## 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, 202	2						
B	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 AD Vyve Broadband A, LLC	DRESS OF CABLE SYSTEM						
			*0^	1502620221*				
				015026 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:		<u> </u>	<u> </u>				
	MAILING ADDRESS OF CABLE SYSTEM:  2 (Number, street, rural route, apartment, or suite no (City, town, state, zip code)							
D Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Served	,	·	mobile home parks should be reported in para	theses below				
First	CITY OR TOWN  MENA	STATE AR	CITY OR TOWN	STATE				
Community	POLK COUNTY	AR 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

January 1-June 30, 2022

	INSTR	RUCTIONS:	
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 orate 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.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	BARCODE DATA Filing Period
	1		_
	'	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	*015(
	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:	-
	1		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code).	

E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE		
Secondary	Residential:					
Transmission	<ul> <li>Service to first set</li> </ul>		238	25.00		
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>					
scribers and	FM radio (if separate rate)					
Rates	Motel, hotel					
	Commercial		42	65.99		
	Converter					
	Residential					
	Non-residential					
		· I				
		BLO	OCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
F	Continuing Services:		Installation: Non-residential			
	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	Fire protection			<ul> <li>Pay cable</li> </ul>		
Secondary	•Burglar protection			• Pay cable-add	I channel	
Transmissions:	Installation: Residential			• Fire protection		
Rates	First set	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	on	20.00
				Move to new a	ddress	39.95
			i)			

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							
N	INDIVIDUAL TO BE CONTACT we can write or call about this s	TED IF FURTHER INFORMATION statement of account.)	ON IS NEEDED: (10	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 corporation		_	he cable system as identified			
	(Officer or partner) I am in line 1 of space B.	an officer (if a corporation) or a p	partner (if a partner	ship) of the legal entity identi	fed as owner of the cable syste	m		
	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)]							
	ı		a aignatur					
		Handwritter Typed or pr	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'castChannel 3. Type of

	Cilainici	J , pc J.	
1. Call Sign	Number	Station	6. Location of Station
KARK-Escape	211	N	LITTLE ROCK, AR
KARK-Grit	210	N	LITTLE ROCK, AR
KARK-Laff	209	N	LITTLE ROCK, AR
KARK-NBC 4	4	N	LITTLE ROCK, AR
KARZ-Bounce 42.2	42.2	I-M	LITTLE ROCK, AR
KARZ-MNT 42	42	1	LITTLE ROCK, AR
KASN-CW 38	38	ı	PINE BLUFF, AR
KETG-PBS 9	9	1	LITTLE ROCK, AR
KETS-Create 2.2	2.2	E-M	LITTLE ROCK, AR
KETS-PBS 2 HD	2	Е	LITTLE ROCK, AR
KETS-PBS Kids 2.3	2.3	E-M	LITTLE ROCK, AR
KETS-World 2.4	2.4	E-M	LITTLE ROCK, AR
KLRT-Escape 16.2	16.2	I-M	LITTLE ROCK, AR
KLRT-FOX 16	16	I	LITTLE ROCK, AR
KMYA-MeTV 49	49	1	CAMDEN, AR
KVTN-IND 25 HD	25	I	PINE BLUFF, AR

Name	EGAL NAME OF OWNER OF CABLE SYS  Vyve Broadband A, LLC	TEM:		SYSTEM 0150
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
ontinued)				
Area				
Served				
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**ACCOUNTING PERIOD: 2022/1** FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 015026 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 238 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 42 65.99 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 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 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVI	CE R		
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>		Pay cable-add'l channel					
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				
<ul> <li>Converter</li> </ul>		Disconnect					
		Outlet relocation	20.00				
		Move to new address	39.95				

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 015026 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 Primary 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 Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, 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. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL CHANNEL SIGN OF NUMBER STATION KARK-Escape N LITTLE ROCK, AR 211 KARK-Grit 210 Ν LITTLE ROCK, AR KARK-Laff 209 Ν LITTLE ROCK, AR KARK-NBC 4 4 Ν LITTLE ROCK, AR KARZ-Bounce 42.2 42.2 I-M LITTLE ROCK, AR **KARZ-MNT 42** 42 LITTLE ROCK, AR KASN-CW 38 38 ı PINE BLUFF, AR LITTLE ROCK, AR **KETG-PBS 9** 9 2.2 E-M KETS-Create 2.2 LITTLE ROCK, AR KETS-PBS 2 HD 2 Ε LITTLE ROCK, AR KETS-PBS Kids 2.3 2.3 E-M LITTLE ROCK, AR KETS-World 2.4 2.4 E-M LITTLE ROCK, AR KLRT-Escape 16.2 16.2 I-M LITTLE ROCK, AR 16 KLRT-FOX 16 ı LITTLE ROCK, AR KMYA-MeTV 49 49 CAMDEN, AR **KVTN-IND 25 HD** 25 PINE BLUFF, AR

FORM SA1-2. F	PAGE 4.									
LEGAL NAME OI			YSTEM:					SYSTEM ID#	Name	
Vyve Broadl	oand A, LLC	<u> </u>						015026		
In General: Lis	ARY TRANSMITTERS: RADIO  leral: List every radio station carried on a separate and discrete basis and list those FM stations carried on an  d basis whose signals were "generally receivable" by your cable system during the accounting period									
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.  Column 1: Identify the call sign of each station carried.  Column 2: State whether the station is AM or FM.  Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.  Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).									Primary Transmitters: Radio	
			,							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
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	LEGAL NAME OF CLAMED OF	2 4 D.I. E. 03 (0.T						21/2===================================				
Name	Vyve Broadband A, LL		EIVI:					SYSTEM ID#				
	Vyve Broaubanu A, LL							015026				
_	SUBSTITUTE CARRIAGE	: SPECIA	L STATEMEN	NT AND PROGRAM LO								
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC	C rules, regula	ations, or au						
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE											
Special Statement and Program Log	During the accounting per broadcast by a distant stat		r cable system	carry, on a substitute bas	sis, any nonne	etwork telev	vision prograr ☐ <b>Yes</b>	n <b>⊠No</b>				
Frogram Log	<b>Note:</b> If your answer is "No' log in block 2.	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust comple						
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	itute prograce, please; of every no distant stat gulations, o les like "mo Bulls." In was broad sign of the sidcast static adian static th and day re "5/7." es when the Example: a ler "R" if the and regulatic ogramming	am on a separa attach addition: nnetwork televi ion and that your authorization: vies" or "basked dcast live, ente station broadca on's location (the ons, if any, the when your sys a substitute pro a program carri listed program ons in effect du	al pages. ision program (substitute our cable system substitute s. See page (v) of the gen otball." List specific progra r "Yes." Otherwise enter " asting the substitute progra ne community to which the community with which the tem carried the substitute ogram was carried by your ed by a system from 6:01  was substituted for progra uring the accounting period	program) that ed for the program eral instruction m titles, for ex No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	, during the gramming ons for furth cample, "I Lensed by the ntified). e numerals a. List the ti 28:30 p.m. your system tter "P" if the	e accounting of another state information cove Lucy" or the FCC or, in with the moment accurate should be made in the listed pro	ation in. inth				
	S	UBSTITUT	E PROGRAM			JBSTITUTE OCCURRI	E CARRIAGI ED	E 7. REASON				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	FOR DELETION				
							_					
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FORM SA1-	-2. PAGE 6.  LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	SYSTEM ID# 015026	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, spage (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	service	K Gross Receipts
	CHT ROYALTY FEE  Uns: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.		L Copyright
• • • See page (v	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 vi) of the general 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-naccounting period is \$52.00	nonth	
	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)	9.00	
	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		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittan	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
ce Due	2. 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	Available	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Osee page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in the page in		

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Vyve Broadband A, LLC	015026		
	CHANNELS			
М	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.	tationo		
Channels				
	Enter the total number of channels on which the cable	16		
	system carried television broadcast stations			
	2. Enter the total number of activated channels			
	on which the cable system carried television broadcast stations and nonbroadcast services	153		
	and nonbroducest 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	Name Marie Censoplano Telephone §	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)			
	5 7/ 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
	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			
	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)]			
	[			
	Q			
	Handwritten signature: /s/ Daniel J White			
	Typed or printed name: Daniel I White			
	Typed or printed name: Daniel J White			
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)			
	() lue or official position neld 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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	SYSTEM ID# 015026	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 add lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	the basic ot include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruct  During the accounting period did the cable system exclude any amounts of gross receipts for secondary tra made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
X NO  YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions.	nderpayment.	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	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,  space L, (page 7)	est charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assist contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	<b>o</b> ,	
** 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 Clist below the owner, address, first community served, ID number, and accounting period as given in the or		
Owner Address		
ID number  First community served  Accounting period		

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