### THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA1-2 Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
3/30/22	\$ ALLOCATION NUMBER			

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general instructions

A	AC	COUNTING PERIOD COVEREI	D BY THIS STATEMENT:				
Accounting		January 1-June 30, 202	1				
Period							
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.						
	LE	GAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM				
		Vyve Broadband A, LLC					
		4 International Dr Suite 330			005814 2021/1		
		Rye Brook, NY 10573					
	INS	TRUCTIONS: In line 1, give any but	siness or trade names used to iden	tify the business and operation of the system	unless these		
С	nan	nes already appear in space B. In lir	ne 2, give the mailing address of the	e system, if different from the address given in	n space B.		
System	1	IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEM:  (Number, street, rural route, apartment, or suite number)						
		(City, town, state, zip code)					
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 Community	GA	RNETT	KS				

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Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE S	I S I EIVI.		SYSTEM 0058						
		Vyve Broadband A, LLC								
	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#

005814

## 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.

BLOCK 1				BLOCK	(2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:			П			
<ul> <li>Service to first set</li> </ul>	87	28.50				
<ul> <li>Service to additional set(s)</li> </ul>						
<ul> <li>FM radio (if separate rate)</li> </ul>						
Motel, hotel						
Commercial	19	25.00				
Converter						
• Residential						
Non-residential						
	<u> </u>	<b>*</b>	4		<b>4</b>	

# 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						
CATEGORY OF SERVICE	OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential					
• Pay cable	19.95	Motel, hotel					
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial					
Fire protection		• Pay cable					
•Burglar protection		Pay cable-add'l channel					
Installation: Residential		<ul> <li>Fire protection</li> </ul>					
<ul> <li>First set</li> </ul>	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				
Converter		Disconnect					
		Outlet relocation	20.00				
		Move to new address	39.95				

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband A, LLC

SYSTEM ID#

005814

# G

# Primary Transmitters: Television

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 on a substitute program basis under specific 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 identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KPXE Qubo	40	l	KANSAS CITY MO
Investigation Discovery	104	Е	KANSAS CITY MO
KCPT-PBS 19	19	E	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	<b>I</b>	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	l	Kansas City, MO
KPXE-ION 50	50	<u> </u>	Kansas City, MO
KSHB-NBC 36	36	N	Kansas City, MO
KSMO-MNT 62	62	I	Kansas City, MO
KTWU-PBS 11	11	ı	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

LEGAL NAME OF	OWNER OF C	CARLE SY	YSTEM:					SYSTEM ID#	Name
0.0. <u>1</u>						005814	Name		
Tyve Broads	Jana A, EE							003014	
							_		
PRIMARY TRA									ы
	•		rried on a separate and discr						Н
all-band basis w	hose signals	were "ge	enerally receivable" by your ca	ab	ole system during	g the accounti	ng perio	d.	
Special Instruc	tions Concer	nina All	-Band FM Carriage: Under (	Cd	opyriaht Office re	egulations, an	FM sign	al is generally	Primary
-		_	tem whenever it is received a			-	_	-	Transmitters:
` '	•	-	ved at the headend, with the		•	•	•	•	Radio
	•		Copyright Office regulations	-					
			each station carried.	٠.	r uno point, occ	page (v) or an	o gonore	in mondonomo.	
	•	•	n is AM or FM.						
			nal was electronically process	e	d by the cable s	vstem as a se	narate a	nd discrete	
		_	mark in the "S/D" column.		a by the easie e	yotom do d oo	parato a	The dissipate	
-			on (the community to which the	he	station is licens	ed by the ECC	Cor in t	he case of	
			the community with which the			•	5 01, 111 0	ne case of	
viexican or Can	adian stations	, ii aiiy, i	the community with which the	, :	station is identilit	su).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OI FIVI	3/0	EOCATION OF STATION	Н	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	
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								13A1-2. FAGE 3.	
Name	Vyve Broadband A, LL		ГЕМ:					8YSTEM ID# 005814	
ı	SUBSTITUTE CARRIAGE								
	In General: In space I, identi substitute basis during the ac								
	explanation of the programm	ing that mus	st be included in	n this log, see page (v) of t	he general ins	tructions.			
Carriage: Special	1. SPECIAL STATEMENT								
Statement and	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.								
Program Log									
	2. LOG OF SUBSTITUTE In General: List each substi			te line. I lse abbreviations	wherever no	ssihle if their r	meaning is		
	clear. If you need more space	ce, please a	attach additiona	al pages.	•				
	<b>Column 1:</b> Give the title operiod, was broadcast by a							on	
	under certain FCC rules, reg	gulations, o	r authorizations	s. See page (v) of the ger	eral instruction	ons for further i	nformation.	, 	
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progra	m titles, for ex	kample, "I Love	e Lucy" or		
	Column 2: If the program								
	Column 3: Give the call s Column 4: Give the broa					ensed by the F	CC or, in		
	the case of Mexican or Cana <b>Column 5:</b> Give the mon						th the mont		
	first. Example: for May 7 giv	•	when your sysi	tem camed the substitute	program. US	e numerais, wi	ui uie monu	'	
	<b>Column 6:</b> State the time to the nearest five minutes.								
	stated as "6:00–6:30 p.m."	·	. •	. ,	·	·			
	Column 7: Enter the letter to delete under FCC rules a								
	gram was substituted for pro								
	effect on October 19, 1976.								
		LIDOTITLIT			WHEN S	UBSTITUTE (		7. REASON	
		2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH		MES	FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION			ТО		
							_ <mark></mark>		
					_				
						_			
						_			

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	005814	
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 transl (as identifed in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.	mission service	<b>K</b> Gross Receipts
Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 18,581.39	
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  • 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)	
1. 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		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . 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# 005814
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sto its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels	Enter the total number of channels on which the cable     system carried television broadcast stations	19
	Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services	91
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
for Further Information		914-235-8313
	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 Offce regulas 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.	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	e 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 a in line 1 of space B.	wner of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	ned herein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	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	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 add lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for a service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary	the basic t include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transport		Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions.	derpayment.	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	_	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	auye	
	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	tance 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 O list below the owner, address, first community served, ID number, and accounting period as given in the original statement of accounting period as given in the original statement of account already submitted to the Copyright O	•	
Owner Address		
ID number		
First community served Accounting period		
Accounting being		

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