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					

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

1									
Α	AC	COUNTING PERIOD COVERED	BY THIS STATEMENT:						
Accounting Period		July 1-December 31, 202	20						
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. The check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LE	GAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM						
		Vyve Broadband A, LLC							
C System		, 0	e 2, give the mailing address of the	ify the business and operation of the system ur system, if different from the address given in s					
			·						
		(City, town, state, zip code)							
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities 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. 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	Eu	dora	AR						
Community									

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

Form SA1-2c Rev 04/2011

	Vyve Broadband A, LLC CITY OR TOWN	STATE	II	1
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Area				
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SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 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: 141 · Service to first set 18.90 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 18.90 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

Name	LEGAL N	NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM ID#				
Name	Vyve E	Broadband A, L	.LC						
	RIMARY 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 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 and also on some other basis. For further information concerning substitute basis stations, see page (v) of the genera Column 1: List each station's call sign. Do not report origination program services such as H Column 2: Give the number of the channel on which the station's broadcasts are carried in it 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 state 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 FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is i								
	1. CALL SIGN			6. LOCATION OF STATION					
	KASN-CW Pine Bluff	8	I	Pine Bluff, AR					
	KTVE-NBC Monroe, LA	10	N	Monroe, LA					
	KTHV-CBS Little Rock	11	N	Little Rock. AR					
	KARD-FOX Monroe, LA	16	i	Monroe, LA					
	KATV - ABC	7	N N	Little Rock, AR					
		 							

FORM SA1-2. F									
LEGAL NAME OF			/STEM:					SYSTEM ID#	Name
Vyve Broadk	oand A, LLC								
PRIMARY TRANSMITTERS: RADIO									
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an								H	
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	ab	le system during	the accounting	ng period	l.	
Special Instruc	tions Concer	nina All	-Band FM Carriage: Under C	Co	pvright Office re	gulations, an	FM signa	al is generally	Primary
			em whenever it is received a						Transmitters:
			ved at the headend, with the						Radio
For detailed info	rmation abou	t the the	Copyright Office regulations	on	this point, see p	page (v) of the	genera	l instructions.	
		-	each station carried.						
			n is AM or FM.						
			nal was electronically process	ec	d by the cable sy	stem as a sep	parate ai	nd discrete	
			mark in the "S/D" column.					_	
			on (the community to which the			-	or, in tr	ne case of	
wexican or Can	adian stations	i, ii any, i	he community with which the	8	tation is identifie	a).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	-			П		_			
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	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#
Name	Vyve Broadband A, LL	С						
	SUBSTITUTE CARRIAGE	· SDECIA	I STATEMEN	IT AND PROGRAM LOG				
1	In General: In space I, identifications substitute basis during the accepplanation of the programmi	fy <i>every non</i> counting pe	nnetwork televis	ion program broadcast by a cific present and former FCC	distant station C rules, regula	tions, or authoriz		
Substitute Carriage:	1. SPECIAL STATEMENT				generalinsin	actions.		
Special	During the accounting peri				s, any nonnet	twork television p	orogram	
Statement and Program Log	broadcast by a distant stat	ion?	·	·	•		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. 2. LOG OF SUBSTITUTE In General: List each substi			ta lina. I lea abbreviations v	wherever nos	sible if their me	anina is	
	clear. If you need more space	ce, please a of every nor	attach additiona nnetwork televi	al pages. sion program (substitute pi	rogram) that,	during the accor	unting	n
	under certain FCC rules, req Do not use general categori "NBA Basketball: 76ers vs.	gulations, o es like "mo	r authorizations	s. See page (v) of the gene	ral instruction	ns for further info	ormation.	
	Column 3: Give the call s Column 4: Give the broa	sign of the s dcast statio	station broadca on's location (th	"Yes." Otherwise enter "N sting the substitute prograr se community to which the	m. station is lice		or, in	
	first. Example: for May 7 giv	th and day re "5/7."	when your syst	em carried the substitute p	rogram. Use	numerals, with t		1
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie		5 p.m. to 6:2	8:30 p.m. should	d be	
	Column 7: Enter the letter to delete under FCC rules a gram was substituted for proeffect on October 19, 1976.	nd regulation	ons in effect du		enter the let	ter "P" if the liste	d pro	
	effect off October 19, 1976.			,	T			
	SUBSTITUTE PROGRAM CARRIAGE OCCUR					RED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	S TO	
			l					
			l					
			l					

LEGAL NAME OF OWNER OF CABLE SYSTEM:	YSTEM ID#	
Vyve Broadband A, LLC		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. (Amount of gro	1,932.47 ss 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		
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		
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)		
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)		
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.		

NI	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Vyve Broadband A, LLC	
	OUANIELO.	
R.A	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Citatilleis	Enter the total number of channels on which the cable	
	system carried television broadcast stations	5
		<u>'</u>
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	88
	and nonbroadcast services	
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	Nove Maria Canaanlana Talanhana	044 225 0242
for Further Information	Name Marie Censoplano Telephone	914-235-8313
ormacion		
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(Oily, IOWII, State, ZIP)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	3
	CERTIFICATION /This statement of account must be positived and sixuad in accordance with Constitute Office years	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	tions,
0		
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B· or
	(Carrier carrier and a parameter parameter parameter parameter and a carrier of the carrier and a ca	5, 01
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	avatam as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	ner of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. 	ed herein
	[18 U.S.C., Section 1001(1986)]	
	Daniel 7 911hite	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	, , , , , , , , , , , , , , , , , , , ,	
	Date: 2/26/2021	
	Date. 2/20/2021	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Vyve 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 adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X	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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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