## **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:				
STATEME	ΞN	T OF ACCOUNT	FOR COPYRIGH	IT (	OFFICE USE ONLY		of Congress aht Office				
	-	Transmissions by	DATE RECEIVED		AMOUNT	Licensing Division					
Cable Syste General instru end of this for	ctio		7/27/22	\$	101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150						
	Ib						irier deliveries, ge ii of the general ions				
Α	AC	COUNTING PERIOD COVERE									
Accounting Period	January 1-June 30, 2021										
В		tructions: Your file has been establishe	-	. If	there are any changes, draw a line the	nrough the					
Owner		orrect information and print or type the c Give the full legal name of the owner o	f the cable system. If the owner is a	su	bsidiary of another corporation, give t	the full corpo	1-				
		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. <i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit</i>									
	a s	ingle statement of account and royalty fe	ee payment covering the entire acco	ount	ting period.						
	=	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 060527									
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband A, LLC									
							060527 2021/1				
		4 International Dr Suite 330									
		Rye Brook, NY 10573									
С		STRUCTIONS: In line 1, give any but mes already appear in space B. In line									
System	1	IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:										
	2										
		(City, town, state, zip code)									
D		tructions: List each separate com			•						
		in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites within unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form									
Area		system identification hereafter know	• •		· ·						
Served		te: Entities and properties such as h identified city.	otels, apartments, condiminiums	s, o	r mobile home parks should be re	ported in p	aratheses below				
		CITY OR TOWN	STATE		CITY OR TOWN		STATE				
First Community	ity Peabody KS I										

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

	LEGAL NAME OF OWNER OF C	ARIE SVSTEM.							SA3. PAGE 2 STEM ID#
Name	Vyve Broadband A, LLC							010	060527
<b>E</b> Secondary Transmission Service: Sub- scribers and Rates	Secondary 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								
	<b>Block 2:</b> If your cable system I printed in block 1 (for example, the with the number of subscribers a	iers of services	s that in	clude one or m	ore secor	dary transmissio	ons), list the	em, together	
	sufficient.	DCK 1		<u> </u>			BLOCK	( )	
		NO. OF						NO. OF	Τ
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	• Service to first set		35	28.50					
	Service to additional set(s)		33	20.30					
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		10	25.00					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	In General: Space F calls for rat not covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services of amount of the charge and the un- enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a service and the un-	SECONDARY TRANSMISSIONS: RATES or rate (not subscriber) information with respect to all your cable system's services that were t is, those services that are not offered in combination with any secondary transmission are are two exceptions: you do not need to give rate information concerning (1) services ices or facilities furnished to nonsubscribers. Rate information should include both the he unit in which it is usually billed. If any rates are charged on a variable per-program basis, in the rate column. rd rate charged by the cable system for each of the applicable services listed. Is that your cable system furnished or offered during the accounting period that were not ch a separate charge was made or established. List these other services in the form of a escription and include the rate for each.							
		BLO					04750	BLOCK 2	D
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEG	ORY OF SERVICE	RATE
	Pay cable	19.95		tel, hotel	identiai				
	• Pay cable—add'l channel		• Co	mmercial					
	Fire protection		• Pa	y cable					
	•Burglar protection			y cable-add'l ch	nannel				
	Installation: Residential			e protection					
	• First set	64.95		rglar protection					
	Additional set(s)			services:		00.05			
	<ul> <li>FM radio (if separate rate)</li> </ul>		•Re	connect		39.95			
	• Converter			connect		20.00			
			• Ou	connect tlet relocation we to new addr	222	20.00 39.95			

Name

G

Primary Transmitters:

Television

			FORM	1 SA1-2. PAGE 3.
LEGAL NAME OF OWNER OF	OF CABLE SYSTEM	:		SYSTEM ID#
Vyve Broadband A, L	LC			060527
PRIMARY TRANSMITTERS: TEL	LEVISION			
<ul> <li>carried by your cable system d FCC rules and regulations in e 76.59(d)(2) and (4), 76.61(e)(2 substitute program basis, as ex Substitute Basis Stations; basis under specifc FCC rules,</li> <li>Do not list the station here in station was carried only on</li> <li>List the station here, and also basis. For further informatio Column 1: List each station Column 2: Give the number This may be different from the associated with a station account the same on the form. Column 3: Indicate in each educational station, by entering (for independent multicast), "E For the meaning of these term Column 4: Give the location</li> </ul>	during the accoun effect on June 24, 2) and (4), or 76.6 explained in the ne s: With respect to s, regulations, or a n space G—but do n a substitute basis to in space I, if the on concerning sub on's call sign. Do n er of the channel of e channel on which ording to its over-the h case whether the ng the letter "N" (for E" (for noncomment ns, see page (iv) con on of each station.	ting period, except ( 1981, permitting the 3 (referring to 76.61 ext paragraph. any distant stations outhorizations: b list it in space I (the s. e station was carried postitute basis station of report origination on which the station h your cab;e system hje-air designation. e station is a networ or network), "N-M" (for rcial educational), or of the general instruct. For U.S. stations, li	ranslator stations and low power television stations) (1) stations carried only on a part-time basis under e carriage of certain network programs [sections (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 both on a substitute basis and also on some other s, see page (v) of the general instructions. program services such as HBO, ESPN, etc. 's broadcasts are carried in its own community. carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" as rk station, an independent station, or a noncommercies or network multicast), "I" (for independent), "I-M" "E-M" (for noncommercial educational multicast). ctions. Ist the community to which the station is licensed by e community with which the station is identifed.	al
SIGN	B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
		-		
KSAS - Comet	19	I	WICHITA KS	

	NUMBER	STATION	
KSAS - Comet	19	I	WICHITA KS
KSAS - FOX	4	l	WICHITA KS
KSAS - TBD	34	I	WICHITA KS
KAKE-ABC 10	10	N	WICHITA KS
KPTS-PBS 8	8	E	HUTCHINSON KS
KSCW-CW 33	36	l	WICHITA KS
SNW-Justice Chan	15	N	WICHITA KS
KSNW-NBC 3	3	N	WICHITA KS
KWCH-CBS 12	12	N	HUTCHINSON KS
KWCH-Weather 12.2	50	N-M	HUTCHINSON KS

## ACCOUNTING PERIOD: 2021/1

FORM SA1-2. PAGE 4.  LEGAL NAME OF OWNER OF CABLE SYSTEM:  SYSTEM ID#								
Vyve Broadk			YSTEM:				SYSTEM ID# 060527	Name
		<b>,</b>					000527	
	NSMITTERS:	RADIO						
	-		rried on a separate and discre					н
all-band basis w	/hose signals	were "ge	enerally receivable" by your ca	ble system durino	g the accounti	ng perio	d.	
receivable if (1)	it is carried by	the sys	-Band FM Carriage: Under C tem whenever it is received at	the system's hea	adend, and (2	) it can b	be expected,	Primary Transmitters:
	-		ved at the headend, with the s Copyright Office regulations of	•	-			Radio
			each station carried.			e genera		
			n is AM or FM.				a I. Bassata	
		-	nal was electronically processe c mark in the "S/D" column.	ed by the cable s	ystem as a se	parate a	na aiscrete	
Column 4: G	ive the station	i's locatio	on (the community to which th		•	C or, in t	he case of	
Mexican or Can	adian stations	, if any, t	the community with which the	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYST	TEM:						SYSTEM ID#	
Name	Vyve Broadband A, LL	C							060527	
	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G					
I	In General: In space I, identit substitute basis during the ac	fy every nor counting pe	nnetwork televis priod, under spe	<i>sion program</i> broadcast by cific present and former F	a distant st CC rules, re	gulations, o	or auth			
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	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
Statement and Program Log										
	log in block 2.	<b>ote:</b> If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program or in block 2.								
	2. LOG OF SUBSTITUTE									
	In General: List each substict clear. If you need more space Column 1: Give the title of period, was broadcast by a counder certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. I Column 2: If the program	ce, please a of every noi distant stati gulations, of es like "mo Bulls."	attach additiona nnetwork televi on and that you r authorizations vies" or "baske	al pages. sion program (substitute p ur cable system substitute s. See page (v) of the gen tball." List specific program	program) th od for the p eral instruc n titles, for	at, during ogrammin tions for fu	the aco g of ar irther ii	counting nother statio		
	<b>Column 3</b> : Give the call s <b>Column 4:</b> Give the broa the case of Mexican or Cana	sign of the s dcast static	station broadca	sting the substitute progra the community to which the	am. station is l		/ the F	CC or, in		
	Column 5: Give the mon	th and day					als, wit	th the mont	h	
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable syste	em. List the	e times	accurately	,	
	to the nearest five minutes.									
	stated as "6:00–6:30 p.m." Column 7: Enter the lette									
	to delete under FCC rules a gram was substituted for pro									
	effect on October 19, 1976.	g								
					WHEN			ARRIAGE		
			E PROGRAM 3. STATION'S		5. MON <sup>-</sup>		RRED 6. TIN		7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DA			то		
							<u> </u>			
							<u> </u>			
							<u> </u>			
							_			
							_			
							_			
						-				

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	060527	
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 transm (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)         during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	nission service	K Gross Receipts
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ <ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul> </li> </ul>	\$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 t accounting period is \$52.00	his 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 \$137,1	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,	600)	
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		
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pay general instructions for more information.	ge I of the	

## ACCOUNTING PERIOD: 2021/1

		FORM SA1-2. PAGE 7
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Vyve Broadband A, LLC	060527
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast station	
IVI		15
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
onamolo	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	11
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	54
	and nonbroadcast services	54
Ν	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)	
Individual to	we can write or can about this statement of account.)	
Be Contacted		
for Further	Name Marie Censoplano Telephone 914-2	235-8313
Information		
	Address 4 International Dr Suite 330	
	Address 4 International DI Suite 350 (Number, street, rural route, apartment, or suite number)	
	Byo Brook NY 10572	
	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 regulations	1
0	as explained in the general instructions.)	,
-	• I the undersigned hereby certify that (Check and but only one of the bayes)	
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 syste	am 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 owner of in line 1 of space B.	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 contained he 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>	erein
	Handwritten signature: /s/ Daniel J White	

Typed or printed name: **Daniel J White** 

al Planning
on held in corporation or partnership)
8/27/2021

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	060527	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. 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 transmised by satellite carriers to satellite dish owners? X NO	e basic iclude sub- n 119." 3.	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name 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 under For an explanation of interest assessment, see page (viii) of the general instructions.	rpayment.	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	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here here	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- narge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistar contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce 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 Offc list below the owner, address, first community served, ID number, and accounting period as given in the origin	•	
OwnerAddress		
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 info	rmation (PII) requeste	ed on this

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.