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:

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

Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:							
Accounting Period	January 1-June 30, 202	1							
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 ADI	DRESS OF CABLE SYSTEM							
	Vyve Broadband A, LLC								
				029450 2021/1					
	4 International Dr Suite 330								
	Rye Brook, NY 10573								
С			ntify the business and operation of the system e system, if different from the address given						
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM	:							
	Number, street, rural route, apartment, or suite n	umber)							
	(City, town, state, zip code)								
D Area	in FCC rules: "a separate and distinct of areas and including single, discrete unit of system identification hereafter known	community or municipal entitiy (incluncorporated areas)." 47 C.F.R. 76 as the "first community." Please of	A "community" is the same as a "community uding unincorporated communities within uni 6.5(dd). The first community that list will servuse it as the first community on all future filing	ncorporated ve as a form gs.					
Served	Note: Entities and properties such as h the identified city.	otels, apartments, condiminiums, o	r mobile home parks should be reported in p	paratheses below					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community	FORT RILEY FORT RILEY EXEMPT	KS KS							
	I ONI NILLI LALIMI I	NO							

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

Name	LEGAL NAME OF OWNER OF CABLE S	I O I EIVI.		SYSTEM
	Vyve Broadband A, LLC	T		0294
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
_				
(continued)				
Area				
Served				
				<u> </u>

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband A, LLC

SYSTEM ID#

029450

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 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 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.

BL	OCK 1	BLOCK 2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE
Residential:	COBCONIBLING	10.112	ON EGGING OF GENVICE GGGGGINGERG
 Service to first set 	119	28.50	
 Service to additional set(s) 			
 FM radio (if separate rate) 			
Motel, hotel			
Commercial	29	25.00	
Converter			
 Residential 			
 Non-residential 			
		I	

F

Services Other Than Secondary Transmissions: Rates

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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

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.

BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	• Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set	64.95	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	39.95		
Converter		Disconnect			
		Outlet relocation	20.00		
		Move to new address	39.95		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 029450 Vyve 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 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 **Primary 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 the same on the form. 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. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN OF CHANNEL **STATION NUMBER** KSNT-NBC 27 N TOPEKA, KS 27 ı KTKA-ABC 49 49 TOPEKA, KS **KTKA-CW 49.3** 49.3 I-M TOPEKA, KS 49.2 I-M TOPEKA, KS KTKA-Weather HD 4 KTMJ-Escape 43.2 43.2 I-M TOPEKA, KS KTMJ-FOX 43 43 ı TOPEKA, KS KTMJ-Grit TV 43.3 43.3 TOPEKA, KS I-M KTWU-Enhance 11.3 11.3 E-M TOPEKA, KS 11 Ε KTWU-PBS 11 TOPEKA, KS KTWU-PBS Kids 11. 11.2 E-M TOPEKA, KS **KSNT-Bounce**.4 27.4 N-M TOPEKA, KS 43.4 I-M KTMJ-Laff 43.4 TOPEKA, KS WIBW-CBS HD 13 To 13 Ν TOPEKA, KS WIBW-MNT 13.2 Top 13.2 I-M TOPEKA, KS

EGAL NAME OF	OWNER OF C	ARLE S	VSTEM:					SYSTEM ID#	Name
Vyve Broadk			TOTEIVI.						Name
vyve broadi	Janu A, LLC							029450	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: List	t every radio s	tation ca	rried on a separate and discr	et	te basis and list	those FM stati	ions carı	ried on an	Н
all-band basis w	hose signals	were "ge	enerally receivable" by your ca	ab	le system durinç	g the accounti	ng perio	d.	
0			I David FM Camiana I lada (_			□ N4 a : a	al ia mananalli.	Drimon
-		_	I-Band FM Carriage: Under (-	_	-	Primary
` '	•	-	tem whenever it is received a		•	•	•	•	Transmitters:
	•		ved at the headend, with the						Radio
			Copyright Office regulations	or	n this point, see	page (v) of the	e genera	al instructions.	
	•	•	each station carried.						
			n is AM or FM.						
		_	nal was electronically process	se	d by the cable s	ystem as a se	parate a	nd discrete	
•			k mark in the "S/D" column.						
Column 4: G	live the station	i's locatio	on (the community to which the	he	station is licens	sed by the FC0	C or, in t	he case of	
Mexican or Can	adian stations	, if any, t	the community with which the	9 8	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				H					
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				1					

	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·					SYSTEM ID#	
Name	Vyve Broadband A, LL						•	029450	
	SUBSTITUTE CARRIAGE	· SPECIA	L STATEMEN	NT AND PROGRAM LO	G				
	In General: In space I, identi substitute basis during the ad	fy <i>every noi</i>	nnetwork televis	sion program broadcast by	a distant stat				
	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 Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	proadcast 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. 2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 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 pro								
	gram was substituted for pro	ogramming	that your syste	em was permitted to delet	e under FCC	rules and regu	lations in		
	effect on October 19, 1976.								
	S	UBSTITUT	E PROGRAM					7. REASON	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		MES TO	FOR DELETION	
		162 01 140	CALL SIGN	4. STATIONS LOCATION	AND DAT	FROW —	10		
						_			
						_			
						_			
						_			

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. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identifed in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	nter the total of mission service	K Gross Receipts
during the accounting period	\$ 28,896.89 (Amount of 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 • 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	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 accounting period is \$52.00	this 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 \$137,7	00)	
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)	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 electronic payment payable to Register of Copyrights. See pageneral instructions for more information.	ge I of the	

ACCOUNTING PERIOD: 2021/1
FORM SA1-2, PAGE 7.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC		SYSTEM ID#
	<u> </u>		029450
М	CHANNELS Instructions: You must give (1) the number of elements of the complex o	pannals on which the cable system carried television broadcast (otations
IVI		nannels on which the cable system carried television broadcast solution broadcast solutions. I number of activated channels, during the accounting period.	stations
Channels			
	Enter the total number of channels on which the system carried television broadcast stations.	ne cable	12
	Enter the total number of activated channels on which the cable system carried television bro	padeast stations	
	•		146
N		INFORMATION IS NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of accou	unt.)	
Be Contacted			
for Further Information	Name Marie Censoplano	Telephone !	914-235-8313
	Address 4 International Dr Suite 330		
	(Number, street, rural route, apartment, or suite	e number)	
	Rye Brook, NY 10573 (City, town, state, zip)		
	(City, town, state, 2ip)		
	Email (optional) marie.censoplano@vyve	Pbb.com Fax (optional) 914-234-8363	3
0	CERTIFICATION (This statement of account must as explained in the general instructions.)	be certifed and signed in accordance with Copyright Offce regul	ations,
Certifcation	• I, the undersigned, hereby certify that (Check one	, but only one, of the boxes.)	
	_		
	(Owner other than corporation or partnership	p) I am the owner of the cable system as identifed in line 1 of space	e B; or
	(Agent of owner other than corporation or pa	artnership) I am the duly authorized agent of the owner of the cabl	e system as identified
	in line 1 of space B and that the owner is no	· · · · · · · · · · · · · · · · · · ·	o cyclem de lacminea
	(Officer or partner) I am an officer (if a corpora in line 1 of space B.	ation) or a partner (if a partnership) of the legal entity identifed as o	wner of the cable system
		reby declare under penalty of law that all statements of fact contain nowledge, information, and belief, and are made in good faith.	ned herein
	Handwritten signature:	/s/Daniel J White	
	Typed or printed name:	Daniel J White	
	Title: SVP Financia	C	
	(Title of official position	on held in corporation or partnership)	
	Date:	8/27/2021	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	029450	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 advisioning sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	the basic ot include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct During the accounting period did the cable system exclude any amounts of gross receipts for secondary tr made by satellite carriers to satellite dish owners? X NO XES. Enter the total here and list the satellite carrier(s) below.		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 u For an explanation of interest assessment, see page (viii) of the general instructions.	nderpayment.	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	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assicontact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	stance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright (list below the owner, address, first community served, ID number, and accounting period as given in the or	·	
Owner Address		
ID number		
First community served		
Accounting period		

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