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

For courier deliveries, see page ii of the general instructions

(202) 707-8150

Α	AC	COUNTING PERIOD COVERED	BY THIS STATEMENT:			
Accounting Period		January 1-June 30, 2022	2			
B Owner	inco rate	rrect information and print or type the co Give the full legal name of the owner of title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the nagle 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 the payment covering the entire accounts.	the last day of the accounting period should submit	it	014368
	LE	GAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM			
		Vyve Broadband A, LLC				
				01	43682	20221
					014368	
					014300	2022/1
		4 International Dr Suite 330				
		Rye Brook, NY 10573				
С				fy the business and operation of the system un system, if different from the address given in s		;
System	1	IDENTIFICATION OF CABLE SYSTEM:	, 5	, ,		
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite nu	mber)			
		(City, town, state, zip code)				
D		·		. "community" is the same as a "community uni ing unincorporated commuinites within unincor		ed
		•	• • • • • • • • • • • • • • • • • • • •	5(dd). The first community that list will serve as	•	
Area	of s	ystem identification hereafter known	as the "first community." Please us	e it as the first community on all future filings.		
Served		 e: Entities and properties such as ho identified city. 	tels, apartments, condiminiums, or i	mobile home parks should be reported in para	theses bel	ow
		CITY OR TOWN	STATE	CITY OR TOWN	ST	ATE
First	ΑT	CHISON	KS			
Community		CHISON COUNTY PORTION	KS			
		ICHANAN COUNTY	KS			
		NCASTER	KS KS			
		WIS & CLARK ESTERN PLATTE	KS KS			
	VVE	SIERNPLATIE	No	-		

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)

Accounting Period COVERED BY THIS STATEMENT:

January 1-June 30, 2022

	INSTR	RUCTIONS:	
B Owner	corpo In line 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. re 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
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 014368	Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*0143
		Vyve Broadband A, LLC	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		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	
С	names	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.	
System		IDENTIFICATION OF CABLE SYSTEM:	
System	1	DENTI DATION OF CABLE STOTEM.	
		MAILING ADDRESS OF CABLE SYSTEM:	
		ANALONG ADDITION OF GRADE DIGITIES.	
	2	(Number, street, rural route, apartment, or suite number)	
	1	(City, town, state, zip code)	Ì

E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		508	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		85	25.00		
	Converter					
	Residential					
	Non-residential					
		BLO	OCK 1	<u> </u>		
_	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resi	dential	
	• Pay cable	19.95		 Motel, hotel 		
Services	 Pay cable—add'l channel 			 Commercial 		
Other Than	Fire protection			 Pay cable 		
Secondary	 Burglar protection 			 Pay cable-add' 	l channel	
Transmissions:	Installation: Residential			• Fire protection		
Rates	• First set	64.95		 Burglar protect 	ion	
	 Additional set(s) 		Other	services:		
	 FM radio (if separate rate) 			 Reconnect 		39.95
	Converter			 Disconnect 		
				Outlet relocation	n	20.00
				Move to new a	ddress	39.95
[

BLOCK 1

M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
		1. Enter the total number of channels on which the cable system carried television broadcast stations									
	Enter the total number of act on which the cable system c	ivated channels arried television broadcast statio	ns		164						
	and nonbroadcast services .										
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can write or call about this s	TED IF FURTHER INFORMATION Statement of account.)	ON IS NEEDED:	(Identify an individual to whom							
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313						
	Address	4 International Dr Suite (Number, street, rura		or suite number)							
		Rye Brook, NY 10573		,							
		(City, town, state, zip)								
	Email (optional)	marie.censoplar	no@vyvebb.co	om Fax (optional) 914-234-8363						
O Certifcation	CERTIFICATION (This statement as explained in the general instruction I, the undersigned, hereby certical (Owner other than corpo	ctions.)	of the boxes.)								
	•	an corporation or partnership) and that the owner is not a corpo		_	the cable system as identified						
	(Officer or partner) I am in line 1 of space B	an officer (if a corporation) or a p	artner (if a partn	ership) of the legal entity identi	ifed as owner of the cable syste	em					
	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. [18 U.S.C., Section 1001(1986)]										
		Handwritter	n signature:								
		Typed or pr	inted name:	Daniel J White							
		Title:		cial Planning sition held in corporation or partne	ership)						
		Date:		2/26/2022							

2. B'cast
Channel 3. Type of

	Channel	3. Type of	•
1. Call Sign	Number	Station	6. Location of Station
KPXE-ION Plus HD 50	50	- 1	KANSAS CITY MO
KPXE-ION Qubo HD 50	50.1	I-M	KANSAS CITY MO
KCPT-Create HD 19.3	19.3	I-M	KANSAS CITY MO
KCPT-PBS 19	19	Е	KANSAS CITY MO
KCPT-PBS Encore 19.2	19.2	E-M	KANSAS CITY MO
KCPT-PBS Kids 19.4	19.4	E-M	KANSAS CITY MO
KCTV-CBS 5	5	N	KANSAS CITY MO
KCTV-Comet 5.2	5.2	I-M	KANSAS CITY MO
KCWE-CW 29	29	1	KANSAS CITY MO
KCWE-Justice 29.2	29.2	I-M	KANSAS CITY MO
KMBC-ABC 9	9	N	KANSAS CITY MO
KMBC-METV HD 9.2	9.2	I-M	KANSAS CITY MO
KMCI-Bounce TV 25.2	25.2	I-M	KANSAS CITY MO
KMCI-CourtTV Mystery			
25.3	25.3	I-M	KANSAS CITY MO
KMCI-CourtTV 38.4	38.4	I-M	KANSAS CITY MO
KMCI-IND 25	25	I-M	KANSAS CITY MO
KPXE-ION 50	50	E-M	KANSAS CITY MO
KSHB-GRIT TV 36.2	36.2	I-M	TOPEKA KS
KSHB-LaffTV HD 36.3	36.3	I-M	TOPEKA KS
KSHB-NBC 36	36	N	TOPEKA KS
KSMO-MNT 62	62	I-M	KANSAS CITY MO
KTWU-Enhance/PBS 11.3	11.3	E-M	KANSAS CITY MO
KTWU-MHz			
Worldview/PBS 11.2	11.2	E-M	TOPEKA KS
KTWU-PBS 11	11	Е	TOPEKA KS

Vyve Broadband A, LLC CITY OR TOWN STATE CITY OR TOWN STATE CITY OR TOWN STATE CITY OR TOWN STATE ON TOWN STATE	Name	LEGAL NAME OF OWNER OF CABLE SY	/STEM:		SYSTEM I 0143
D (continued) Area Served		CITY OF TOWN	STATE	CITY OF TOWN	
Kontinuedo Decembra de la constante de la cons		CITTOR TOWN	SIAIL	CITTOR TOWN	SIAIE
Kontinuedo Decembra de la constante de la cons	D				
Area Served					
Sered					
	Served				

ACCOUNTING PERIOD: 2022/1 FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 014368 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 508 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 85 25.00 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Services 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.

	BLO	CK 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			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	64.95	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	39.95		
Converter		Disconnect			
		Outlet relocation	20.00		
		 Move to new address 	39.95		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 014368 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television 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 identifed. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF STATION NUMBER KCWE-CW 29 29 KANSAS CITY MO **KCWE-Justice 29.2** 29.2 I-M **KANSAS CITY MO** KMBC-ABC 9 9 N **KANSAS CITY MO KMBC-METV HD 9.2** 9.2 I-M **KANSAS CITY MO** KMCI-Bounce TV 25.2 25.2 I-M KANSAS CITY MO KMCI-CourtTV Mystery 25.3 25.3 I-M **KANSAS CITY MO** KMCI-CourtTV 38.4 38.4 I-M KANSAS CITY MO KMCI-IND 25 25 I-M **KANSAS CITY MO KPXE-ION 50** 50 E-M KANSAS CITY MO KSHB-GRIT TV 36.2 **TOPEKA KS** 36.2 I-M **TOPEKA KS** KSHB-LaffTV HD 36.3 I-M 36.3 KSHB-NBC 36 36 Ν **TOPEKA KS** KSMO-MNT 62 62 I-M **KANSAS CITY MO** KTWU-Enhance/PBS 11.3 11.3 E-M **KANSAS CITY MO** KTWU-MHz Worldview/PBS 11.2 11.2 E-M **TOPEKA KS TOPEKA KS** KTWU-PBS 11 11 Ε

FORM SA1-2. F		CARLEC	A/OTEM.					0V0TEM ID#	
Vyve Broadl			TSTEINI.					SYSTEM ID# 014368	Name
								014000	
PRIMARY TRA	NSMITTERS:	RADIO							
			arried on a separate and discr enerally receivable" by your ca						Н
Special Instructive receivable if (1)	ctions Conce	rning All	I-Band FM Carriage: Under 0 tem whenever it is received a	Co at	ppyright Office re the system's hea	egulations, an adend, and (2	FM sign) it can b	al is generally be expected,	Primary Transmitters: Radio
For detailed info Column 1: lo Column 2: S	ormation abou dentify the call state whether t	it the the sign of e the statio	ived at the headend, with the Copyright Office regulations each station carried.	or	n this point, see	page (v) of the	e genera	al instructions.	Radio
			nal was electronically process k mark in the "S/D" column.	50	u by the cable s	ysteili as a se	рагате а	ina discrete	
Column 4: G	Sive the station	n's locati	on (the community to which the community with which the				C or, in t	he case of	
Mexican or Can	iauian stations	s, II ally,	the community with which the	3 8	station is identifie	eu).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
O/ LE OIOI V	7 (IVI OI I IVI	GIB	EGOMMON OF CHATION		O/ LEE CICIT	71111 01 1 111	G/B	EGO/MIGIT OF CITATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Vyve Broadband A, LL	.c						014368
Substitute Carriage:	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the ac explanation of the programm 1. SPECIAL STATEMEN	ify every non ecounting pe ing that mus	network televisa riod, under spec t be included in	ion program broadcast by a cific present and former FC0 this log, see page (v) of the	distant station	itions, or aut		
Special Statement and Program Log	During the accounting perbroadcast by a distant state. Note: If your answer is "Noteg in block 2. LOG OF SUBSTITUTE.	riod, did you tion? ", leave the	r cable system	carry, on a substitute bas	-		Yes	XNo
	In General: List each subsclear. If you need more spacelear. If you need more spacelear spacel	titute progratice, please and ple	am on a separa attach additional nnetwork televition and that your authorizations vies" or "basked deast live, entestation broadcaph's location (thous, if any, the when your system aprogram carrielisted program carrielisted program ons in effect du	al pages. ision program (substitute pur cable system substitute s. See page (v) of the gentball." List specific program "Yes." Otherwise enter "I asting the substitute programe 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 programing the accounting period	program) that ed for the program titles, for extending the station is lice station is ide program. Use cable system 15 p.m. to 6::	, during the gramming or ons for further cample, "I Lowensed by the ntified). The numerals, and its the time that	accounting f another stater information ove Lucy" or e FCC or, in with the mon mes accuratel should be I was required e listed pro	ion th
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		1 1	OCCURRE	E CARRIAGE ED TIMES	7. REASON FOR DELETION
İ		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— TO	
								
							_	
							_	
		<u> </u>						
		+					_	
		L			J L		_	

FORM SA1-2. PAGE 6.			
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	STEM ID# 014368	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all 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 page (vii) of the general instructions.		K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	336.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross		
COPYRIGHT ROYALT	e the royalty fee you owe: Complete block 1, block 2, <i>or</i> block 3.		L Copyright
See page (vi) of the gener	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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 al instructions for more information.		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 this six-month accounting period is \$52.00		
	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 \$137,100)	_	
	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)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00	
	EFT Trace # or TRANSACTION ID # Not Availab	le	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	n.	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Name	Vyve Broadband A, LLC	014368	
	CHANNELS		
М			
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations		
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.		
onaioio	1. Enter the total number of channels on which the cable	40	
	system carried television broadcast stations	18	
	Enter the total number of activated channels		
	on which the cable system carried television broadcast stations	164	
	and nonbroadcast services		
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom		
	we can write or call about this statement of account.)		
Individual to			
Be Contacted			
for Further Information	Name Marie Censoplano Telephone S	914-235-8313	
information			
	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		
	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 Office regulations,		
0	as explained in the general instructions.)		
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 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.		
	[18 U.S.C., Section 1001(1986)]		
	Handwritten signature: /s/ Daniel J White		
	Typed or printed name: Daniel J White		
	Title: SVP Financial Planning		
	(Title of official position held in corporation or partnership)		
	Date: 8/22/22		

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.

	TEM ID# 014368 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 su scribers 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. 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	Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Name Mailing Address	
INTEREST ASSESSMENTS	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymer For an explanation of interest assessment, see page (viii) of the general instructions.	nt. Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
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 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	

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