# 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						
8/29/2022	\$ 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

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:		
Accounting Period	January 1-June 30, 2022	2		
B	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fe	rrect information beside it. the cable system. If the owner is a sub- ent corporation. iich the owner conducts the business of e accounting period, only the owner on e payment covering the entire accounts	the last day of the accounting period should subm	iit 014203
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM		
	, ,			
			*01	1420320221*
				014203 2022/1
	4 International Dr Suite 330 Rye Brook, NY 10573			
С	, 0		fy the business and operation of the system ur system, if different from the address given in s	
System	1 IDENTIFICATION OF CABLE SYSTEM:	7.5		
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite nu	mber)		
	(City, town, state, zip code)			
D	in FCC rules: "a separate and distinct co	mmunity or municipal entitiy (includ	"community" is the same as a "community un ing unincorporated commuinites within unincor 5(dd). The first community that list will serve as	rporated
Area	of system identification hereafter known	as the "first community." Please us	se it as the first community on all future filings.	
Served	Note: Entities and properties such as ho the identified city.	tels, apartments, condiminiums, or i	mobile home parks should be reported in para	theses below
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First	DEQUEEN	AR		
Community	HORATIO	AR		
	SEVIER COUNTY PORTIONS O	AR		

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.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

	INSTR	RUCTIONS:	
<b>B</b> Owner	corpo In lin If the	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full prate title of the subsidiary, not that of the parent corporation.  e 2, list any other names under which the owner conducts the business of the cable system.  ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DATA
			Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*0147
	2	Vyve Broadband A, LLC  BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	-
	-	BUSINESS NAME(S) OF OWNER OF CABLE STSTEM (IF DIFFERENT):	
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	1
		4 International Dr Suite 330	
		(Number, street, rural route, apartment, or suite number)	
		Rye Brook, NY 10573	
		(City, town, state, zip)	
			_
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
С	names	s already appear in space D. In line 2, give the maining address of the system, if different from the address given in space D.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	-	(	
		(City, town, state, zip code)	1

E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE		
Secondary	Residential:					
Transmission	<ul> <li>Service to first set</li> </ul>		110	25.00		
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>					
scribers and	<ul> <li>FM radio (if separate rate)</li> </ul>					
Rates	Motel, hotel					
	Commercial		18	59.99		
	Converter					
	Residential					
	Non-residential					
			• • • • • • • • • • • • • • • • • • • •			
				!		
		BLO	OCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resi	dential	
	• Pay cable	19.95		<ul> <li>Motel, hotel</li> </ul>		
Services	<ul> <li>Pay cable—add'l channel</li> </ul>			<ul> <li>Commercial</li> </ul>		
Other Than	<ul> <li>Fire protection</li> </ul>			<ul> <li>Pay cable</li> </ul>		
Secondary	<ul> <li>Burglar protection</li> </ul>			• Pay cable-add'	l channel	
Transmissions:	Installation: Residential			• Fire protection		
Rates	<ul> <li>First set</li> </ul>	64.95		Burglar protect	ion	
	<ul> <li>Additional set(s)</li> </ul>		Other	services:		
	<ul> <li>FM radio (if separate rate)</li> </ul>			<ul> <li>Reconnect</li> </ul>		39.95
	Converter			<ul> <li>Disconnect</li> </ul>		
				Outlet relocation	n	20.00
				Move to new a	ddress	39.95

BLOCK 1

<b>M</b> Channels	to its subscribers and (2) the ca     The calculation of the system carried television brown and the calculation of the calculation on which the cable system calculation is subscriberation.	padcast stations	tivated channels, d	uring the accounting period.	t stations  18  152	
N	INDIVIDUAL TO BE CONTACT we can write or call about this s	TED IF FURTHER INFORMATION statement of account.)	ON IS NEEDED: (Id	lentify an individual to whom		
Individual to  Be Contacted						
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313	
	Address	4 International Dr Suite (Number, street, rura		r suite number)		
		Rye Brook, NY 10573 (City, town, state, zip				
	Email (optional)	marie.censoplar		n Fax (optional)	914-234-8363	
O Certifcation	CERTIFICATION (This statement as explained in the general instruction I, the undersigned, hereby certification (Owner other than corporate)	ctions.)	, of the boxes.)			
	•	an corporation or partnership) and that the owner is not a corp		_	he cable system as identified	
	(Officer or partner) I am a in line 1 of space B.	an officer (if a corporation) or a p	partner (if a partnei	ship) of the legal entity identi	fed as owner of the cable syste	m
	I have examined the statement are true, complete, and correct [18 U.S.C., Section 1001(1986)]	to the best of my knowledge, inf				
	1		n oignotur			
			n signature: rinted name:	Daniel J White		
		Title:	SVP Financi (Title of official posi	al Planning ion held in corporation or partne	rship)	
		Date:		02/26/2022		

2. B'cast

	Channel	3. Type of	•
1. Call Sign	Number	Station	6. Location of Station
KETS-Create 12.2	12.2	Е	Little Rock AR
KETS-PBS 12	12	Е	Little Rock AR
KETS-PBS Kids 12.3	12.3	E-M	Little Rock AR
KETS-World 12.4	12.4	E-M	Little Rock AR
KMSS-FOX 33	33	1	SHREVEPORT LA
KPXJ-Antenna TV 21.4	21.4	I-M	MINDEN LA
KPXJ-CW 21	21	1	MINDEN LA
KPXJ-MeTV 21.2	21.2	I-N	MINDEN LA
KPXJ-Start TV 21.3	21.3	I-M	MINDEN LA
KSHV-Escape 45.2	45.2	I-M	SHREVEPORT LA
KSHV-MNT 45 HD	45	1	SHREVEPORT LA
KSHV-Quest 45.3	45.3	I-M	SHREVEPORT LA
KTAL-COZI 6.3	6.3	N-M	TEXARKANA TX
KTAL-LAFF 6.2	6.2	N-M	TEXARKANA TX
KTAL-NBC 6	6	N	TEXARKANA TX
KTBS 3.3 24	3.3	N-M	SHREVEPORT LA
KTBS 3.3	3.2	N-M	SHREVEPORT LA
KTBS-ABC 3	3	N	SHREVEPORT LA

**ACCOUNTING PERIOD: 2022/1** LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 014203 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates 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 SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 110 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 18 59.99 Converter Residential Non-residential 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 F 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	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		
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#

014203

# 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	2. B'CAST	3. TYPE	6. LOCATION OF STATION
SIGN	CHANNEL	OF	
	NUMBER	STATION	
KETS-Create 12.2	12.2	E	Little Rock AR
KETS-PBS 12	12	E	Little Rock AR
KETS-PBS Kids 12.3	12.3	E-M	Little Rock AR
KETS-World 12.4	12.4	E-M	Little Rock AR
KMSS-FOX 33	33	ı	SHREVEPORT LA
KPXJ-Antenna TV 21.4	21.4	I-M	MINDEN LA
KPXJ-CW 21	21	I	MINDEN LA
KPXJ-MeTV 21.2	21.2	I-N	MINDEN LA
KPXJ-Start TV 21.3	21.3	I-M	MINDEN LA
KSHV-Escape 45.2	45.2	I-M	SHREVEPORT LA
KSHV-MNT 45 HD	45	l	SHREVEPORT LA
KSHV-Quest 45.3	45.3	I-M	SHREVEPORT LA
KTAL-COZI 6.3	6.3	N-M	TEXARKANA TX
KTAL-LAFF 6.2	6.2	N-M	TEXARKANA TX
KTAL-NBC 6	6	N	TEXARKANA TX
KTBS 3.3 24	3.3	N-M	SHREVEPORT LA
KTBS 3.3	3.2	N-M	SHREVEPORT LA
KTBS-ABC 3	3	N	SHREVEPORT LA

FORM SA1-2. F	PAGE 4.								
LEGAL NAME O			YSTEM:					SYSTEM ID#	Name
Vyve Broadl	oand A, LLC	<u> </u>						014203	
	t every radio s	tation ca	rried on a separate and discre						Н
Special Instructive receivable if (1) on the basis of For detailed information Column 1: Id Column 2: Secolumn 3: If signal, indicate Column 4: Geolumn 4:	it is carried by monitoring, to prmation about dentify the call tate whether the radio statistis by placing live the station	rning All  / the sys be recei t the the sign of e he statio ion's sign g a check i's location	I-Band FM Carriage: Under Cotem whenever it is received at ved at the headend, with the seach station carried.  In is AM or FM.  In all was electronically processed mark in the "S/D" column.  In on the community to which the the community with which the	Cop t th sys	oyright Office re ne system's heastem's FM ante this point, see p by the cable sy	egulations, an adend, and (2) nna, during copage (v) of the system as a segued by the FCC	FM sign ) it can b ertain sta e genera parate a	al is generally e expected, sted intervals. I instructions.	Primary Transmitters: Radio
CALL CION	AM	C/D	LOCATION OF STATION		CALL CION	AN4 EN4	0/D	LOCATION OF STATION	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	+	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				_					
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1	ı	11	ı		
				<u> </u>	

	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				ļ	SYSTEM ID#
Name	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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?		014203					
Substitute Carriage: Special Statement and Program Log	In General: In space I, identi substitute basis during the ac explanation of the programm  1. SPECIAL STATEMEN  During the accounting per broadcast by a distant state of the programm of the proadcast by a distant state of the proadcast by a light of the proadcast by a under certain FCC rules, reduced to the proadcast by a under certain FCC rules, reduced to the proadcast by a light of the proadcast by a distant state of the proadcast by a light of th	ify every nor cocounting pering that must reconciled, did you tion?  To Rogram To Rogr	nnetwork televis riod, under spec to be included in tining SUBST ir cable system rest of this pag imm on a separa attach addition nnetwork telev ion and that you ir authorization vies" or "baske dcast live, ente	con program broadcast by a crific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute base ge blank. If your answer is te line. Use abbreviations al pages. ision program (substitute ur cable system substitute ur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "	a distant station C rules, regular ender general instruction wherever postered for the program titles, for exposition of the program of the p	etwork televisions authoructions.  etwork television ust complete the saible, if their response during the accordance of a construction of	on program Yes the program meaning is counting nother stati	or a further  ☑ No n
	Column 4: Give the broathe case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the lett to delete under FCC rules a gram was substituted for pr	adcast station adding station and day we "5/7." es when the Example: a ler "R" if the and regulation ogramming	on's location (the ons, if any, the when your system substitute program carrial listed program ons in effect du	ne community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for prograining the accounting period	e station is lice station is ide program. Use cable system :15 p.m. to 6: amming that d; enter the le e under FCC	ntified).  e numerals, wi  but the time  contact	th the mon s accuratel build be as required sted pro illations in	y 1
		2. LIVE?	3. STATION'S		5. MONTH	OCCURRED 6. TIM	1ES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	10	
						_		
						_		
		ļ						
						<u> </u>		

GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see age (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  MPORTANT: You must complete a statement in space P concerning gross receipts.  Gross receipts  Sample of the general instructions.  (Amount of gross receipts)  Complete block 1, block 2, or block 3.	
IROSS RECEIPTS  Structions: The figure you give in this space determines the form you fie and the amount you pay. Enter the total of a narouts (gross receipts) past to your cable system by subscribers for the system's secondary transmission service in an arouts (gross receipts) past to your cable system by subscribers for the system's secondary transmission service grows are provided in the secondary transmission service in the provided of the space of the provided in the secondary transmission service in the provided of the space of the provided in the secondary transmission services or the seco	Name
Security of the security period.  PPRIGHT ROYALTY FEE Tructions: To compute the security fee you owe:  PORTION TO compute the respit fee you owe:  PORTION TO COMPUTE TO compute the respit fee you owe:  PORTION TO COMPUTE TO	
during the accounting period.  PPORTAINT: You must complete a statement in space P concerning gross receipts.  PPRICH ROYALTY FEE Pructions. To compute the royally fee you owe: complete block 1, block 2, or block 3.  se block 1 if the amount of gross receipts in space K is \$137,100 or less see block 2 if the amount of gross receipts in space K is more than \$283,800 but less than or equal to \$283,800  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  statuctions. As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month cocurring period is \$25,00  me 1. Royalty fee for accounting period \$ \$2,00  BLOCK 2: GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137,100)  Base amount under statutory formula \$ \$2,00  BLOCK 2: GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137,100)  Base amount under statutory formula \$ \$2,00  Enter amount of gross receipts from space K \$ \$2,00  Multiply line by .005 (enter figure here)	<b>K</b> ss Receipts
### PVRICHT ROYALTY FEE  PVRICHT ROYALTY FEE  BLOCK 2: Dibox 3.  BLOCK 1: DROSS RECEIPTS OF \$137,100 or less than or equal to \$263,800 see block 1, block 2, or block 3.  BLOCK 1: GROSS RECEIPTS OF \$137,100 or less than or equal to \$263,800 see block 3 ft his amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 see block 3 ft his amount of gross receipts in space K is more than \$137,100 or less than \$527,600 page (10) of the general instructions for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS  structions: As a catale system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month countring period is \$452.00  me 1. Royalty fee for accounting period.  \$ \$52.00  me 2. Interest charge. Enter the amount from line 4, space Q, page 8.  BLOCK 2: GROSS RECEIPTS OF \$283,800 OR LESS (but more than \$137,100)  Base amount under statutory formula.  \$ \$263,800.00  Enter amount of gross receipts from space K.  Subtract line 2 from line 1.  Enter the amount from line 3.  Subtract line 5 from line 4.  Multiply line 6 by .005 (enter figure here).  Interest charge. Enter the amount from line 4, space Q, page 8.  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)  Enter the amount of gross receipts from space K.  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)  Enter the amount of gross receipts from space K.  Base amount under statutory formula  \$ \$263,800.00  Subtract line 2 from line 4.  Multiply line 3 by .01.  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)  FILING FEE AND TOTAL REMITTANCE DUE  1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above).  \$ \$2.00 to the first \$263,800 of gross receipts from space K.  Subtract line 2 from line 4.  Subtract line 2 from line 4.  Subtract line 2 from line 5.  FILING FEE AND TOTAL REMITTANCE DUE	
Provided to the complete block of block 20 or block 3 in space K is \$137,100 or less see block 1 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 see block 3 if the amount of gross receipts in space K is more than \$283,800 but less than \$27,600 page (iii) of the general instructions for more information.    BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month coording period is \$\$2.00 into 1. Royalty fee for accounting period	L opyright yalty Fee
ine 1. Royalty fee for accounting period . \$ 52.00  ine 1. Royalty fee for accounting period . \$ 52.00  ine 2. Interest charge. Enter the amount from line 4, space Q, page 8 . 0.00  BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  Base amount under statutory formula . \$ 263,800.00  Enter amount of gross receipts from space K	
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BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  Base amount under statutory formula \$ 263,800.00  Enter amount of gross receipts from space K.  Subtract line 2 from line 1.  Enter the amount from line 3.  Subtract line 5 from line 4.  Multiply line 6 by .005 (enter figure here).  Interest charge. Enter the amount from line 4, space Q, page 8.  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)  Enter the amount of gross receipts from space K.  Base amount under statutory formula \$ 263,800.00  Enter the amount of gross receipts from space K.  Base amount under statutory formula \$ 263,800.00  Enter the amount of gross receipts from space K.  Base amount under statutory formula \$ 263,800.00  Enter the amount from line 1.  Multiply line 3 by .01  Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$ 1,319.00  Interest charge. Enter the amount from line 4, space Q, page 8.  O.00  FILING FEE AND TOTAL REMITTANCE DUE  1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 52.00  2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
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Subtract line 2 from line 1  Enter the amount of gross receipts from space K  Enter the amount from line 3  Subtract line 5 from line 4  Multiply line 6 by .005 (enter figure here)  Interest charge. Enter the amount from line 4, space Q, page 8  BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)  Enter the amount of gross receipts from space K  Base amount under statutory formula  Subtract line 2 from line 1  Multiply line 3 by .01  Royally due on the first \$263,800 of gross recepits (under statutory formula)  TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8  1,319.00  Interest charge. Enter the amount from line 4, space Q, page 8  0.00  FILING FEE AND TOTAL REMITTANCE DUE  1. Royally Fee Payable for Accounting Period (from block 1, 2, or 3, above)  \$ 52.00  2. Filing Fee (See the instructions for more information on filing fee calculations)  \$ 15.00	
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Enter the amount from line 3  Subtract line 5 from line 4  Multiply line 6 by .005 (enter figure here)  Interest charge. Enter the amount from line 4, space Q, page 8  D.00  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  Base amount under statutory formula  Subtract line 2 from line 1  Multiply line 3 by .01  Royalty due on the first \$263,800 of gross recepits (under statutory formula)  Interest charge. Enter the amount from line 4, space Q, page 8  O.00  TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6  FILING FEE AND TOTAL REMITTANCE DUE  1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)  \$ 52.00  2. Filing Fee (See the instructions for more information on filing fee calculations)  \$ 15.00	
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Multiply line 3 by .01	
Royalty due on the first \$263,800 of gross recepits (under statutory formula)	
Interest charge. Enter the amount from line 4, space Q, page 8	
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1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	
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2. Filing Fee (See the instructions for more information on filing fee calculations)	
2. Filing Fee (See the instructions for more information on filing fee calculations)	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	
EFT Trace # or TRANSACTION ID # Not Available	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Name	Vyve Broadband A, LLC	014203	
	CHANNELS		
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations		
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tations	
Channels	(a to outsort size (2) and sazing systems total name of a size size size size size size size size		
	Enter the total number of channels on which the cable	18	
	system carried television broadcast stations		
	O Feter the total number of activisted shappeds		
	Enter the total number of activated channels     on which the cable system carried television broadcast stations		
	and nonbroadcast services	152	
		1	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom		
IN	we can write or call about this statement of account.)		
Individual to			
Be Contacted			
for Further Information	Name Marie Censoplano Telephone 9	914-235-8313	
Intormation			
	Address 4 International Dr Suite 330		
	(Number, street, rural route, apartment, or suite number)		
	Rye Brook, NY 10573		
ļ	(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,		
0	as explained in the general instructions.)		
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)		
	i, the undersigned, hereby certary that (errosit erro, but erro, or 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 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 identified as owner of the cable system		
	in line 1 of space B.		
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein		
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.		
1	[18 U.S.C., Section 1001(1986)]		
1			
	Handwritten signature: /s/ Daniel J White		
	Typed or printed name: <b>Daniel J White</b>		
	Typed of printed name.		
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)		
	(1,000)		
	Data: 8/22/22		
 	Date: 8/22/22		

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 CABLE SYSTEM: SYSTEM ID#	Namo
Vyve Broadband A, LLC 014203	Ivaille
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."	P Special Statement
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 transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	Concerning Gross Receipts Exclusion
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 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	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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 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.