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 FOR COPYRIGHT OFFICE USE ONLY 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. 005814 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 005814 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 GARNETT KS 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

ACCOUNTING PERIOD: 2020/2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	Vyve Broadband A, LLC			0058					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
D									
ontinued)									
Area									
Served									
		[
			-						
			_						
			_						

							SYS	00581			
Vyve Broadband A, LLC											
SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE	BERS AND RA	TES							
In General: The information in sp			•								
system, that is, the retransmissio											
about other services (including pa last day of the accounting period						nose existii	ng on the				
						le system.	broken				
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											
							charged				
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											
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											
						•					
					in the count und	ler Servic	e to the				
	0			()	service that are	different fro	om 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											
with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is											
				1		51.0.01	(a				
BLC						BLOCK		1			
CATEGORY OF SERVICE			RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
Residential:											
 Service to first set 		89	28.50								
 Service to additional set(s) 								1			
()								1			
· · /											
•		20	25.00								
			20100					+			
								+			
								+			
Non residential								•			
SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	5							
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											
Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
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.											
	BLO						BLOCK 2				
		CATEC									
CATEGORY OF SERVICE	RATE		ORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATI			
Continuing Services:		Installa	tion: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE			
Continuing Services: • Pay cable	RATE 19.95	Installa • Mot	ition: Non-res el, hotel		RATE	CATEGO	ORY OF SERVICE	RATE			
Continuing Services: • Pay cable • Pay cable—add'l channel		Installa • Mot • Cor	ition: Non-res el, hotel nmercial		RATE	CATEGO	DRY OF SERVICE	RATE			
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		Installa ● Mot ● Cor ● Pay	tion: Non-res el, hotel nmercial ^r cable	idential	RATE	CATEGO	DRY OF SERVICE	RATE			
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		Installa • Mot • Cor • Pay • Pay	tion: Non-res el, hotel nmercial r cable r cable-add'l ch	idential	RATE	CATEGO	DRY OF SERVICE	RATE			
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	19.95	Installa • Mot • Cor • Pay • Pay • Fire	tion: Non-res el, hotel nmercial r cable r cable-add'l ch e protection	idential	RATE		DRY OF SERVICE	RATI			
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set		Installa • Mot • Cor • Pay • Pay • Fire • Bur	tion: Non-res el, hotel nmercial r cable r cable-add'l ch protection glar protection	idential	RATE		DRY OF SERVICE	RATE			
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	19.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential			DRY OF SERVICE	RATE			
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)	19.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential	RATE 		DRY OF SERVICE	RATI			
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	19.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services:	idential			DRY OF SERVICE	RATI			
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)	19.95	Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Disc	tion: Non-res el, hotel nmercial cable cable-add'l ch protection glar protection services: connect	idential			DRY OF SERVICE	RATI			
	each category by counting the nusceparately for the particular servi Rate: Give the standard rate of unit in which it is generally billed. category, but do not include disco Block 1: In the left-hand block systems most commonly provide hat applies to your system. Note categories, that person or entity so subscriber who pays extra for call irst set" and would be counted o Block 2: If your cable system for orinted in block 1 (for example, ti- vith the number of subscribers a sufficient. BLC CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Converter • Residential • Non-residential SERVICES OTHER THAN SECC In General: Space F calls for rate the orice for a single fee. There are urnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the in Block 1: Give the standard rate	each category by counting the number of billing separately for the particular service at the rate i Rate: Give the standard rate charged for each unit in which it is generally billed. (Example: "\$2 category, but do not include discounts allowed f Block 1: In the left-hand block in space E, the systems most commonly provide to their subsci- hat applies to your system. Note: Where an in- categories, that person or entity should be cour- subscriber who pays extra for cable service to a irst set" and would be counted once again under Block 2: If your cable system has rate categor orinted in block 1 (for example, tiers of services with the number of subscribers and rates, in the sufficient. BLOCK 1 CATEGORY OF SERVICE Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential BERVICES OTHER THAN SECONDARY TRA in General: Space F calls for rate (not subscrib to covered in space E, that is, those services to service for a single fee. There are two exception unnished at cost or (2) services or facilities furn amount of the charge and the unit in which it is enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the	each category by counting the number of billings in that be parately for the particular service at the rate indicated Rate: Give the standard rate charged for each categor unit in which it is generally billed. (Example: "\$20/mth"). category, but do not include discounts allowed for adva Block 1: In the left-hand block in space E, the form lis systems most commonly provide to their subscribers. Of that applies to your system. Note: Where an individual categories, that person or entity should be counted as a subscriber who pays extra for cable service to additional sits set? and would be counted once again under "Serv Block 2: If your cable system has rate categories for orinted in block 1 (for example, tiers of services that inco- vith the number of subscribers and rates, in the right-ha- sufficient. BLOCK 1 CATEGORY OF SERVICE SUBSCRIBERS Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Converter • Residential • Non-residential • Non-residential SERVICES OTHER THAN SECONDARY TRANSMISS In General: Space F calls for rate (not subscriber) infor not covered in space E, that is, those services that are service for a single fee. There are two exceptions: you of urnished at cost or (2) services or facilities furnished to amount of the charge and the unit in which it is usually enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable	each category by counting the number of billings in that category (the separately for the particular service at the rate indicated—not the num Rate: Give the standard rate charged for each category of service. I unit in which it is generally billed. (Example: "\$20/mth"). Summarize ar exategory, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categor systems most commonly provide to their subscribers. Give the numbe hat applies to your system. Note: Where an individual or organization rategories, that person or entity should be counted as a subscriber in subscriber who pays extra for cable service to additional sets would be irst set" and would be counted once again under "Service to additiona Block 2: If your cable system has rate categories for secondary tran rinted in block 1 (for example, tiers of services that include one or mo with the number of subscribers and rates, in the right-hand block. A tw sufficient. BLOCK 1 CATEGORY OF SERVICE BLOCK 1 CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: Service to additional set(s) FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential Non	each category by counting the number of billings in that category (the number of separately for the particular service at the rate indicated—not the number of sets Rate: Give the standard rate charged for each category of service. Include bot unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rategory, 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 secces systems most commonly provide to their subscribers. Give the number of subscribets applies to your system. Note: Where an individual or organization is receiving that person or entity should be counted as a subscriber in each appli insteaded insteaded once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission sort the number of subscribers and rates, in the right-hand block. A two- or three sufficient. BLOCK 1 CATEGORY OF SERVICE SUBSCRIBERS RATE CATE Residential: • Service to first set • Service to first set • Residential • Non-residential • Non-reside	each category by counting the number of billings in that category (the number of persons or orgate parately 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 unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations at the standard to the is ubscribers. Give the number of subscribers and rate for the provide discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmissing systems most commonly provide to their subscribers. Give the number of subscribers and rate fat applies to your system. Note: Where an individual or organization is receiving service that fat applies to your system. Note: Where an individual or organization is receiving service that fat applies to your system. Note: Where an individual or organization is receiving service that fat applies to your system. Note: Where an individual or organization is receiving service that applicable category. Subscribers and rate for cable service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are printed in block 1 (for example, tiers of services that include one or more secondary transmission with the number of subscribers and rates, in the right-hand block. A two- or three-word description with the number of subscribers and rates is the set set set set set set set set set se	Pack category by counting the number of billings in that category (the number of persons or organizations is eparately 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 charg unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a pategory, 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 systems most commonly provide to their subscribers. Give the number of subscribers and rate for each list hat applies to your system. Note: Where an individual or organization is receiving service that falls under: subscriber who pays extra for cable service to additional sets would be included in the count under "Service its 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 fir trinted in block 1 (for example, tiers of services that include one or more secondary transmissions), list the with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the sufficient. BLOCK 1 BLOCK	Pack 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). Ret: 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 seagory, 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 hat applies to your system. Note: Where an individual or organization is receiving service that falls under different rategories, 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 irst set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE Service to diftinal set(s) Subscribers and rate, inter set			

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		5	SYSTEM ID 00581				
Name	Vyve Broadband A, LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable system of FCC rules and regulations in e 76.59(d)(2) and (4), 76.61(e)(3 substitute program basis, as e Substitute Basis Stations basis under specific FCC rules • Do not list the station here in station was carried only on • List the station here, and als basis. For further informatic Column 1: List each station Column 2: Give the number This may be different from the associated with a station accor the same on the form. Column 3: Indicate in each educational station, by enterin (for independent multicast), "E For the meaning of these term Column 4: Give the location	during the accounti affect on June 24, 1 2) and (4), or 76.63 explained in the new as whith respect to a space G—but do a substitute basis. o in space I, if the so on concerning subs in's call sign. Do no er of the channel or a channel on which ording to its over-thj h case whether the ng the letter "N" (for s, see page (iv) of on of each station. I	ng period, except 1981, permitting th (referring to 76.6° tt paragraph. ny distant stations thorizations: list it in space I (th station was carried stitute basis station to report origination which the station your cab;e system (e-air designation. station is a netwo network), "N-M" (ti al educational), o the general instru For U.S. stations, f	translator stations and low power television stations) (1) stations carried only on a part-time basis under e carriage of certain network programs [sections I(e)(2) and (4))]; and (2) certain stations carried on a carried by your cable system on a substitute program e Special Statement and Program Log)—if the I both on a substitute basis and also on some other ns, see page (v) of the general instructions. I program services such as HBO, ESPN, etc. 's broadcasts are carried in its own community. I carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" as rk station, an independent station, or a noncommercial for network multicast), "I" (for independent), "I-M" r "E-M" (for noncommercial educational multicast). ctions.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KPXE Qubo	40	I	KANSAS CITY MO					
	Investigation Discovery	104	Е	KANSAS CITY MO					
	KCPT-PBS 19	19	Е	KANSAS CITY MO					
	KCTV-CBS 5	5	N	KANSAS CITY MO					
	KCTV-Comet 5.2	5.2	N-M	KANSAS CITY MO					
	KCWE-CW 29	29	I	KANSAS CITY MO					
	KCWE-Justice Network	29.2	I-M	KANSAS CITY MO					
	KMBC-ABC 9	9	N	KANSAS CITY MO					
	KMBC-MeTV 9.2	9.2	N-M	KANSAS CITY MO					
	KMCI-IND 25	25	I	Kansas City, MO					
	KPXE-ION 50	50	I	Kansas City, MO					
	KSHB-NBC 36	36	N	Kansas City, MO					
	KSMO-MNT 62	62	I	Kansas City, MO					
	KTWU-PBS 11	11	I	Kansas City, MO					
	KMCI-Bounce TV 38.2	38.2	I-M	Kansas City, MO					
	KMCI-CourtTV Mystery	25.3	I-M	Kansas City, MO					
	KMCI-CourtTV 38.2	38.2	I-M	Kansas City, MO					
	KSHB-GRIT TV 41.2	41.2	N-M	Kansas City, MO					
	KSHB-Laff TV 41.3	41.3	N-M	Kansas City, MO					

ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF	PAGE 4.		/STEM·						N
Vyve Broadb								SYSTEM ID# 005814	Name
vyve bioaus		<i>.</i>						000014	
PRIMARY TRAI	NSMITTEDE								
			rried on a separate and discr	rete	e basis and list t	hose FM stati	ons carr	ied on an	н
			nerally receivable" by your ca						••
nacial Instruc	tions Concer	ning All	-Band EM Carriage: Under (<u></u>	ovright Office re	gulations an	EM sign	al is generally	Primary
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,							Transmitters		
on the basis of r	monitoring, to	be receiv	ved at the headend, with the	sy	stem's FM anter	nna, during ce	ertain sta	ated intervals.	Radio
			Copyright Office regulations	on	this point, see p	page (v) of the	e genera	I instructions.	
			ach station carried. n is AM or FM.						
			al was electronically process	sed	d by the cable sy	stem as a ser	parate a	nd discrete	
			mark in the "S/D" column.		, ,	·			
			on (the community to which the				C or, in tl	he case of	
lexican or Cana	adian stations	s, if any, t	he community with which the	e si	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	
							+		
				1					
		_							
				- -					
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							+		
				-					

								OVOTEN ID //			
Name	LEGAL NAME OF OWNER OF O Vyve Broadband A, LL		EM:					SYSTEM ID# 005814			
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG										
I	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	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program										
Statement and Program Log	Proadcast by a distant station? Yes XNO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
	og in block 2.										
	 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 beriod, was broadcast by a distant station and that your cable system substituted for the programming of another station and recrtain 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: T6ers 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 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." 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 program was substituted for programming that your system was required to delete under FCC rules and regulations in effect on October 19, 1976. 										
	SUBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED							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.	TIMES — TO	FOR DELETION			
							_				
							_				
							_				
							_				
					· ·						

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 005814	Name
	003014	
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: Vyve Broadband A, LLC	SYSTEM ID
	Vyve bioausaliu A, LLC	005814
	CHANNELS	
M	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	19
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	04
	and nonbroadcast services	91
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	Noris Concentence	4 005 0040
for Further Information	Name Marie Censoplano Telephone 91	4-235-8313
linomation		
	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	S
0	as explained in the general instructions.)	,
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 identifed 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	tem 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 owne	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 contained h	erein
	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	STEM ID#
Vyve Broadband A, LLC	005814 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 s 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	sub- Sub- Concerning Gross Receipts
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayme For an explanation of interest assessment, see page (viii) of the general instructions.	ent. 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	-
	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
x 0.00274	
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 plea contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ase
** 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	n (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.