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	July 1-Decemeber 31, 2	020					
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	PRESS OF CABLE SYSTEM					
	Vyve Broadband A, LLC						
				004058 2020/2			
	4 International Dr Suite 330 Rye Brook, NY 10573						
		siness or trade names used to ident	ify the business and operation of the system u	ınless these			
С			system, if different from the address given in				
System	1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite nu	nber)					
	(City, town, state, zip code)						
D	in FCC rules: "a separate and distinct co areas and including single, discrete unin	ommunity or municipal entitiy (includ corporated areas)." 47 C.F.R. 76.	A "community" is the same as a "community unding unincorporated communities within unincorporated community that list will serve a so it as the first community that list will serve a so it as the first community on all future filiage.	orporated as a form			
Area Served	of system identification hereafter known as the "first community." Please use it as the first community on all future filings. 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			
First Community	HERINGTON COUNTY	KS					
Community	DICKINSON COUNTY	KS					

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 1b.

Name	LEGAL NAME OF OWNER OF CABLE SY Vyve Broadband A, LLC	/STEM:		SYSTEM 0040
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
ntinued)				
Area				
erved				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 004058 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 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. (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 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 65 · Service to first set 28.50 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 5 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 RATE Continuing Services: Installation: Non-residential Pay cable 19.95 · Motel, hotel • Pay cable—add'l channel Commercial Pay cable · Fire protection Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection 64.95 First set · Burglar protection · Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95 Converter Disconnect

Outlet relocation

Move to new address

20.00

39.95

ACCOUNTING PERIOD: 2020/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 004058 **Vvve Broadband A. 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 KSNW-NBC WICHITA KS** 3 Ν **KSAS-FOX** 24 **WICHITA KS** ı **HUTCHINSON KS KPTS-PBS** 8 Ε KAKE-ABC 10 N **WICHITA KS KWCH-CBS** Ν 12 **HUTCHINSON KS KSCW-CW WICHITA KS** 33 ı **KWCH-WEATHER** 12.2 I-M **HUTCHINSON KS** 24.2 I-M Wichita, KS KS. KSAS-TBD TV 24.3 I-M Wichita, KS KS. KSAS-Comet

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	OWNER OF C	CABLE S	/STEM:					SYSTEM ID#	Name
Vyve Broadband A, LLC 004058									
PRIMARY TRA	NEMITTEDE:	PADIO							
			rried on a separate and discre	٥ta	hasis and list t	hose FM stati	ons carr	ied on an	Н
	•		nerally receivable" by your ca						• •
Special Instruc	tions Concer	ning All	-Band FM Carriage: Under C	ю	pyright Office re	gulations, an	FM sign	al is generally	Primary
			tem whenever it is received at ved at the headend, with the s						Transmitters: Radio
For detailed info Column 1: lo Column 2: S	ormation abou lentify the call tate whether t	t the the sign of e he statio	Copyright Office regulations of each station carried. n is AM or FM. nal was electronically processo	on	this point, see p	page (v) of the	genera	l instructions.	
			mark in the "S/D" column.	-	,	, 515 45 4 55		4.55.515	
			on (the community to which th	e	station is license	ed by the ECC	or in th	ne case of	
			the community with which the				, c., u		
			,			,			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Vyve Broadband A, LL	С						004058	
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG								
ı	In General: In space I, identify every nonnetwork television program 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								
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes X No 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.								
Statement and Program Log									
r rogium 20g									
	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.								
		Bulls." า was broac	dcast live, enter	"Yes." Otherwise enter "N	lo."	ampie, "I Lov	e Lucy" or		
		dcast statio	on's location (th	sting the substitute progra e community to which the community with which the	station is lice		FCC or, in		
	Column 5: Give the mon first. Example: for May 7 giv	th and day e "5/7."	when your syst	tem carried the substitute	orogram. Use	numerals, w			
	to the nearest five minutes. stated as "6:00–6:30 p.m."			gram was carried by your open by a system from 6:01:					
	Column 7: Enter the letter to delete under FCC rules a gram was substituted for pro	nd regulation	ons in effect du		; enter the let	ter "P" if the	listed pro		
	effect on October 19, 1976.	ogrammig	that your byoto	m was permitted to delete	under i ee i	ales and reg			
	S	UBSTITUT	E PROGRAM			EN SUBSTI		7. REASON	
	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 DELETION	
		Tes of No	CALL SIGN	4. STATIONS ECCATION	AND DAT	TROW -	_ 10		
									
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	004058	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identifed in space E) during the accounting period. For a further explanation of how to compute this an 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.	ssion 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 \$20. • 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.	63,800	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 this accounting period is \$52.00	s 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	\$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100		
1. Base amount under statutory formula	- 7	
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 \$527,60	00)	
4 Fatantha annount of announcints from announce		
1. Enter the amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
	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		
	Lafetha.	
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.	i of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Vyve Broadband A, LLC	004058					
	CHANNELS						
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations					
	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	9					
	system carried television broadcast stations						
	Enter the total number of activated channels						
	on which the cable system carried television broadcast stations	45					
	and nonbroadcast services	40					
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom						
Individual to	we can write or call about this statement of account.)						
Be Contacted							
for Further	Name Marie Censoplano Telephone	914-235-8313					
Information							
	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) 914-234-836	3					
	Tax (optional), 22-23-330	<u></u>					
	CERTIFICATION /This statement of account must be cartifed and signed in accordance with Converight Office regular	tions					
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	ations,					
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
Certification	T, 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 over	vner 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 contains	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)]						
	[10 0.0.0., 0.000011 1001(1000)]						
	Daniel 7 9116ite						
	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: 2/26/21						

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	YSTEM ID# 004058	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 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 include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11 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	sic e sub- 9."	Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
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 underpayr 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		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_	
(interest char	ge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	lease	
** 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, platist 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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