ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

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 brate 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.	Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	*0207
	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)	_
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	•

E		NO. O	F				
	CATEGORY OF SERVICE	SUBSCRIB	SUBSCRIBERS				
Secondary	Residential:						
Transmission	 Service to first set 		325	25.00			
Service: Sub-	 Service to additional set(s) 						
scribers and	 FM radio (if separate rate) 						
Rates	Motel, hotel						
	Commercial		7	59.99			
	Converter						
	Residential						
	Non-residential						
		•					
		BLO	OCK 1				
_	CATEGORY OF SERVICE	RATE	RATE CATEGORY OF SERVICE				
F	Continuing Services:		Instal	lation: Non-resi			
	• 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		20.00	
				Move to new a	ddress	39.95	
[l						

BLOCK 1

	CHANNELS							
М	Instructions: You must give (1)	the number of channels on wh	nich the cable syste	em carried television broadcas	t stations			
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels								
	Enter the total number of char	nnels on which the cable			17			
	system carried television broa	adcast stations						
	2. Enter the total number of active	vated channels						
	on which the cable system ca	arried television broadcast stati	ons		158			
	and nonbroadcast services							
N	INDIVIDUAL TO BE CONTACT	ED IF FURTHER INFORMATI	ON IS NEEDED: (Identify an individual to whom				
.,	we can write or call about this st	tatement of account.)	•	•				
Individual to								
Be Contacted								
for Further	Name	Marie Censoplano		Telephone	914-235-8313			
Information								
	Address	4 International Dr Suite	e 330 ral route, apartment,	or suite number)				
		Rye Brook, NY 10573	arroato, aparamont,	or care manuscry				
		(City, town, state, z	ip)					
	Email (optional)	marie.censopla	ino@vyvebb.co	m Fax (optional)	914-234-8363			
O Certifcation	(Agent of owner other tha	tions.)	e, of the boxes.) owner of the cable I am the duly aut	e system as identifed in line 1 horized agent of the owner of t	of space B; or			
	in line i oi space b	and that the owner is not a corp	oration or partiters	silp, 0i				
	(Officer or partner) I am a in line 1 of space B.	an officer (if a corporation) or a	partner (if a partne	ership) 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, ir						
		Handwritte	en signature:					
	_	Typed or r	orinted name:	Daniel J White				
		i yped oi p	mineu name.	Damer o Wille				
		Title:	SVP Financ (Title of official pos	ial Planning ition held in corporation or partne	rship)			
		Date:		8/27/2021				

2. B'cast

		Channel	3. Type of	:
1	L. Call Sign	Number	Station	6. Location of Station
k	(LTS-Create 24.3 HD	24.3	E-M	SHREVEPORT LA
k	(LTS-PBS 24	24	Е	SHREVEPORT LA
k	(LTS-PBS Kids 24.2			
S	Shreveport, LA	24.2	E-M	SHREVEPORT LA
k	(MSS-FOX 33	33	l	SHREVEPORT LA
k	(PXJ-Antenna TV 21.4	21.4	I-M	MINDEN LA
k	(PXJ-CW 21	21	1	MINDEN LA
k	(PXJ-MeTV 21.2	21.2	I-M	MINDEN LA
k	(PXJ-Start TV 21.3	21.3	I-M	MINDEN LA
k	(SHV-Escape 45.2	45.2	I-M	SHREVEPORT LA
k	(SHV-MNT 45	45	I	SHREVEPORT LA
k	(SHV-Quest 45.3	45.3	I-M	SHREVEPORT LA
k	(TAL-Cozi 6.3	6.3	N-M	TEXARKANA TX
k	CTAL-Laff 6.2	6.2	N-M	TEXARKANA TX
k	CTAL-NBC 6	6	N	TEXARKANA TX
k	CTBS 3.3 24 Hour News	3.3	N-M	SHREVEPORT LA
k	CTBS-ABC 3	3	N	SHREVEPORT LA
k	CTBS-Weather 3.2	3.2	N-M	SHREVEPORT LA

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, 202	2						
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 ADD	DRESS OF CABLE SYSTEM						
	Tyto Diodabana 14, 220							
			02	2024220221				
				020242 2022/1				
	4 International Dr Suite 330 Rye Brook, NY 10573							
С			ify the business and operation of the system ur system, if different from the address given in s					
System	1 IDENTIFICATION OF CABLE SYSTEM:	5 2, give the maining database of the	oyston, il amotori nom are adaloce given in e					
	MAILING ADDRESS OF CABLE SYSTEM:	:						
	2 (Number, street, rural route, apartment, or suite nu	ımber)						
	(City, town, state, zip code)							
D	in FCC rules: "a separate and distinct co areas and including single, discrete unin	ommunity or municipal entitiy (includ acorporated areas)." 47 C.F.R. 76.9	A "community" is the same as a "community un ding unincorporated commuinites within uninco 5(dd). The first community that list will serve a	rporated				
Area Served		•	se it as the first community on all future filings. mobile home parks should be reported in para	thoses below				
001100	the identified city.							
Finat	CITY OR TOWN New Boston	STATE TX	CITY OR TOWN	STATE				
First Community	Red River Army Depo	TX						
·	MAUD	TX						
	HOOKS	TX						
	DEKALB	TX						
	BOWIE COUNTY	TX						
			H					

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 020242 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 325 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 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 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 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			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband A, LLC

SYSTEM ID#

020242

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
KLTS-Create 24.3 HD	24.3	E-M	SHREVEPORT LA
KLTS-PBS 24	24	Е	SHREVEPORT LA
KLTS-PBS Kids 24.2	24.2	E-M	SHREVEPORT LA
KMSS-FOX 33	33	I	SHREVEPORT LA
KPXJ-Antenna TV 21	21.4	I-M	MINDEN LA
KPXJ-CW 21	21	I	MINDEN LA
KPXJ-MeTV 21.2	21.2	I-M	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	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 Hour Ne	3.3	N-M	SHREVEPORT LA
KTBS-ABC 3	3	N	SHREVEPORT LA
KTBS-Weather 3.2	3.2	N-M	SHREVEPORT LA

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	F OWNER OF		YSTEM:					SYSTEM ID# 020242	Name		
,	,							0202-72			
PRIMARY TRANSMITTERS: RADIO 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. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.											
signal, indicate Column 4: 0	this by placing Give the station	g a check n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which t the community with which the	he	e station is licens	sed by the FC0					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
				=		 					
				-		 					
		 									
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	. = 0.1							
Name	LEGAL NAME OF OWNER OF		EM:				;	SYSTEM ID#
	Vyve Broadband A, LL	<u> </u>						020242
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting per	fy every nonecounting peng that mus	network televish 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	a distant statio C rules, regula e general instr	ations, or au uctions.	thorizations. Fo	or a further
Program Log	Note: If your answer is "No' log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a	PROGRA itute progra ce, please a of every no	MS am on a separa attach additiona nnetwork televi	te line. Use abbreviations al pages. ision program (substitute	wherever pos	ssible, if the	te the progran	
	under certain FCC rules, reDo 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 morfirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	gulations, of the side of the of th	r authorizations vies" or "baske dcast live, ente station broadca on's location (the ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	s. See page (v) of the general stall." List specific program of "Yes." Otherwise enter asting the substitute program community to which the community with which the tem carried the substitute agram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	No." No." am. e station is lice station is lice program. Use cable system :15 p.m. to 6:: amming that id; enter the le	ensed by th ntified). e numerals, n. List the tii 28:30 p.m. your systen tter "P" if th	er information ove Lucy" or se FCC or, in with the mon mes accurated should be a was required e listed pro	th y
			E PROGRAM			OCCURR	E CARRIAGE ED TIMES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			
							=	

DRM SA1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	020242	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	vice	K Gross Receipt
IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amoun	t of gross receipts)	
OPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 Deepage (vi) of the general instructions for more information.		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-more accounting period is \$52.00	nth	
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)		
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)	00	
6. Interest charge. Enter the amount from line 4, space Q, page 8		
	<u>-</u>	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTANCE DUE		
Filing		
the second secon	52.00	
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 A	vailable	
<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inf		

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Vyve Broadband A, LLC	020242		
	CHANNELS			
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations			
IVI	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	idiono		
Channels				
	Enter the total number of channels on which the cable	17		
	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	158		
	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	Name Marie Censoplano Telephone 9	14-235-8313		
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 i of space is 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 1 7 01164			
	Handwritten signature: /s/ Daniel J White			
	Typed or printed name: Daniel J White			
	Typed of printed fiame. Damer o winte			
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)			
	(Title of official position field in corporation of 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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	020242	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 sec	the basic t include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. During the accounting period did the cable system exclude any amounts of gross receipts for secondary trained 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 un For an explanation of interest assessment, see page (viii) of the general instructions.	derpayment.	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 www.copyright.gov/licensing/interest-rate.pdf. For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	3 ,	
** 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 C list below the owner, address, first community served, ID number, and accounting period as given in the ori		
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.