ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

	INST	RUCTIONS:	
B Owner	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 DAT/
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.  028746	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)	
		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		Insurance and a superior	-
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:  5804B FM 51 South	
	2	SOURD FM 31 SOURT (Number street, partment, or suite number).	
		Decatur TX 76234	
		(City, town, state, zip code)	1

	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	<ul> <li>Service to first set</li> </ul>		212	25.00		
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>					
scribers and	<ul> <li>FM radio (if separate rate)</li> </ul>					
Rates	Motel, hotel		84	68.99		
	Commercial					
	Converter					
	Residential					
	Non-residential					
		BL	OCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	'ICE	RATE
F	Continuing Services:		Instal	lation: Non-resid	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	<ul> <li>Fire protection</li> </ul>	N/A		<ul> <li>Pay cable</li> </ul>		T&M
Secondary	<ul><li>Burglar protection</li></ul>	N/A		• Pay cable-add'l	channel	T&M
Transmissions:	Installation: Residential			• Fire protection		N/A
Rates	• First set	59.99		Burglar protecti	on	N/A
	<ul> <li>Additional set(s)</li> </ul>	19.99	Other	services:		
	<ul> <li>FM radio (if separate rate)</li> </ul>	N/A		<ul> <li>Reconnect</li> </ul>		29.99
	Converter	-		<ul> <li>Disconnect</li> </ul>		-
				Outlet relocatio	n	29.99
				Move to new ac	ddress	29.99
			1			

BLOCK 1

NO. OF

Ε

	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.												
	to its subscribers and (2) the c	able system's total number of act	tivated channels, d	uring the accounting period.									
Channels						1							
	1. Enter the total number of channels on which the cable												
	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												
N	INDIVIDUAL TO BE CONTAC	TED IF FURTHER INFORMATION	ON IS NEEDED: //	dentify an individual to whom									
N	we can write or call about this		SN 13 NEEDED. (II	dentity an individual to whom									
Individual to		,											
Be Contacted													
for Further	Name	Marie Censoplano		Telephone	914-234-8313								
Information				······································									
	Address	Four International Drive											
		(Number, street, rura	al route, apartment, o	or suite number)		l							
		Rye Brook, NY 10573											
		(City, town, state, zip	ρ)										
	Email (optional)			Fax (ontional)	)								
	Zman (optional)		•••••••••••••••••••••••••••••••	. ax (opacital)	······	•							
	CERTIFICATION (This statemen	t of account must be certifed and	signed in accorda	nce with Copyright Offce regu	ulations,								
0	as explained in the general instru	·											
Certifcation	• I, the undersigned, hereby cert	tify that (Check one, but only one	, of the boxes.)										
	ı												
	(Owner other than corpo	pration or partnership) I am the	owner of the cable	system as identifed in line 1	of space B; or								
	(Agent of owner other th	an corporation or partnership)	I am the duly auth	orized agent of the owner of t	the cable system as identified								
	in line 1 of space B	and that the owner is not a corp	oration or partners	hip; or									
	(Officer or partner) I am	an officer (if a corporation) or a p	partner (if a partne	ship) of the legal entity identi	fed as owner of the cable syste	em							
	in line 1 of space B		, ,	., 5 ,	-,								
		t of account and hereby declare ι t to the best of my knowledge, inf											
	[18 U.S.C., Section 1001(1986		ormation, and ben	or, and are made in good raid									
	•												
		Handwritter	n signature:										
		Typed or n	rinted name:	Daniel J. White									
		1,700 01 01				!							
		Title:	SVP - Finance	cial Planning									
		Tiuo.		tion held in corporation or partne	rship)								
		Date:		02/26/2022									

2. B'castChannel 3. Type of

		-	
1. Call Sign	Number	Station	6. Location of Station
KAZD 55	55	1	DALLAS TX
KDAF 33 (CW)	33	1	DALLAS TX
KDFI 27 (My Net)	27	1	DALLAS TX
KDFW 4 (FOX)	4	1	DALLAS TX
KDTN 2 (Daystar)	2	1	DENTON TX
KERA 13 (PBS)	13	Е	DALLAS TX
KFWD-SonLife 52	52	1	DALLAS TX
KPXD 68 (ION)	68	1	DALLAS TX
KTVT 11 (CBS)	11	N	DALLAS TX
KTVT-Start TV 11.2	11.2	N-M	DALLAS TX
KTXA 21-IND	21	1	DALLAS TX
KTXD 47 (IND)	47	1	DALLAS TX
KPXD 68.2 Bounce	68.2	I-M	DALLAS TX
KTXA MeTV	21.2	I-M	Fort Worth, 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:

# 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								

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

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting Period		January 1-June 30, 202	2							
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.									
	LE	GAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM							
		Vyve Broadband J, LLC								
				*04	207406	20004#				
				*02	28/462	20221*				
					028746	2022/1				
		Four International Drive, St Rye Brook, NY 10573	uite 330							
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:	, 3	<u>, , , , , , , , , , , , , , , , , , , </u>	'					
	2	MAILING ADDRESS OF CABLE SYSTEM: 5804B FM 51 South (Number, street, rural route, apartment, or suite nu Decatur TX 76234 (City, town, state, zip code)								
D	in F	CC rules: "a separate and distinct co	ommunity or municipal entitiy (includi	"community" is the same as a "community uning unincorporated communities within uninco (dd). The first community that list will serve a	rporated	ied				
Area Served	of s Not	ystem identification hereafter known	as the "first community." Please us	e it as the first community on all future filings. mobile home parks should be reported in para		ow				
		CITY OR TOWN	STATE	CITY OR TOWN	ST	ATE				
First Community		catur	TX							
Community	********	dgeport ico	TX TX							
		ord	TX							
		naway Bay	TX							
		ke Bridgeport	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

FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028746 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 Transmission Service: Subscribers and Rates

about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the 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 down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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.

BLO	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	212	25.00				
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel	84	68.99				
Commercial						
Converter						
Residential						
Non-residential						
		[				

F

Services Other Than Secondary Transmissions: Rates

#### 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 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 amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, 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.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 1						
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE						
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>			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					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband J, LLC

SYSTEM ID#

028746

# G

# Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. **Column 2:** Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KAZD 55	55	I	DALLAS TX
KDAF 33 (CW)	33	I	DALLAS TX
KDFI 27 (My Net)	27	I	DALLAS TX
KDFW 4 (FOX)	4	I	DALLAS TX
KDTN 2 (Daystar)	2	I	DENTON TX
KERA 13 (PBS)	13	E	DALLAS TX
KFWD-SonLife 52	52	I	DALLAS TX
KPXD 68 (ION)	68	I	DALLAS TX
KTVT 11 (CBS)	11	N	DALLAS TX
KTVT-Start TV 11.2	11.2	N-M	DALLAS TX
KTXA 21-IND	21	I	DALLAS TX
KTXD 47 (IND)	47	I	DALLAS TX
KPXD 68.2 Bounce	68.2	I-M	DALLAS TX
KTXA MeTV	21.2	I-M	Fort Worth, TX

FORM SA1-2. F LEGAL NAME OF Vyve Broadi	F OWNER OF (		YSTEM:					SYSTEM ID# 028746	Name		
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 3: If signal, indicate	the radio stat this by placing	ion's sigı g a checl	on is AM or FM. nal was electronically process k mark in the "S/D" column.								
			on (the community to which t the community with which th				C or, in t	he case of			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION			
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Vyve Broadband J, LL	С						028746
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr	ify every nor coounting pering that must recount the must recount	nnetwork televis riod, under spec to be included in tining SUBST ir cable system rest of this pag imm on a separa attach addition nnetwork telev ion and that you ir authorization vies" or "baske dcast live, ente	ion program broadcast by a cific present and former FC this log, see page (v) of the TTUTE CARRIAGE carry, on a substitute basing blank. If your answer is the line. Use abbreviations al pages. ision program (substitute jur cable system substitute is. See page (v) of the general substitute. List specific program "Yes." Otherwise enter "	a distant station C rules, regular general instruction titles, for exposite of the program of of th	ations, or authouctions.  etwork television  ust complete the  essible, if their in  during the according for a  gramming of a  ons for further	on program Yes the progran meaning is counting another stat	or a further  ☑ No n
	Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	adcast static addian static on the and day we "5/7." es when the Example: a er "R" if the and regulation	on's location (the ons, if any, the when your system substitute program carrial listed program ons in effect du	tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progr uring the accounting period	e station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le e under FCC	ntified).  e numerals, w  n. List the time 28:30 p.m. sho your system w tter "P" if the li rules and regu	ith the mon as accuratel ould be vas required isted pro ulations in	y a
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	OCCURRED  6. TIN	MES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	
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FORM SA1-2. PAGE 6.	Account	10 1 2111001 2022/
LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 028746	Name
vyve Broadband 5, EE5	020740	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission.	n service	K
(as identifed in space E) during the accounting period. For a further explanation of how to compute this amour page (vii) of the general instructions.	nt, see	Gross Receipts
Gross receipts from subscribers for secondary transmission service(s) during the accounting period	52,599.00	
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:		L
<ul> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> </ul>		Copyright Royalty Fee
<ul> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,8</li> </ul>	300	Royalty 1 ee
<ul> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information.</li> </ul>		
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 s accounting period is \$52.00	ix-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	
	\$ 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)	,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foo and		
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 #	Not Available	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Vyve Broadband J, LLC	028746			
	CHANNELS				
М		tations			
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	lations			
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.				
	Enter the total number of channels on which the cable	44			
	system carried television broadcast stations	14			
	Enter the total number of activated channels				
	on which the cable system carried television broadcast stations	142			
	and nonbroadcast services				
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom				
	we can write or call about this statement of account.)				
Individual to					
Be Contacted					
for Further	Name Marie Censoplano Telephone 9	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)				
	Fuel/orthods				
	Email (optional) Fax (optional				
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regular	tions,			
0	as explained in the general instructions.)				
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)				
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified				
	in line 1 of space B and that the owner is not a corporation or partnership; or				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system				
	in line 1 of space B.				
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains	d 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				
	Date. 0/22/22				

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	028746	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 additional sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	the basic 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 training 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)	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assist 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 Or list below the owner, address, first community served, ID number, and accounting period as given in the original		
Owner Address		
ID number		
First community served Accounting period		
Accounting period		

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