ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

January 1-June 30, 2022

	INST	RUCTIONS:	
B Owner	corpo In lin	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full orate title of the subsidiary, not that of the parent corporation.  The 2, list any other names under which the owner conducts the business of the cable system.  The ever were different owners during the accounting period, only the owner on the last day of the accounting period should submit the 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.  028745	Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*0287
		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)	
	INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
	name	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.	
С		In the second se	-
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	2804B FM 51 South (Number, street, rural route, apartment, or suite number)	
	-	Decatur TX 76234	
		C(Ity, town, state, zip code)	4

E		NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBERS		RATE		
Secondary	Residential:					
Transmission	Service to first set		58	25.00		
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>					
scribers and	• FM radio (if separate rate)					
Rates	Motel, hotel		5	68.99		
	Commercial					
	Converter					
	Residential					
	Non-residential					
			•••••			
		•				
		BLO	OCK 1	1		
_	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE
F	Continuing Services:		Instal	llation: Non-resi	dential	
	• Pay cable	19.95		<ul> <li>Motel, hotel</li> </ul>		T&M
Services	<ul> <li>Pay cable—add'l channel</li> </ul>	15.95		<ul> <li>Commercial</li> </ul>		T&M
Other Than	Fire protection	N/A		<ul> <li>Pay cable</li> </ul>		T&M
Secondary	•Burglar protection	N/A		<ul> <li>Pay cable-add'</li> </ul>	l channel	T&M
Transmissions:	Installation: Residential			<ul> <li>Fire protection</li> </ul>		N/A
Rates	First set	59.99		<ul> <li>Burglar protect</li> </ul>	ion	N/A
	Additional set(s)	19.99	Other	r services:		
	FM radio (if separate rate)	N/A		<ul> <li>Reconnect</li> </ul>		29.99
	Converter	-		<ul> <li>Disconnect</li> </ul>		-
				Outlet relocation	•	29.99
				Move to new a	ddress	29.99

BLOCK 1

	CHANNELS									
M	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.									
Channels										
	Enter the total number of ch	nannels on which the cable			6					
	system carried television bu	roadcast stations								
	2. Enter the total number of ac	ctivated channels				_				
	on which the cable system	carried television broadcast statio	ons		87					
	and nonbroadcast services									
						-				
N	we can write or call about this	CTED IF FURTHER INFORMATION	ON IS NEEDED: (Ide	entity an individual to whom						
Individual to	we can write or can about this	Statement of account.)								
Be Contacted	None	Maria Canaanlana		Talankana	044 024 0242					
for Further Information	Name	Marie Censoplano		Telephone	914-234-8313					
	Address	Four International Drive	e. Suite 330							
			al route, apartment, or	suite number)						
		Rye Brook, NY 10573								
		(City, town, state, zip	o)			•				
	Email (optional)			Fax (optional)						
	OFFICION /This statement	.4 .6		ith Ci	detiene					
0	as explained in the general instru	nt of account must be certifed and actions.)	signed in accordance	ce with Copyright Office regu	liations,					
O Certifcation	· -	tify that (Check one, but only one,	of the boxes )							
Certification	i, the undereigned, hereby con	thy that (Oncok one, but only one,	, or the boxes.)							
	(Owner other than corn	oration or partnership) I am the	owner of the cable s	evetem as identifed in line 1	of space R: or					
	(Owner other than corp.	oration of partite simply rain the	owner or the cable s	system as identified in line 1	or space b, or					
	–	nan corporation or partnership)	-	-	he cable system as identified					
	In line 1 of space i	B and that the owner is not a corpo	oration or partnershi	ıp; or						
	(Officer or partner) I am	an officer (if a corporation) or a p	partner (if a partners	hip) of the legal entity identi	fed as owner of the cable syste	em				
	in line 1 of space I	3.								
	16	A . 6		4141144	and the state of the sector					
		nt of account and hereby declare u to the best of my knowledge, inf								
	[18 U.S.C., Section 1001(1986	•	orriation, and belief	i, and are made in good faiti						
	, , , , , , , , , , , , , , , , , , , ,	<del></del>								
		Handwritter	n signature:							
			Ŭ.	Daniel I White						
		i ypea or pr	rinted name:	Daniel J. White						
		Title.	QVD Einersi	al Planning						
		Title:	SVP - Financi (Title of official position)	al Planning on held in corporation or partne	rship)	l				
			,		17					
		Date:		02/26/2022						
						•				

2. B'cast

	Channel	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
KFDX-NBC	3	N	WICHITA FALLS TX
KAUZ-CW	6.2	I-M	WICHITA FALLS TX
KAUZ-CBS	6	N	WICHITA FALLS TX
KJTL-FOX	18	- 1	WICHITA FALLS TX
KERA-PBS	13	E	DALLAS TX
KPXD (ION)	68	I	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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/29/2022	\$ ALLOCATION NUMBER

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVERED	BY THIS STATEMENT:							
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.  Otheck 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 J, LLC								
				*02	287452	20221*				
					028745	2022/1				
		Four International Drive, St Rye Brook, NY 10573	uite 330							
С		, 0		fy the business and operation of the system ur system, if different from the address given in s		t				
System	1	IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM: 2804B FM 51 South (Number, street, rural route, apartment, or suite number)  Decatur TX 76234 (City, town, state, zip code)									
D	in F	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (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 Served	Not	•	•	e it as the first community on all future filings. mobile home parks should be reported in para	theses bel	ow				
	D -	CITY OR TOWN	STATE	CITY OR TOWN	ST	ATE				
First Community	во	wie	TX							

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

Form SA1-2c Rev 04/2011

**ACCOUNTING PERIOD: 2022/1** FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028745 Vyve Broadband J, 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: 58 · Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 5 68.99 Commercial 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	RA
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	Motel, hotel	T&M		
<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	Commercial	T&M		
<ul> <li>Fire protection</li> </ul>	N/A	• Pay cable	T&M		
<ul> <li>Burglar protection</li> </ul>	N/A	Pay cable-add'l channel	T&M		
Installation: Residential		Fire protection	N/A		
First set	59.99	Burglar protection	N/A		
<ul> <li>Additional set(s)</li> </ul>	19.99	Other services:			[
<ul> <li>FM radio (if separate rate)</li> </ul>	N/A	Reconnect	29.99		[
Converter		Disconnect			
		Outlet relocation	29.99		[
		Move to new address	29.99		

**ACCOUNTING PERIOD: 2022/1** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028745 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 KFDX-NBC 3 Ν WICHITA FALLS TX 6.2 I-M WICHITA FALLS TX **KAUZ-CW KAUZ-CBS** 6 Ν **WICHITA FALLS TX** ı 18 **WICHITA FALLS TX** KJTL-FOX Ε **KERA-PBS** 13 DALLAS TX KPXD (ION) 68 ı DALLAS TX

FORM SA1-2. F LEGAL NAME OI <b>Vyve Broadl</b>	FOWNER OF (		YSTEM:				SYSTEM ID#	Name	
vyve broaui	Janu J, LLC	,					028745		
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.  Column 1: Identify the call sign of each station carried.  Column 2: State whether the station is AM or FM.  Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.  Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).									
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		

1	ı	11	ı		
				<u> </u>	

	LEGAL NAME OF OWNER OF	CABLE SYST	FM·					SYSTEM ID#				
Name	Vyve Broadband J, LL						,	028745				
	.,							020140				
<b> </b> 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: Special Statement and	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?    Vas   X  No											
Program Log	Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE	', leave the		ge blank. If your answer is	"Yes," you m			<b>⊠No</b> 1				
	In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a ce, please a ce, please a cofevery no distant statigulations, o dies like "mo Bulls." In was broad sign of the addant static adian static ath and day we "5/7." Les when the Example: a cer "R" if the and regulation ogramming	am on a separa attach addition. nnetwork telev ion and that your authorization: vies" or "basked dcast live, ente station broadca on's location (the ons, if any, the when your sys a substitute pro a program carri listed program ons in effect du	al pages. ision program (substitute our cable system substitute our cable system substitute out cable system substitute out cable system substitute out cable." List specific program of the substitute program of the community to which the community with which the tem carried the substitute out of the substitute of t	orogram) that ed for the program titles, for extending the station is lice station is ide program. Use cable system 15 p.m. to 6: amming that the editor the le	, during the acgramming of a cons for further is cample, "I Love ensed by the Fintified). The numerals, with the time 28:30 p.m. show ther "P" if the li	counting nother stat information e Lucy" or FCC or, in ith the mon s accuratel buld be as required sted pro	th y				
	S	0000			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. TIN	MES TO	FOR DELETION				
						_						
						_						
						_						
					<del> </del>	<u> </u>						
					<b>-</b>							
							•••••					
						_						
						_						

FORM SA1-2. F	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 028745	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	vice	K Gross Receipts
	during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amo	11,319.00 unt of gross receipts)	
000/010/0		unit of gross receipts)	
Instructions:	T 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  of the general instructions for more information.		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-maccounting period is \$52.00	onth	
	Line 1. Royalty fee for accounting period	52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	-	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	0.00	
	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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	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 in	nformation.	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Vyve Broadband J, LLC	028745
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	and the state of t
Channels		
	Enter the total number of channels on which the cable	6
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	87
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone	914-234-8313
Information		
	Address Four International Drive, Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Facility (antique)	
	Email (optional) Fax (optional	
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Office regular explained in the general instructions.)	ations,
0	as explained in the general instructions.)	
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B: or
	(Owner other than corporation or partnership) rain the owner of the cable system as identified in line 1 of space	ь, о
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	ner of the cable system
	·	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	ed herein
	[18 U.S.C., Section 1001(1986)]	
	Handwritten signature: /s/ Daniel J White	
	Handwritten signature: /s/ Danuet j Wrate	
	Typed or printed name: <b>Daniel J. White</b>	
	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028745	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to sec	the basic t include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary trained by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below.		Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or un For an explanation of interest assessment, see page (viii) of the general instructions.	derpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	est charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	<b>3</b> ,	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright C list below the owner, address, first community served, ID number, and accounting period as given in the ori		
Owner Address		
ID number		
First community served  Accounting period		
Accounting believ		

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.