### 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	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:						
Accounting Period		January 1-June 30, 202	1						
B Owner	— Interfect information and print of type the correct information beside it.								
	LE	GAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM						
		Vyve Broadband A, LLC							
					032491 2021/1				
		4 International Dr Suite 330							
		Rye Brook, NY 10573							
C				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	:						
	2	(Number, street, rural route, apartment, or suite n	umber)						
		(City, town, state, zip code)							
D	in F	CC rules: "a separate and distinct o	community or municipal entitiy (inclu	A "community" is the same as a "community uding unincorporated communities within uni 6.5(dd). The first community that list will serve	ncorporated				
Area	of s	ystem identification hereafter knowr	n as the "first community." Please	use it as the first community on all future filin	gs.				
Served		e: Entities and properties such as h identified city.	otels, apartments, condiminiums, o	r mobile home parks should be reported in p	paratheses below				
Fire	Ι Λ	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community		NGSTON, OK YLE, OK							
-									
					•				

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

Name	LEGAL NAME OF OWNER OF CABLE S'			SYSTEM
	Vyve Broadband A, LLC			0324
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
_				
(continued)				
Area				
Served				

Name 
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband A, LLC

SYSTEM ID#

032491

# 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	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>					
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial	372	49.25			
Converter					
<ul> <li>Residential</li> </ul>					
<ul> <li>Non-residential</li> </ul>					
		T		Ī	T

# 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 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RAT
Continuing Services:		Installation: Non-residential		
• Pay cable	14.95	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
<ul> <li>Fire protection</li> </ul>		• Pay cable		
<ul><li>Burglar protection</li></ul>		<ul> <li>Pay cable-add'l channel</li> </ul>		
Installation: Residential		Fire protection		
• First set	64.95	Burglar protection		
<ul><li>Additional set(s)</li></ul>		Other services:		
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	39.95	
<ul> <li>Converter</li> </ul>		Disconnect		
		Outlet relocation	20.00	
		Move to new address	39.95	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 032491 **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 KOCB - CW** ı **OKLAHOMA CITY OK** 12 ı KOKH - FOX 10 OKLAHOMA CITY OK **KAUT-IND 43** 43 ı OKLAHOMA CITY OK Ε **OKLAHOMA CITY OK KETA-PBS 13** 13 KFOR-NBC 4 4 Ν **OKLAHOMA CITY OK KOCM-IND 46** 46 ı **NORMAN OK KOCO-ABC 5** 5 Ν **OKLAHOMA CITY OK** ı **KOPX-ION 62** 62 **OKLAHOMA CITY OK** 14 KTBO-TBN 14 ı **OKLAHOMA CITY OK KWTV-CBS 9** 9 Ν **OKLAHOMA CITY OK** 

LEGAL NAME OF OWNER OF CABLE SYSTEM:					Name				
Vyve Broadband A, LLC 032491						Name			
Tyvo Broads	Jana A, EE							032431	
PRIMARY TRA	NCMITTEDC:	BADIO							
			rried on a separate and discre	et	e basis and list t	those FM stati	ions cari	ried on an	Н
	-		enerally receivable" by your ca						
							•		Deimone
-		_	-Band FM Carriage: Under C			-	_	_	Primary Transmitters:
	-	-	tem whenever it is received a ved at the headend, with the		-		-	-	Radio
	_		Copyright Office regulations	-		_			
			each station carried.	٠.	po, ooo	page (r) or an	90		
	•	•	n is AM or FM.						
Column 3: If	the radio stati	on's sigr	nal was electronically process	e	d by the cable sy	ystem as a se	parate a	nd discrete	
-			mark in the "S/D" column.						
			on (the community to which the			•	C or, in t	he case of	
Mexican or Can	adian stations	s, if any, t	the community with which the	S	tation is identifie	ea).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	TFM <sup>.</sup>					SYSTEM ID#				
Name	Vyve Broadband A, LL						•	032491				
	SUBSTITUTE CARRIAGE	· SPECIA	L STATEMEN	NT AND PROGRAM LO	G							
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  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											
	explanation of the programming that must be included in this log, see page (v) of the general instructions.											
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
Statement and Program Log	broadcast by a distant station?  Note: If your answer is "Yes," you must complete the program											
	log in block 2.											
	2. LOG OF SUBSTITUTE											
	In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call second column 4: Give the broad column 3: Give the broad column 4: Give the column 4: Give the column 4: Give the broad column 4: Give the column 4: Give	ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broac sign of the s	attach additiona nnetwork televi ion and that your authorizations vies" or "baske dcast live, enter station broadca	al pages. sion program (substitute pur cable system substitute solutions. See page (v) of the gentball." List specific programmer "Yes." Otherwise enter "Insting the substitute programmer.	program) that ed for the pro eral instruction titles, for ea No."	t, during the acc gramming of an ons for further in xample, "I Love	counting nother station nformation. Lucy" or	on				
	Column 4: Give the broathe case of Mexican or Cana		,	-		•	CC or, in					
	Column 5: Give the mon						th the month	n				
	first. Example: for May 7 giv	e "5/7."										
	<b>Column 6:</b> State the time to the nearest five minutes.		•		-		-					
	stated as "6:00–6:30 p.m."	Lxample. a	i program came	ed by a system nom o.or	. 15 p.m. to 0.	20.50 p.m. snc	did be					
	Column 7: Enter the lette											
	to delete under FCC rules a gram was substituted for pro											
	effect on October 19, 1976.	ogrammig.	that your oyote	m was permitted to delet	o dildoi i oo	raico ana roga						
		LIDETITLIT	E PROGRAM		WHENS	WHEN SUBSTITUTE CARRIAGE OCCURRED 7.						
			5. MONTH 6. TIMES			7. REASON FOR DELETION						
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		'	TO					
						_						
					-							
						_						

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	SYSTEM ID# 032491	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified 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) during the accounting period	nission service	<b>K</b> Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(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 9.  • 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	. \$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	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# 032491
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations	10
	and nonbroadcast services	45
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)  Name Marie Censoplano  Telephone 914-23	35-8313
	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	
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)  • 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 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 identified as owner of in line 1 of space B.	the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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	in
	Title: SVP Financial Planning (Title of official position 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	032491	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 a lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system of service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	or the basic not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instru- During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?  X NO		Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below.  Name  Mailing Address  Mailing Address  Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions.	underpayment.	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	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	est charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further as contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	sistance 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 Copyrigh list below the owner, address, first community served, ID number, and accounting period as given in the	•	
Owner Address		
ID number		
First community served		
Accounting period		

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