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.

DATE RECEIVED

3/30/22

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

SA1-2 Short Form

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

					instructions			
Α	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:					
Accounting Period	January 1-June 30, 2021							
B Owner	inco rate	title of the subsidiary, not that of the particular to the name or names under with the subsidiary of	orrect information beside it. f the cable system. If the owner is a surrent corporation. thich the owner conducts the business of the accounting period, only the owner or	bsidiary of another corporation, give th of the cable system. In the last day of the accounting period s ting period.	e full corpo-			
	LE	GAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM					
		Vyve Broadband A, LLC						
					2021/1			
		4 International Dr Suite 330						
		Rye Brook, NY 10573						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1	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		tructions: List each separate comm		-	-			
U		CC rules: "a separate and distinct of as and including single, discrete un						
Area		ystem identification hereafter know	. ,					
Served		e: Entities and properties such as h	•	•	-			
	the	identified city.	· · · · · ·	1				
_	14/-	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community		nrren adley Cty	AR AR					
e enning		auley Cty						
			1					
-		tion 111 of title 17 of the United States Code						
		your statement of account. PII is any persona I, you are agreeing to the routine use of it to	-					
search reports pre	pared	for the public. The effects of not providing the	e PII requested is that it may delay processir	ng of your statement of account and its place				
completed record	of state	ements of account, and it may affect the lega	I sufficiency of the fling, a determination that	would be made by a court of law.				

ACCOUNTING PERIOD: 2021/1

				FORM SA3. PAGE 1b.
Nama	LEGAL NAME OF OWNER OF CABLE S	SYSTEM:		SYSTEM ID#
Name	Vww Broadband A. LLC			
	Vyve Broadband A, LLC			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
continued)				
Area				
Served				
			_	
			—	
			-	
			-	
			-	
			-	
			-	

										FOR	M SA3. PA	AGE 2
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:								SY	STEM	ID#
Name	Vyve Broadband A, LLC											
Vyve Broadband A, LLC E Secondary Transmission Service: Sub- scribers 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 set(s)."								information ng on the broken ribers in charged e and the particular rate ted that cable ted category different a residential				
	Block 2: If your cable system h printed in block 1 (for example, ti with the number of subscribers a sufficient.	iers of services and rates, in the	s that in	clude one or m	ore se	econo	dary transmissi	or	ns), list the on of the s	em, together ervice is		
	BLC	DCK 1 NO. OF							BLOCK	X 2 NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE		CATE	EGORY OF SE	R	VICE	SUBSCRIBERS	RA	ΛTE
	Residential: • Service to first set • Service to additional set(s)		338	18.90								
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		39	18.90								
	Converter											
	 Residential Non-residential 											
	• Non-residential											
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.											
		BLO					D		0	BLOCK 2		
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res			RATE		CATEGO	DRY OF SERVIC	E RA	TE
	Pay cable	19.95		tel, hotel	naem	ai						
	• Pay cable—add'l channel			mmercial								
	Fire protection		•Pa	y cable								
	•Burglar protection			y cable-add'l cl	hanne	el						
	Installation: Residential			e protection								
	• First set	64.95		rglar protection	1							
	• Additional set(s)			services:								
	• FM radio (if separate rate)			connect			39.95					
	• Converter											
				tlet relocation			20.00					

Outlet relocationMove to new address

39.95

Name

FORM SA1-2. PAGE 3.

	SYSTEM ID#
television stations)	

	.,										
	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	substitute program basis, as explained in the next paragraph.										
Transmitters: Television	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		•	Iny distant stations carried by your cable system of a substitute program							
	• Do not list the station here in space G—I			itement and Program Log)—if the							
	station v	vas carried only on	a substitute basis.								
	• List the station here, and also in space I,										
		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.	0									
	educational station, by entering the letter			station is a network station, an independent station, or a noncommercia							
	(for independent multicast), "E" (for nonco										
	For the meaning of these terms, see page										
				For U.S. stations, list the community to which the station is licensed by t							
	FCC. For Mexican or Canadian stations, if	f any, give the name	e of the community	with which the station is identifed.							
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION							
	SIGN	CHANNEL	OF								
		NUMBER	STATION								
	KETS-PBS 2	2	E	Little Rock, AR							
	KARK-NBC 4 HD	4	N	Little Rock, AR							
	KATV-ABC 7 HD	7	N	Little Rock, AR							
	KASN-CW 38 HD	38	I	Pine Bluff, AR							
	KTHV-CBS 11 HD	11	N	Little Rock, AR							
	KARZ-MNT 42 HD	42	I	Little Rock, AR							
	KLRT-FOX 16 HD	16	I	Little Rock, AR							
	KVTN-IND 25 HD	25	I								
	KETS-Create 2.2	2.2	E-M	Little Rock, AR							
	KETS-PBS Kids 2.3	2.3	E-M	Little Rock, AR							
	KETS-World 2.4	2.4	E-M	Little Rock, AR							
	KARK-Laff 4.2	4.2	I-M	Little Rock, AR							
	KARZ-Bounce 42.2	42.2	I-M	Little Rock, AR							
	KATV-Comet TV 7.2	7.2	I-M								
	KATV-Charge TV 7.3	7.3	I-M	Little Rock, AR							
	KLRT-Escape 16.2	16.2 I-M									
	KTHV-Antenna TV 11.2	11.2	I-M	Little Rock, AR							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband A, LLC

ACCOUNTING PERIOD: 2021/1

FORM SA1-2. PAGE 4.								NG PERIOD: 2021/1
LEGAL NAME OI			YSTEM:				SYSTEM ID#	Name
Vyve Broadband A, LLC								
PRIMARY TRA								ы
	•		rried on a separate and discre enerally receivable" by your ca					н
	-	•		-	-	•		
-		-	- Band FM Carriage: Under C tem whenever it is received a		-	-		Primary Transmitters:
	•	-	ved at the headend, with the	•				Radio
	-		Copyright Office regulations of	•	-			
	•	-	each station carried.					
			n is AM or FM.			n avata a	and discusts	
		-	nal was electronically process c mark in the "S/D" column.	ed by the cable s	system as a se	parate a	ina discrete	
-			on (the community to which th	e station is licen	sed by the FC	C or, in t	he case of	
			the community with which the		•			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		5,0		CALL SIGN		5,0		
						[
_		ļ				ļ		

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF	CABLE SYST	ΓΕM:				:	SYSTEM ID#		
Name	Vyve Broadband A, LL	C								
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every nor counting pe	nnetwork televis priod, under spe	<i>sion program</i> broadcast by cific present and former FC	a distant statio C rules, regul	ations, or auth				
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE						
Special	 During the accounting peri- 		r cable system	carry, on a substitute basi	s, any nonne	twork televisio	on program			
Statement and Program Log	broadcast by a distant stat	ion?					Yes	XNo		
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is '	'Yes," you mι	ist complete t	he program			
	log in block 2. 2. LOG OF SUBSTITUTE		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 delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram 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 pr								٦		
	S	UBSTITUT	E PROGRAM			BSTITUTE (7. REASON		
	1. TITLE OF PROGRAM		3. STATION'S		5. MONTH	6. TI		FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO			
							-			
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FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC		Hume
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	nission service	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 \$ 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	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 Line 1. Royalty fee for accounting period		
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 \$ 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		
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 <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page general instructions for more information.	ge I of the	

FORM SA1-2. PAGE 7.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID#
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat 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	tions 17
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	207
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information	Name Marie Censoplano Telephone 91	4-235-8313
	Address <u>4 International Dr Suite 330</u> (Number, street, rural route, apartment, or suite number) <u>Rye Brook, NY 10573</u> (City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
Ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations as explained in the general instructions.)	ons,
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 sin line 1 of space B and that the owner is not a corporation or partnership; or	ystem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained 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)] 	herein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: Daniel J White	

Typed	or printed name: Daniel J White
Title:	SVP Financial Planning (Title of official position held in corporation or partnership)
Date:	8/27/2021

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.

ACCOUNTING PERIOD: 2021/1

FORM SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Nomo
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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	P Special Statement Concerning Gross Receipts
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?	Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 <i>www.copyright.gov/licensing/interest-rate.pdf</i> . 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	
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	ed 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.