	ACCOUNTING PERIOD: 2022/1	(for header)
Α	ACCOUNTING PERIOD COVI	RED BY THIS STATEMENT:
Accounting	January 1-June 30,	2022
Period		

corpo In line If ther	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 rate 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 le statement of account and royalty fee payment covering the entire accounting period.					
In line If ther	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.					
	le statement of account and royalty fee payment covering the entire accounting period.					
a sing						
		BARCODE DAT				
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 028743	Filing Period				
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*028				
	Vyve Broadband J, LLC					
2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):					
3	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	-				
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.					
1	IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEM:					
2	2804B FM 51 South					
Ζ						
	2 3 INSTRI names	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) INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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. 1 IDENTIFICATION OF CABLE SYSTEM: 1 IMAILING ADDRESS OF CABLE SYSTEM:				

	BLOO	CK 1					
E		NO. O	F				
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE				
Secondary	Residential:						
Transmission	 Service to first set 	Tornac	lo 25.00				
Service: Sub-	 Service to additional set(s) 						
scribers and	 FM radio (if separate rate) 						
Rates	Motel, hotel						
	Commercial		- 68.99				
	Converter						
	Residential						
	Non-residential						
	BLOCK 1						
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE			
F	Continuing Services:		Installation: Non-residential				
	Pay cable	19.95	Motel, hotel	T&			
Services	 Pay cable—add'l channel 	15.95	Commercial	T&			
Other Than	Fire protection	N/A	Pay cable	Т&			
Secondary	 Burglar protection 	N/A	 Pay cable-add'l channel 	Т&			
Fransmissions:	Installation: Residential		Fire protection	N/			
Rates	First set	59.99	 Burglar protection 	N/			
	 Additional set(s) 	19.99	Other services:				
	 FM radio (if separate rate) 	N/A	Reconnect	29.9			
	Converter	-	Disconnect	-			
			 Outlet relocation 	29.9			
			 Move to new address 	29.9			

M Channels	CHANNELS Instructions: You must give (to its subscribers and (2) the of 1. Enter the total number of ch system carried television b 2. Enter the total number of ac	st stations								
	on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to Be Contacted										
for Further Information	Name	Marie Censoplano		Telephone	914-234-8313					
mornation	Address									
		Rye Brook, NY 10573 (City, town, state, zij)							
	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 an in line 1 of space I	n an officer (if a corporation) or a p B.	partner (if a partnership) of the leg	al entity identi	fed as owner of the cable system					
	 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: 									
			inted name: Daniel J. V	Vhite						
		Title:	SVP - Financial Planning (Title of official position held in corpo	<u> </u>	rship)					
		Date:		02/26/2022						

	2. B'cast		
	Channel	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
KAZD 55 (Azteca)	55	N	Lake Dallas, TX
KDAF 33 (CW)	33	I.	Dallas, TX
KDFI 27 (MyNet)	27	I.	Dallas, TX
KDFW 4 (FOX)	4	I.	Dallas, TX
KDTN 2 (Daystar)	2	I.	Denton, TX
KDTX-TBN 45	45	I.	Dallas, TX
KERA 13 (PBS)	13	E	Dallas, TX
KTVT 11 (CBS)	11	Ν	Dallas, TX
КТХА 21	21	I.	Dallas, TX
KTXD 47 (IND)	47	I	Dallas, TX
WFAA (ABC)	8	Ν	Dallas, TX

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 8/29/2022 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT	1						
Accounting Period	January 1-June 30, 2022									
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 02874									
	LE	GAL NAME OF OWNER/MAILING A	DRESS OF CABLE SYSTEM							
		Vyve Broadband J, LLC								
					*()287432022				
						028743 202				
		Four International Drive S	wite 220							
	Four International Drive, Suite 330 Rye Brook, NY 10573									
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	A:							
	2804B FM 51 South 2 (Number, street, rural route, apartment, or suite number)									
	Decatur TX 76234									
		(City, town, state, zip code)								
_	Ins	tructions: List each separate comn	nunity served by the cable sys	tem. A "communi	ty" is the same as a "community u	unit" as defined				
D	in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated									
	areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form									
Area	of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.									
		CITY OR TOWN	STATE	Π	CITY OR TOWN	STATE				
First	Ja	cksboro	ТХ	Note th	at Tornado destroyed					
Community	Br	yson	ТХ		no subs 6/30/22					
	Gr	aford	ТХ							
	Po	ssum Kingdom Lake	ТХ							
	-									
-		tion 111 of title 17 of the United States Code your statement of account. PII is any person								
in order to pro		sal statement of account. I in a any person	a							

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					513				
Name	Vyve Broadband J, LLC							02874			
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS AND RA	TES							
E	In General: The information in s	•	Ũ								
Secondary	system, that is, the retransmissi										
Secondary Fransmission	about other services (including particular about other services (including particular about the second particular					those exis	ung on the				
Service: Sub-	Number of Subscribers: Both	·			,	ble system	n, broken				
scribers and	down by categories of secondar	•	•		•						
Rates	each category by counting the n				•		charged				
	separately for the particular servert Rate: Give the standard rate of						ge and the				
	unit in which it is generally billed	-					-				
	category, but do not include disc	· ·	,								
	Block 1: In the left-hand block	•	v		•						
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity		-		-						
	subscriber who pays extra for ca				•••	•					
	first set" and would be counted of										
	Block 2: If your cable system				service that are	e different	from those				
	printed in block 1 (for example, t				,	,,	, 0				
	with the number of subscribers a	and rates, in the	eright-hand block. A tv	vo- or thre	e-word descript	ion of the s	service is				
	sufficient.	DCK 1				BLOC	(2				
		NO. OF				2200	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	ERS RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT			
	Residential:										
	 Service to first set 	Tornado	25.00								
	 Service to additional set(s) 										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		68.99								
	Converter										
	Residential										
	 Non-residential 										
		<u> </u>	<u> </u>	<u> </u>			Į	•			
	SERVICES OTHER THAN SEC			-							
_	In General: Space F calls for ra	ie (not subscrit	Jer) information with re								
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										
F			that are not offered in	combinatio	on with any sec	ondary trai	nsmission				
F Services		re two exceptio	that are not offered in ns: you do not need to	combinatio	on with any sec information cor	ondary trai icerning (1	nsmission) services				
-	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un	re two exceptio or facilities furr nit in which it is	that are not offered in ins: you do not need to nished to nonsubscribe	combinatio give rate ers. Rate ir	on with any sec information cor nformation shou	ondary trai icerning (1 ild include	nsmission) services both the				
Services Other Than Secondary	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the	re two exceptio or facilities furr nit in which it is rate column.	that are not offered in ons: you do not need to nished to nonsubscribe usually billed. If any ra	combinatio give rate ers. Rate ir ates are ch	on with any sec information cor nformation shou narged on a var	ondary tran icerning (1 ild include iable per-p	nsmission) services both the				
Services Other Than Secondary ansmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra	re two exceptio or facilities furr hit in which it is rate column. te charged by t	that are not offered in ons: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea	combinatio give rate ers. Rate ir ates are ch ach of the a	on with any sec information cor nformation shou narged on a var applicable serv	ondary trai acerning (1 ild include iable per-p ices listed.	nsmission) services both the rogram basis,				
Services Other Than	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha	re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys	that are not offered in ons: you do not need to nished to nonsubscribe usually billed. If any ra he cable system for ea stem furnished or offer	combination give rate ers. Rate ir ates are ch ach of the a red during	on with any sec information cor nformation shou narged on a var applicable serv the accounting	ondary tran acerning (1 Ild include iable per-p ices listed. period that	nsmission) services both the rogram basis, t were not				
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Services Other Than Secondary ransmissions:	service for a single fee. There a 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 ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	re two exceptio or facilities furr nit in which it is rate column. te charged by t t your cable sys separate charg btion and includ BLOO	that are not offered in ins: you do not need to nished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer ge was made or establi- te the rate for each. CK 1	combination give rate ers. Rate ir ates are ch ach of the a red during ished. List	on with any sec information cor nformation shou arged on a var applicable serv the accounting these other ser	ondary tran acerning (1 uld include iable per-p icces listed. period that vices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RAT			
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Services Other Than Secondary ansmissions:	service for a single fee. There a 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 ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg tion and includ BLO0 RATE 19.95 15.95 N/A	that are not offered in ins: you do not need to hished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer ge was made or establi- de the rate for each. CK 1 CATEGORY OF SER Installation: Non-resi • Motel, hotel • Commercial • Pay cable • Pay cable-add'l ch	combination o give rate ers. Rate in ates are ch ach of the a red during ished. List <u>VICE</u> idential	on with any sec information cor nformation shou arged on a var applicable serv the accounting these other ser RATE T&M T&M T&M T&M	ondary tran acerning (1 uld include iable per-p icces listed. period that vices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RAT			
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Services Other Than Secondary ransmissions:	service for a single fee. There a 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 ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ BLOO RATE 19.95 15.95 N/A N/A 59.99	that are not offered in ins: you do not need to hished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer ge was made or establi- te the rate for each. CK 1 CATEGORY OF SER ¹ Installation: Non-resi • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l ch • Fire protection • Burglar protection	combination o give rate ers. Rate in ates are ch ach of the a red during ished. List <u>VICE</u> idential	on with any sec information cor nformation shou arged on a var applicable serv the accounting these other ser RATE T&M T&M T&M T&M XM	ondary tran acerning (1 uld include iable per-p icces listed. period that vices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RAT			
Services Other Than Secondary ransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ BLOO RATE 19.95 15.95 N/A N/A S9.99 19.99	that are not offered in ins: you do not need to hished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer ge was made or establi- te the rate for each. CK 1 CATEGORY OF SER Installation: Non-resi • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services:	combination o give rate ers. Rate in ates are ch ach of the a red during ished. List <u>VICE</u> idential	on with any sec information cor information shou harged on a var applicable serv the accounting these other ser RATE RATE T&M T&M T&M T&M N/A N/A	ondary tran acerning (1 uld include iable per-p icces listed. period that vices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RAT			
Services Other Than Secondary ransmissions:	service for a single fee. There a furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	re two exceptio or facilities furr hit in which it is rate column. te charged by t t your cable sys separate charg otion and includ BLOO RATE 19.95 15.95 N/A N/A S9.99 19.99	that are not offered in ins: you do not need to hished to nonsubscribe usually billed. If any ra- he cable system for ea- stem furnished or offer je was made or establi- de the rate for each. CK 1 CATEGORY OF SER' Installation: Non-resi • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Other services: • Reconnect	combination o give rate ers. Rate in ates are ch ach of the a red during ished. List <u>VICE</u> idential	on with any sec information cor information shou harged on a var applicable serv the accounting these other ser RATE RATE T&M T&M T&M T&M N/A N/A	ondary tran acerning (1 uld include iable per-p icces listed. period that vices in th	nsmission) services both the rogram basis, t were not e form of a BLOCK 2	RAT			

Name

G

Primary

Transmitters:

Television

LEGAL NAME OF OWNER OF CABLE SYSTEM: S	SYSTEM ID#
Vyve Broadband J, LLC	028743
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 for the paragraph.	n
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 SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KAZD 55 (Azteca)	55	N	Lake Dallas, TX
KDAF 33 (CW)	33	I	Dallas, TX
KDFI 27 (MyNet)	27	I	Dallas, TX
KDFW 4 (FOX)	4	<u> </u>	Dallas, TX
KDTN 2 (Daystar)	2	I	Denton, TX
KDTX-TBN 45	45	I	Dallas, TX
KERA 13 (PBS)	13	E	Dallas, TX
KTVT 11 (CBS)	11	N	Dallas, TX
KTXA 21	21	<u> </u>	Dallas, TX
KTXD 47 (IND)	47	I	Dallas, TX
WFAA (ABC)	8	N	Dallas, TX

FORM SA1-2. PAGE 3.

ACCOUNTING PERIOD: 2022/1

FORM SA1-2. PAGE 4. SYSTEM ID#									
Vyve Broad							028743	Name	
n General: Lis sull-band basis of Special Instru ecceivable if (1 on the basis of For detailed inf Column 1: I Column 2: S Column 3: I ignal, indicate Column 4: C	whose signals ctions Conce) it is carried by monitoring, to ormation about dentify the call State whether the f the radio state this by placing Give the station	station ca were "ge rning AI y the sys be receint the the the sign of e the static ion's sign g a check n's location	Arried on a separate and discree 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 processes (mark in the "S/D" column. on (the community to which the the community with which the	ble system during opyright Office re the system's hea system's FM anter in this point, see p ed by the cable sy e station is licens	the accounting gulations, an adend, and (2) nna, during ce bage (v) of the vstem as a sep ed by the FCC	ng perio FM sign) it can b ertain sta e genera parate a	d. al is generally e expected, ated intervals. I instructions. nd discrete	H Primary Transmitters Radio	
CALL SIGN	AM or EM	S/D	LOCATION OF STATION		AM or EM	S/D			
	AM or FM	S/D		CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
(SCS (WKQ	FM FM		Arlington, TX						
			Graham, TX						
		 							
									
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FORM SA1-2. PAGE 5.

							FORM	I SA1-2. PAGE 5.		
Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID# 028743		
					2					
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:	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Special Statement and										
Program Log	ram Log									
	Note: If your answer is "No", leave the rest of this page blank. 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, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was period; enter the letter "P" if the listed program									
	effect on October 19, 1976.									
	S		E PROGRAM			IBSTITUTE (OCCURRED		7. REASON		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM –	MES	FOR DELETION		
		Tes of No	CALL SIGN	4. STATION S LOCATION	AND DAT		10			
						_				
						_				
						_				

FORM SA1-2. PAGE 6.		-
LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 028743	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. End all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions.	nission service	K Gross Receipts
Gross receipts from subscribers for secondary transmission service(s)		
during the accounting period	1,824.00 (Amount of 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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,00 but less than or equal to \$ • 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.	263,800	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 accounting period is \$52.00	this six-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	7,100)	
1. Base amount under statutory formula \$ 263,800.0	<u>D</u>	
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 \$52	27,600)	
1. Enter the amount of gross receipts from space K		
2. Base amount under statutory formula \$ 263,800.0	<u>D</u>	
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)	1,319.00	
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		
	\$ 52.00	
 g F 2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 15.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	
EFT Trace # or TRANSACTION ID #	Not Available	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	for more information.	

	-	FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 028743						
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 11 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	63						
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 regulars as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 							
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed 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							
	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 fling, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2022/1

FORM SA1-2. PAGE	Ξ8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Vyve Broadband J, LLC 028743	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? 	P Special Statement Concerning Gross Receipts Exclusion
X NO 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.	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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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.