ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

Period

	INST	RUCTIONS:									
B Owner	Give 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 corporate title of the subsidiary, not that of the parent corporation.										
	In line 2, list any other names under which the owner conducts the business of the cable system.										
	If the	ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit									
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DA								
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Filing Period								
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*01								
		Vyve Broadband J, LLC									
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):									
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:									
		Four International Drive, Suite 330									
		(Number, street, rural route, apartment, or suite number)									
		Rye Brook, NY 10573									
		(City, town, state, zip)	<u> </u>								
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	<u> </u>								
С	name	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	1	IDENTIFICATION OF CABLE SYSTEM:									
		MAILING ADDRESS OF CABLE SYSTEM:									
	2	2504 Westwood Rd (Number, street, rural route, apartment, or suite number)									
	-	Westlake, LA 70669									
	- 1	WESTIANE, LA 10003									

	BLOC						
E		NO. O	F				
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE			
Secondary	Residential:						
Transmission	<ul> <li>Service to first set</li> </ul>	1	,460	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		66	65.99			
	Commercial						
	Converter						
	Residential						
	Non-residential						
			•••••				
		BLOCK 1					
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	ICE	RATE	
F	Continuing Services:		Instal	llation: Non-resid	dential		
	• Pay cable	19.95		<ul> <li>Motel, hotel</li> </ul>		T&M	
Services	<ul> <li>Pay cable—add'l channel</li> </ul>	15.95		<ul> <li>Commercial</li> </ul>		T&M	
Other Than	Fire protection	N/A		<ul> <li>Pay cable</li> </ul>		T&M	
Secondary	<ul> <li>Burglar protection</li> </ul>	N/A		• Pay cable-add'l	channel	T&M	
Transmissions:	Installation: Residential			• Fire protection		N/A	
Rates	• First set	59.99		Burglar protecti	on	N/A	
	Additional set(s)	19.99	Other	r services:			
	<ul> <li>FM radio (if separate rate)</li> </ul>	N/A		<ul> <li>Reconnect</li> </ul>		29.99	
	Converter	-		<ul> <li>Disconnect</li> </ul>		-	
				Outlet relocation	•	29.99	
				Move to new ac	ddress	29.99	
	l						

BLOCK 1

	CHANNELS									
M	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.									
Channels										
	1. Enter the total number of channels on which the cable									
	system carried television bu	oadcast stations								
	2. Enter the total number of ac	ctivated channels								
	on which the cable system	carried television broadcast statio	ons		154					
	and nonbroadcast services				. 154					
N	we can write or call about this	CTED IF FURTHER INFORMATION	ON IS NEEDED: (I	lentify an individual to whom						
Individual to	we can write or can about this	statement of account.)								
Be Contacted	No	Maria Canaanlana		Talantan.	044 024 0242					
for Further Information	Name	Marie Censoplano		Telephone	914-234-8313					
	Address	Four International Drive	e. Suite 330							
		(Number, street, rura		r suite number)						
		Rye Brook, NY 10573								
		(City, town, state, zip	p)							
	Email (optional)			Fax (optional)						
	OFFICIATION (This statement	h . f			detter.					
0	as explained in the general instru	it of account must be certifed and	signed in accorda	nce with Copyright Office regu	llations,					
O Certifcation	· -	tify that (Check one, but only one,	of the hoves )							
Certification	i, the undersigned, hereby cer	thy that (Oncox one, but only one,	, or the boxes.)							
	(Owner other than corn	oration or partnership) I am the	owner of the cable	system as identified in line 1	of anges Pr or					
	(Owner other than corp.	ration of partite ship, rain the	owner or the cable	system as identified in line 1	or space b, or					
	•	nan corporation or partnership)	-	-	the cable system as identified					
	In line 1 of space i	3 and that the owner is not a corpo	oration or partners	nip; or						
	(Officer or partner) I am	an officer (if a corporation) or a p	partner (if a partne	ship) of the legal entity identi	fed as owner of the cable syste	em				
	in line 1 of space I	3.			·					
	. There exemple 100 - 111	A of a company and to control to the	and an analysis of the second	with at all at at any order of fig.						
		it of account and hereby declare ι it to the best of my knowledge, inf								
	[18 U.S.C., Section 1001(1986	•	.cidao.i, and ben	, aa aro mado in good iaiti	••					
	,									
		Handwritter	n signature:							
		Typed or p	rinted name:	Daniel J. White						
		ryped or pr	inited Hallle.	Daniel J. Wille						
		T:41a.	QVD Finer	ial Planning						
		Title:	SVP - Finance (Title of official posi	ion held in corporation or partne	rship)					
			, 2. 3o.a. pool	station of purific	17					
		Date:		02/26/2022						

## 2. B'cast

1. Call Sign	Channel Number	3. Type of Station	6. Location of Station
KVHP 29.2 (ABC)	29.2	N-M	Lake Charles
KSWL (CBS)	17	N	Lake Charles
KVHP 29 (FOX)	29	1	Lake Charles
KLTL 18 (PBS) HD	18	E	Lake Charles
KLTL 18.2 PBS Kids	18.2	E-M	Lake Charles
KLTL 18.3 PBS Create	18.3	E-M	Lake Charles
KWWE-MyNetwork	19.1	I-M	Lake Charles
KVHP 29.3 Circle	29.3	N-M	Lake Charles

### 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	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period	January 1-June 30, 2022									
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM									
		Vyve Broadband J, LLC								
				*0	144712	20221*				
					014471	2022/1				
		Four International Drive, Su Rye Brook, NY 10573	uite 330							
С		, 0		fy the business and operation of the system us system, if different from the address given in s		e				
System	1	IDENTIFICATION OF CABLE SYSTEM:		-,,	<b>F</b>					
	2	MAILING ADDRESS OF CABLE SYSTEM: 2504 Westwood Rd (Number, street, rural route, apartment, or suite nu Westlake, LA 70669 (City, town, state, zp code)								
D	in F	CC rules: "a separate and distinct co	ommunity or municipal entitiy (includ	"community" is the same as a "community ur ing unincorporated commuinites within uninco 5(dd). The first community that list will serve a	rporated	ned				
Area Served	Not		•	e it as the first community on all future filings. mobile home parks should be reported in para	itheses be	low				
		CITY OR TOWN	STATE	CITY OR TOWN	_	ATE				
First Community		quincy	LA LA	Westlake	L	-A				
Community		aruegard Parish Icasieu Parish	LA LA							
	•••••	ss Bluff	LA							
		d Town	LA							
		iton	LA							
				<u> </u>						

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** FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 014471 Vyve Broadband J, 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 1,460 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel 66 65.99 Commercial 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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	Motel, hotel	T&M		
<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	Commercial	T&M		
<ul> <li>Fire protection</li> </ul>	N/A	Pay cable	T&M		
<ul><li>Burglar protection</li></ul>	N/A	<ul> <li>Pay cable-add'l channel</li> </ul>	T&M		
Installation: Residential		Fire protection	N/A		
First set	59.99	Burglar protection	N/A		
<ul> <li>Additional set(s)</li> </ul>	19.99	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>	N/A	Reconnect	29.99		
Converter		Disconnect			
		Outlet relocation	29.99		
		<ul> <li>Move to new address</li> </ul>	29.99		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband J, LLC

SYSTEM ID#

014471

# 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 specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. **Column 2:** Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE  OF  STATION	6. LOCATION OF STATION
KVHP 29.2 (ABC)	29.2	N-M	Lake Charles
KSWL (CBS)	17	N	Lake Charles
KVHP 29 (FOX)	29	I	Lake Charles
KLTL 18 (PBS) HD	18	E	Lake Charles
KLTL 18.2 PBS Kids	18.2	E-M	Lake Charles
KLTL 18.3 PBS Create	18.3	E-M	Lake Charles
KWWE-MyNetwork	19.1	I-M	Lake Charles
KVHP 29.3 Circle	29.3	N-M	Lake Charles

FORM SA1-2. F									·	
LEGAL NAME OF			YSTEM:					SYSTEM ID#	Name	
Vyve Broadl	band J, LLC							014471		
PRIMARY TRA					1 2 18 1				Н	
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.										
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally										
receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,										
	on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.  For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.									
			each station carried.	Oi	r triis point, sec	page (v) or an	c genera	ii iiisti dottoris.		
			n is AM or FM.							
			nal was electronically process  mark in the "S/D" column.	sec	d by the cable sy	ystem as a se	parate a	nd discrete		
			on (the community to which the	he	station is licens	ed by the FC0	C or, in t	he case of		
			the community with which the							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Vyve Broadband J, LL	С						014471
Substitute Carriage: Special	SUBSTITUTE CARRIAGING General: In space I, ident substitute basis during the avexplanation of the programm  1. SPECIAL STATEMEN  • During the accounting per	ify every non ecounting pe ing that mus F CONCER riod, did you	network televisi riod, under spec t be included in NING SUBST	ion program broadcast by a cific present and former FC this log, see page (v) of the TTUTE CARRIAGE	i distant statio C rules, regula e general instri	itions, or autluctions.	horizations. Fo	or a further
Special Statement and Program Log	broadcast by a distant sta  Note: If your answer is "Note log in block 2.  2. LOG OF SUBSTITUT! In General: List each substiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, redonot use general categor "NBA Basketball: 76ers vs.  Column 2: If the programation or Column 3: Give the call Column 4: Give the broatthe case of Mexican or Caracolumn 5: Give the more first. Example: for May 7 gives the more first. Example: for May 7 gives Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	tion?  ", leave the  E PROGRA titute progra ace, please a of every no distant stati gulations, o ries like "mo Bulls." m was broad sign of the s adcast static addian static addian static atth and day we "5/7." es when the Example: a ter "R" if the and regulatic rogramming	ms Im on a separa attach additiona nnetwork televi ion and that you r authorizations vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the of when your sys e substitute pro a program carri listed program ons in effect du	te line. Use abbreviations 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 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	wherever postorogram) that end for the progenal instruction titles, for expension is lice station is ide program. Use cable system 15 p.m. to 6::	ust complete ssible, if thei , during the gramming of ons for furthe (cample, "I Lo ensed by the ntified). e numerals, n. List the tin 28:30 p.m. s your system tter "P" if the	Yes e the program ir meaning is accounting f another state er information ove Lucy" or e FCC or, in with the mon mes accuratel should be it was required e listed pro	ion
	1. TITLE OF PROGRAM	UBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S	WHEN SUBSTITUTE CARRIAGE OCCURRED  5. MONTH 6. TIMES			7. REASON FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM		
_						_	_	

FORM SA1-2. PA	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 014471	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the t all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	service	<b>K</b> Gross Receipts
	during the accounting period.	280,428.00	
		Amount of gross receipts)	
Instructions: T  •  •  •	ROYALTY FEE o 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 \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 the general instructions for more information.	0	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 this six accounting period is \$52.00	-month	
	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		
	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	166.28	
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	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	1,485.28	
	FILING FEE AND TOTAL REMITTANCE DUE	<u>.</u>	
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	1,485.28	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	1,505.28	
	EFT Trace # or TRANSACTION ID #	lot Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mor	re information.	
	1		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Vyve Broadband J, LLC	014471		
	CHANNELO			
N/I	CHANNELS			
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations		
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.			
Onamicis	1. Enter the total number of channels on which the cable			
	system carried television broadcast stations	8		
	2. Enter the total number of activated channels			
	on which the cable system carried television broadcast stations	154		
	and nonbroadcast services	104		
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	Name Marie Censoplano Telephone §	914-234-8313		
Information				
	Address Four International Drive Suite 220			
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)			
	Rye Brook, NY 10573 (City, town, state, zip)			
	Email (optional) Fax (optional			
	CERTIFICATION (This state of the state of th	e		
•	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)			
0				
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			
	Transmitter signature.			
	Typed or printed name: Daniel J. White			
	Title: SVP - Financial Planning  (Title of official position held in corporation or partnership)			
	(Title of official position field in corporation of partitership)			
	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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 014471	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)( lowing sentence:  "In determining the total number of subscribers and the gross amo service of providing secondary transmissions of primary broadcast scribers and amounts collected from subscribers receiving secondary	(1)(A), of the Copyright Act by adding the fol- ounts paid to the cable system for the basic t transmitters, the system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on During the accounting period did the cable system exclude any amounts of made by satellite carriers to satellite dish owners?  X NO	of gross receipts for secondary transmissions	Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted a For an explanation of interest assessment, see page (viii) of the general in		Q
Line 1 Enter the amount of late payment or underpayment	x	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	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	<b>\$</b> -	
* To view the interest rate chart click on www.copyright.gov/licensing/ii contact the Licensing Division at (202) 707-8150 or licensing@loc.go	•	
** This is the decimal equivalent of 1/365, which is the interest assess	ment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account alre list below the owner, address, first community served, ID number, and account alre		
Owner Address		
ID number		
First community served Accounting period		
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