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

(202) 707-8150

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

| Α | ACCOUNTING PERIOD COVER | ED BY THIS STATEMENT: | | | | | | | | |
|----------------------|---|--|---|---------------|--|--|--|--|--|--|
| Accounting Period | January 1-June 30, 20 | 222 | | | | | | | | |
| 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 A, LLC | | | | | | | | | |
| | | | *02 | 2211720221* | | | | | | |
| | | | | 022117 2022/1 | | | | | | |
| | 4 International Dr Suite 3 Rye Brook, NY 10573 | 30 | | | | | | | | |
| 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 | : | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYST (Number, street, rural route, apartment, or sui (City, town, state, zip code) | | | | | | | | | |
| D Area | in FCC rules: "a separate and distinc areas and including single, discrete u | community or municipal entitiy (includ nincorporated areas)." 47 C.F.R. 76.5 | "community" is the same as a "community uring unincorporated communities within uninco (dd). The first community that list will serve a set as the first community on all future filings. | orporated | | | | | | |
| Served | | · | mobile home parks should be reported in para | theses below | | | | | | |
| F *4 | CITY OR TOWN BALLINGER | STATE TX | CITY OR TOWN | STATE | | | | | | |
| First Community | BALLINGER | 1/4 | | | | | | | | |
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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)

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT |
|------------|---|
| Accounting | January 1-June 30, 2022 |
| Period | |

| | INSTR | RUCTIONS: | |
|-------------------|---------------------------|---|----------------------------|
| B Owner | corpo In lin If the | 3 | BARCODE DAT! Filing Period |
| | 1 | LEGAL NAME OF OWNER OF CABLE SYSTEM: | *022: |
| | | 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 | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | 1 | | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | | |
| | - | (Number, street, rural route, apartment, or suite number) | |
| | | City, town, state, zip code). | 1 |

| E | | NO. O | F | | | |
|----------------|--|----------|--------|-------------------------------------|-----------|-------|
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | | |
| Secondary | Residential: | | | | | |
| Transmission | Service to first set | | 73 | 25.00 | | |
| Service: Sub- | Service to additional set(s) | | | | | |
| scribers and | FM radio (if separate rate) | | | | | |
| Rates | Motel, hotel | | | | | |
| | Commercial | | 25 | 59.99 | | |
| | Converter | | | | | |
| | Residential | | | | | |
| | Non-residential | | | | | |
| | | | ••••• | | | |
| | | | | | | |
| | | BLO | OCK 1 | 1 | | |
| _ | CATEGORY OF SERVICE | RATE | CATE | GORY OF SERV | /ICE | RATE |
| F | Continuing Services: | | Instal | llation: 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 | r services: | | |
| | FM radio (if separate rate) | | | Reconnect | | 39.95 |
| | Converter | | | Disconnect | | |
| | | | | Outlet relocation | n | 20.00 |
| | | | | • Move to new a | ddress | 39.95 |
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BLOCK 1

| | CHANNELS | | | | | | | | | | |
|-------------------|--|--|-----------------------------------|---|---------------------------------|---|--|--|--|--|--|
| М | Instructions: You must give (1) | the number of channels on wh | ich 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 | 1. Enter the total number of channels on which the cable | | | | | | | | | | |
| | 4 | | | | | | | | | | |
| | 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 | | 45 | | | | | | |
| | and nonbroadcast services | | | | | | | | | | |
| | | | | | | | | | | | |
| N | INDIVIDUAL TO BE CONTACT | ED IF FURTHER INFORMATI | ON IS NEEDED: (I | dentify 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, apartmont, | or care manipor, | | | | | | | |
| | | (City, town, state, z | ip) | | | | | | | | |
| | | | | | | | | | | | |
| | Email (optional) | marie.censopla | ino@vyvebb.co | m Fax (optional) | 914-234-8363 | | | | | | |
| | | | | | | | | | | | |
| O Certifcation | CERTIFICATION (This statement of as explained in the general instruction of the undersigned, hereby certiform (Owner other than corporate) | tions.) | e, of the boxes.) | | | | | | | | |
| | • • - | n corporation or partnership and that the owner is not a corp | | - | he cable system as identified | | | | | | |
| | (Officer or partner) I am a in line 1 of space B. | n officer (if a corporation) or a | partner (if a partne | ership) of the legal entity identit | 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 printed name: Daniel J White | | | | | | | | | | |
| | | ryped or p | minou name. | -amor o winte | | | | | | | |
| | | Title: | SVP Financ (Title of official pos | ial Planning ition held in corporation or partne | rship) | | | | | | |
| | | Date: | | 02/26/2022 | | | | | | | |

2. B'cast

Channel 3. Type of

| 1. Call Sign | Number | Station | |
|---------------|--------|---------|-----------------------|
| | | | |
| KTAB-TEL 32.2 | 32.2 | N | ABILENE TX |
| KPCB-IND 17 | 17 | N | Synder,TX |
| KRBC-NBC 9 | 9 | N | ABILENE TX |
| KTAB-CBS 32 | 32 | N | SWEETWATER/ABILENE TX |
| KTXS - ABC | 12 | N | SWEETWATER/ABILENE TX |
| KTXS - CW | 12.2 | I-M | SWEETWATER/ABILENE TX |
| KXVA-FOX | 5 | I-M | ABILENE TX |

| Name | Vyve Broadband A, LLC | EM: | | SYSTEM 0221 |
|-----------|-----------------------|-------|--------------|----------------|
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE |
| _ | | | | |
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| ontinued) | | | | |
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ACCOUNTING PERIOD: 2022/1 FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 022117 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 73 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 25 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.

| | 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 | | |
| | | | | | |

FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 022117 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. Television 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-thie-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. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER STATION KTAB-TEL 32.2 **ABILENE TX** 32.2 Ν KPCB-IND 17 17 Ν Synder,TX 9 Ν KRBC-NBC 9 **ABILENE TX** KTAB-CBS 32 32 Ν **SWEETWATER/ABILENE TX** KTXS - ABC 12 Ν **SWEETWATER/ABILENE TX** KTXS - CW SWEETWATER/ABILENE TX 12.2 I-M KXVA-FOX 5 I-M ABILENE TX

| FORM SA1-2. F LEGAL NAME OF Vyve Broadl | F OWNER OF (| | YSTEM: | | | | | SYSTEM ID# 022117 | Name | |
|---|-------------------------------------|-------------------------|---|----|---------------------|----------------|-----|----------------------|------|--|
| , ===== | | | | | | | | VEE 111 | | |
| | t every radio s | tation ca | arried on a separate and disc enerally receivable" by your c | | | | | | н | |
| 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 Column 4: G | this by placing Give the station | g a check n's locati | nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the | he | e station is licens | sed by the FC0 | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | I | 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 A, LL | C | | | | | | 022117 | | | | |
| | SUBSTITUTE CARRIAGE | | | | | | | | | | | |
| Substitute | In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions. | | | | | | | | | | | |
| Carriage: | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | | | |
| Special Statement and | • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program | | | | | | | | | | | |
| Program Log | broadcast by a distant station? | | | | | | | | | | | |
| | broadcast by a distant station? Yes No Note: If your answer is "Yes," you must complete the program | | | | | | | | | | | |
| | log in block 2. | | | | | | | | | | | |
| | 2. LOG OF SUBSTITUTE PROGRAMS | | | | | | | | | | | |
| | In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station | | | | | | | | | | | |
| | under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. | ies like "mo Bulls." | vies" or "baske | tball." List specific program | m titles, for ex | | | | | | | |
| | Column 3: Give the call Column 4: Give the broad | sign of the s dcast statio | station broadca on's location (th | r "Yes." Otherwise enter "I asting the substitute progra ne community to which the | am. e station is lic | | FCC or, in | | | | | |
| | first. Example: for May 7 giv | ith and day ∕e "5/7." | when your sys | tem carried the substitute | program. Us | e numerals, w | | | | | | |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | | | | | | | | | | | |
| | to delete under FCC rules a gram was substituted for pr effect on October 19, 1976. | ind regulation | ons in effect du | | d; enter the le | tter "P" if the I | isted pro | 1 | | | | |
| | 9 | CARRIAGE | 7. REASON | | | | | | | | | |
| | SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S | | | | | OCCURRED 6. TII FROM — | MES | FOR DELETION | | | | |
| | | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — | 10 | | | | | |
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| FORM S | SA1-2. PAGE 6. | 0.407514 10.41 | | |
|---|--|----------------------------|----------------------------|--|
| | LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC | SYSTEM ID# 022117 | Name | |
| | GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter th all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissic (as identified in space E) during the accounting period. For a further explanation of how to compute this amou page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. | on service | K Gross Receipts | |
| | IMPORTANT: You must complete a statement in space P concerning gross receipts. | (Amount of gross receipts) | | |
| COPYRIGHT 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 See page (vi) of the general instructions for more information. 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 | | |
| İ | 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) | | | |
| Ī | 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 | | | |
| | ··· · · · · · · · · · · · · · · · · · | 1 210 00 | | |
| | | 1,319.00 | | |
| | 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 | | | |
| FILING FEE AND TOTAL REMITTANCE DUE | | | | |
| Filing | | | | |
| Fee and Total | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | \$ 52.00 | | |
| Remit tance | 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 | | |
| İ | EFT Trace # or TRANSACTION ID # | Not Available | | |
| | See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for r | nore information. | | |

| Nama | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | |
|---------------|---|-------------|--|--|--|
| Name | Vyve Broadband A, LLC | 022117 | | | |
| | CHANNELS | | | | |
| М | CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations | | | | |
| 141 | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | ations | | | |
| Channels | to its subscribers and (2) the cable systems total number of activated charmers, during the accounting period. | | | | |
| | Enter the total number of channels on which the cable | 4 | | | |
| | system carried television broadcast stations | • | | | |
| | | | | | |
| | 2. Enter the total number of activated channels | | | | |
| | on which the cable system carried television broadcast stations | 45 | | | |
| | and nonbroadcast services | | | | |
| | | | | | |
| N | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom | | | | |
| Individual to | we can write or call about this statement of account.) | | | | |
| 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) | | | | |
| | | | | | |
| | 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 identified 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 | | | | |
| | ryped of printed fiame. Danier 3 Write | | | | |
| | | | | | |
| | 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 | 022117 | 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 addir lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. | ne basic include sub- | P Special Statement |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below | | |
| Name Mailing Address 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 und For an explanation of interest assessment, see page (viii) of the general instructions. | erpayment. | 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 | 00274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, | | |
| space L, (page 7) | t charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistation contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | o , | |
| ** 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 Off list below the owner, address, first community served, ID number, and accounting period as given in the orig | | |
| 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 suffciency of the fling, a determination that would be made by a court of law.