A ACC	OUNTING PERIOD COVERED BY THIS STATE	
		MENT:
Accounting	January 1-June 30, 2022	
Period		

	INSTR	UCTIONS:	
B Owner		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.	
	In line	e 2, list any other names under which the owner conducts the business of the cable system.	
	If the	re were different owners during the accounting period, only the owner on the last day of the accounting period should submit	
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE 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:	*0024
		Vyve Broadband J, LLC	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		Four International Drive, Suite 330	
		(Number, street, rural route, apartment, or suite number)	
		Rye Brook, NY 10573	
		(City, town, state, zip)	_
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	-	2504 Westwood Rd	
	2	(Number, street, rural route, apartment, or suite number)	
		Westlake, LA 70669	
		(City, town, state, zip code)	_

	BLOO	CK 1				
E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		172	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		22	65.99		
	Converter					
	Residential					
	Non-residential					
		BLO	DCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resi	dential	
	• Pay cable	19.95		Motel, hotel		Т&М
Services	 Pay cable—add'l channel 	15.95		Commercial		T&N
Other Than	Fire protection	N/A		 Pay cable 		т&N
Secondary	 Burglar protection 	N/A		Pay cable-add	'l channel	т&л
Transmissions:	Installation: Residential			Fire protection		N//
Rates	First set	59.99		Burglar protect	tion	N//
	 Additional set(s) 	19.99	Other	services:		
	 FM radio (if separate rate) 	N/A		 Reconnect 		29.9
	Converter	-		 Disconnect 		-
				Outlet relocation	on	29.9
				 Move to new a 	ddress	29.9
			Ì			l l

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								
	on which the cable system	carried television broadcast static			. 66				
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can write or call about this	CTED IF FURTHER INFORMATIC statement of account.)	DN IS NEEDED : (Identify an indivi	idual to whom					
for Further	Name	Marie Censoplano		Telephone	914-234-8313				
Information	Address	Four International Drive (Number, street, rura	e, Suite 330 I route, apartment, or suite number)						
		Rye Brook, NY 10573 (City, town, state, zip)						
	Email (optional) Fax (optional)								
O Certifcation	as explained in the general instr	nt of account must be certifed and uctions.) rtify that (Check one, but only one		ight Offce regu	ulations,				
	(Owner other than corp	oration or partnership) I am the	owner of the cable system as ide	ntifed 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)] 								
		Handwritter Typed or pr	n signature: inted name: Daniel J. V	Vhite					
		Title:	SVP - Financial Planning (Title of official position held in corpo		ership)				
		Date:		02/26/2022					

	2. B'cast		
	Channel	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
KADN 15 (FOX)	15	I	Lafayette
KADN 15 (FOX) HD	15.1	I	Lafayette
KADN 15.2 (KLAF) (NBC))	15.2	I-M	Lafayette
KADN 15.3 (KLAF) (NBC)) HD	15.3	I-M	Lafayette
KLFY 10 (CBS)	10	Ν	Lafayette
KLFY-HD 10 (CBS)	10.1	Ν	Lafayette
KLTL 18 (PBS)	18	Е	Lake Charles
KLTL-HD 18 (PBS)	18.1	Е	Lake Charles
KLTL-PBS Create 18.3	18.3	E-M	Lake Charles
KLTL-PBS Kids 18.2	18.2	E-M	Lake Charles
KLWB MeTV	50	I	Lafayette

- х
- х
- x
- x
- x
- x
- х
- x
- x
- x
- x

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

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ (202) 707-8150 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER 8/29/2022 For courier deliveries, see page ii of the general instructions

	Instructions: Your file has been establishe										
в				January 1-June 30, 2022							
	rate title of the subsidiary, not that of the pa List any other name or names under w If there were different owners during the a single statement of account and royalty f	orrect information beside it. of the cable system. If the owner is a sarent corporation. which the owner conducts the business he accounting period, only the owner of the payment covering the entire account	on the last day of the accounting period should su								
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM									
	Vyve Broadband J, LLC										
			*	0024162022							
				002416 2022							
	Four International Drive, S	uite 330									
	Rye Brook, NY 10573										
-	, 0		ntify the business and operation of the system e system, if different from the address given in								
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	MAILING ADDRESS OF CABLE SYSTEM 2504 Westwood Rd (Number, street, rural route, apartment, or suite n Westlake, LA 70669 (City, town, state, zip code)										
D	in FCC rules: "a separate and distinct c	community or municipal entitiy (inclu	A "community" is the same as a "community iding unincorporated communites within unin 5.5(dd). The first community that list will serve	corporated							
Area Served	of system identification hereafter knowr	n as the "first community." Please u	use it as the first community on all future filing r mobile home parks should be reported in pa	js.							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE							
	Lake Arthur	LA LA									
r	Geuydan Roanoke										
	Welsh										
		•••									

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:									
Name	Vyve Broadband J, LLC										00241
Е	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRIBI	ERS AND RA	TES						
	In General: The information in s	•		U							
0	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary Transmission							e tho	se exist	ing on the		
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). 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 disc	· ·	,		iy stanua		/15 V	num a þ	articular i	ale	
	0,1				ies of sec	condary transn	nissi	on servi	e that cal	ble	
	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										
						•		•		tial	
	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										
	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.										
	BLC	DCK 1						BLOCK		~-	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SI		CE	NO. SUBSCI		RAT
	Residential:	SUBSCRIB	ENG		CAI				300301	NIDENS	
	Service to first set		172	25.00							
	Service to additional set(s)		1/2	25.00							
	()										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		22	65.99							
	Converter										
	 Residential 										
	Non-residential										
	Non-residential		NEMISEI								
						Il your cable s	yste	m's serv	ices that v	were	
F	Non-residential SERVICES OTHER THAN SEC	te (not subscrib	ber) inforn	nation with res	spect to a					were	
F	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ration of covered in space E, that is, the service for a single fee. There are	te (not subscrif hose services re two exceptio	ber) inforn that are n ons: you d	nation with res ot offered in c o not need to	spect to a combination give rate	on with any se information co	cono	dary tran ming (1)	smission services	were	
Services	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ration to covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services	te (not subscril hose services re two exceptio or facilities fur	ber) inforn that are n ons: you do nished to	nation with res ot offered in c o not need to nonsubscribe	spect to a combination give rate rs. Rate in	on with any se information co nformation sho	con once ould	lary tran rning (1) include l	smission services ooth the		
Services Other Than	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ration to covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urity of the service of	te (not subscril hose services re two exceptio or facilities furn hit in which it is	ber) inforn that are n ons: you do nished to	nation with res ot offered in c o not need to nonsubscribe	spect to a combination give rate rs. Rate in	on with any se information co nformation sho	con once ould	lary tran rning (1) include l	smission services ooth the		
Services Other Than Secondary	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ration to covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the ure enter only the letters "PP" in the	te (not subscrit hose services re two exceptio or facilities furn hit in which it is rate column.	ber) inforn that are n ons: you do nished to usually b	nation with res ot offered in c o not need to nonsubscribe lled. If any ra	spect to a combination give rate rs. Rate in tes are ch	on with any se information co nformation sho narged on a va	conce once ould ariab	lary tran rning (1) include l le per-pr	smission services ooth the		
Services Other Than Secondary	Non-residential SERVICES OTHER THAN SEC In General: Space F calls for ration to covered in space E, that is, the service for a single fee. There are furnished at cost or (2) services amount of the charge and the urity of the service of	te (not subscril hose services re two exceptio or facilities furn hit in which it is rate column. te charged by t	ber) inform that are n ons: you do nished to usually b the cable s	ation with res ot offered in c o not need to nonsubscribe lled. If any ra	spect to a combination give rate rs. Rate in tes are ch ch of the	on with any se information co nformation sho narged on a va applicable ser	conce once ould ariab	dary tran rning (1) include l le per-pr s listed.	smission services ooth the ogram ba		
Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SEC(In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a service is a service is a service is a service in the service in block 1 and for which a service in block 1 and for which a service in the service in block 1 and for which a service in the service in block 1 and for which a service in the service in block 1 and for which a service in the serv	te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sy separate charge	ber) inform that are n ons: you do nished to usually b the cable s stem furni ge was ma	ation with res ot offered in c o not need to nonsubscribe lled. If any ra system for ea shed or offere de or establis	spect to a combination give rate rs. Rate in tes are ch ch of the ed during	on with any see information con nformation sho narged on a va applicable ser the accounting	vice: g pe	dary tran rning (1) include l le per-pr s listed. riod that	smission services ooth the ogram ba were not	sis,	
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Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SEC(In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sy separate charge btion and includ BLO	ber) inform that are n nrs: you do nished to usually b the cable s stem furni ge was ma de the rate CK 1	ation with res ot offered in co o not need to nonsubscribe lled. If any ra system for ea shed or offere de or establis for each.	spect to a combination give rate rs. Rate in tes are ch ch of the ed during shed. List	on with any se information co nformation sho narged on a va applicable ser the accounting these other so	conce once ould ariab vice: g pe ervic	dary tran rning (1) include l le per-pr s listed. riod that es in the	smission services ooth the ogram ba were not form of a BLO	sis, I	
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Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SECU In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a si brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Fire protection	te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sy separate charge otion and includ <u>BLO0</u> <u>RATE</u> 19.95 15.95 N/A	ber) inform that are n ons: you do nished to usually b the cables stem furni ge was ma de the rate CK 1 CATEGC Installati • Motel • Comm • Pay c	ation with res ot offered in c o not need to nonsubscribe lled. If any ra system for ea- shed or offere de or establis for each. <u>RY OF SERV</u> on: Non-resi , hotel nercial able	spect to a combination give rate rs. Rate in tes are ch ch of the ed during shed. List /ICE dential	on with any see information con normation sho harged on a va applicable ser the accounting these other so RATE T&M T&M T&M	conce once ould ariab vice: g pe ervic	dary tran rning (1) include l le per-pr s listed. riod that es in the	smission services ooth the ogram ba were not form of a BLO	sis, I	RAT
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Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SECU In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a si brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Fire protection	te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sy separate charge otion and includ <u>BLO0</u> <u>RATE</u> 19.95 15.95 N/A	ber) inform that are n ons: you do nished to usually b the cable s stem furni ge was ma de the rate CK 1 CATEGC Installati • Comr • Pay c	ation with res ot offered in c o not need to nonsubscribe lled. If any ra system for ea- shed or offere de or establis for each. <u>RY OF SERV</u> on: Non-resi , hotel nercial able	spect to a combination give rate rs. Rate in tes are ch ch of the ed during shed. List /ICE dential	on with any see information con normation sho harged on a va applicable ser the accounting these other so RATE T&M T&M T&M	conce once ould ariab vice: g pe ervic	dary tran rning (1) include l le per-pr s listed. riod that es in the	smission services ooth the ogram ba were not form of a BLO	sis, I	RAT
Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SECU In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a si brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Fire protection Burglar protection	te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sy separate charge otion and includ <u>BLO0</u> <u>RATE</u> 19.95 15.95 N/A	ber) inform that are n ns: you do nished to usually b the cable s stem furni ge was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Fire p	ation with res ot offered in co o not need to nonsubscribe lled. If any ra system for ea- shed or offered de or establis for each. RY OF SERV on: Non-resi , hotel nercial able-add'l cha	spect to a combination give rate rs. Rate in tes are ch ch of the ed during shed. List /ICE dential	on with any see information conformation sho harged on a var applicable ser the accounting these other set RATE T&M T&M T&M	conce once ould ariab vice: g pe ervic	dary tran rning (1) include l le per-pr s listed. riod that es in the	smission services ooth the ogram ba were not form of a BLO	sis, I	RAT
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Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SEC(In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable Pay cable Fire protection Installation: Residential First set Additional set(s)	te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sy separate charg tion and includ BLOO RATE 19.95 15.95 N/A N/A 59.99 19.99	ber) inform that are n ons: you do nished to usually b the cables stem furni ge was ma de the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Fire p • Burgl Other se	action with resolved offered in consubscribe led. If any ransverte of offered in consubscribe led. If any ransverte of one offered system for each shed or offered de or establistic for each. <u>RY OF SERV</u> on: Non-resi able able-add'I char rotection ar protection rvices: nnect	spect to a combination give rate rs. Rate in tes are ch ch of the ed during shed. List /ICE dential	on with any see information conformation sho harged on a var applicable ser the accounting these other set RATE T&M T&M T&M N/A N/A	conce once ould ariab vice: g pe ervic	dary tran rning (1) include l le per-pr s listed. riod that es in the	smission services ooth the ogram ba were not form of a BLO	sis, I	RAT
Services Other Than Secondary ransmissions:	Non-residential SERVICES OTHER THAN SEC(In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: Pay cable Pay cable—add'I channel Fire protection Installation: Residential First set Additional set(s) FM radio (if separate rate)	te (not subscrit chose services re two exceptio or facilities furn hit in which it is rate column. te charged by t t your cable sy separate charg tion and includ BLOO RATE 19.95 15.95 N/A N/A 59.99 19.99	ber) inform that are n ons: you do nished to usually b the cables stem furning was main the the rate CK 1 CATEGC Installati • Motel • Comr • Pay c • Fire p • Burgl Other se • Disco	action with resolved offered in consubscribe led. If any ransverte of offered in consubscribe led. If any ransverte of one offered system for each shed or offered de or establistic for each. <u>RY OF SERV</u> on: Non-resi able able-add'I char rotection ar protection rvices: nnect	spect to a combination give rate rs. Rate in tes are ch ch of the ed during shed. List /ICE dential	on with any see information conformation sho harged on a var applicable ser the accounting these other set RATE T&M T&M T&M N/A N/A	conce once ould ariab vice: g pe ervic	dary tran rning (1) include l le per-pr s listed. riod that es in the	smission services ooth the ogram ba were not form of a BLO	sis, I	RAT

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vvve Broadband J. 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 identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER STATION 15 Lafayette KADN 15 (FOX) T 15.1 Т Lafayette KADN 15 (FOX) HD 15.2 I-M Lafayette KADN 15.2 (KLAF) (NBC)) 15.3 I-M Lafayette KADN 15.3 (KLAF) (NBC)) HD 10 Ν Lafayette KLFY 10 (CBS) 10.1 Ν Lafavette KLFY-HD 10 (CBS) 18 Ε Lake Charles KLTL 18 (PBS) Е Lake Charles KLTL-HD 18 (PBS) 18.1 18.3 E-M Lake Charles KLTL-PBS Create 18.3 KLTL-PBS Kids 18.2 18.2 E-M Lake Charles 50 L Lafayette KL<mark>WB MeTV</mark>

ACCOUNTING PERIOD: 2022/1

EGAL NAME OF	FOWNER OF (YSTEM:				SYSTEM ID#	Name
yve Broadk	oand J, LLC)					002416	
General: List l-band basis w pecial Instruct ceivable if (1) in the basis of the per detailed info Column 1: lo Column 2: S Column 3: lf	whose signals it is carried by monitoring, to prmation about lentify the call tate whether to the radio stat	tation ca were "ge rning All y the sys be recei t the the sign of e the statio ion's sign	Arried on a separate and discre enerally receivable" by your cal I-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s Copyright Office regulations of each station carried. on is AM or FM. nal was electronically processor (mark in the "S/D" column.	ble system during opyright Office re the system's hea system's FM ante on this point, see	the accounting gulations, an adend, and (2) nna, during ce page (v) of the	ng perio FM sign) it can t ertain sta e genera	d. al is generally pe expected, ated intervals. al instructions.	H Primary Transmitter Radio
Column 4: G	live the statior	n's locati	on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2.2				2,0		
							·	
							l	

FORM SA1-2. PAGE 5.

	1							1 SA1-2. PAGE 5.		
Name	LEGAL NAME OF OWNER OF O		EM:				:	SYSTEM ID# 002416		
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG 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:	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special	During the accounting peri				is, any nonne	etwork televis	ion program			
Statement and Program Log	broadcast by a distant stati							ХNо		
0 0	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is	"Yes," you m	ust complete	the program	ı		
	2. LOG OF SUBSTITUTE									
	period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3 : Give the call s	ce, please a of every no distant stat gulations, o es like "mo Bulls." n was broad sign of the s	attach addition nnetwork telev ion and that yo r authorization vies" or "baske dcast live, ente station broadca	al pages. ision program (substitute p ur cable system substitute s. See page (v) of the gene	orogram) that d for the prog eral instructic n titles, for ex No." um.	, during the a gramming of a ons for further cample, "I Lov	ccounting another stat information ve Lucy" or			
	the case of Mexican or Cana	adian statio	ns, if any, the	community with which the	station is ide	ntified).				
	Column 5: Give the mon	th and day		tem carried the substitute			ith the mon	th		
		es when the		gram was carried by your				у		
	to the nearest five minutes.							·		
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that	your system \	vas required	1		
	to delete under FCC rules a	nd regulation	ons in effect du	iring the accounting period	; enter the le	tter "P" if the	listed pro			
	gram was substituted for pro effect on October 19, 1976.	ogramming	that your syste	em was permitted to delete	under FCC	rules and reg	ulations in			
					Π					
	S	UBSTITUT	E PROGRAM			IBSTITUTE (OCCURREE		7. REASON		
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TI		FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то			
						—				
						_				
						_				
						_				
						_				
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FORM SA1-2. F	AGE 6.		-
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 002416	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, s page (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
		induit of groce receiptor	
Instructions:	ROYALTY FEE 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 f 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- accounting period is \$52.00	month	
	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 \$ 263,800.00		
	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) \$ 1,3	19.00	
	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 Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
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 #	ot Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	e information.	

	-	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 002416
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tions
	1. Enter the total number of channels on which the cable system carried television broadcast stations	11
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	66
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information	Name Marie Censoplano Telephone 91	4-234-8313
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) Fax (optional	
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulational explained in the general instructions.)	ins,
Certification	 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 in line 1 of space B and that the owner is not a corporation or partnership; or	stem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	r of the cable system
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained lare 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)] 	herein
	Handwritten signature: /s/ Daniel J. White	
	Typed or printed name: Daniel J. White	
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)	
	Date: 8/22/22	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2022/1

F	ORM	SA1-2.	PAGE 8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name		
Vyve Broadband J, LLC 002416	Name		
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?			
YES. Enter the total here and list the satellite carrier(s) below			
Name Name Mailing Address Mailing Address			
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.			
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 - x			
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,			
space L, (page 7)			
(interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.			
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.			
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.			
Owner Address			
ID number First community served Accounting period			

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.