanation of interest assessment, see page (viii) of the general instructions.	nt. 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	-
x	days
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)	<u> </u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance plea 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, pleas 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 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 sufficiency of the filing, a determination that would be made by a court of law.