A A	ACCOUNTING PERIOD COVE	RED BY THIS STATEMENT:	
Accounting	January 1-June 30, 1	2022	
Period			

	INSTR	UCTIONS:								
B Owner	Give 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 corporate title of the subsidiary, not that of the parent corporation.									
	In line 2, list any other names under which the owner conducts the business of the cable system.									
	If the	re were different owners during the accounting period, only the owner on the last day of the accounting period should submit								
	a sing	gle 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.	4 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	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:								
		Four International Drive, Suite 330								
		(Number, street, rural route, apartment, or suite number)								
		Rye Brook, NY 10573								
	_	(City, town, state, zip)	_							
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	_							
С	names	already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.								
System	1	IDENTIFICATION OF CABLE SYSTEM:								
		MAILING ADDRESS OF CABLE SYSTEM:								
	2	234 N Windriver Drive (Number, street, rural route, apartment, or suite number)								
		Douglas, WY 82633 (City, town, state, zip code)								

	BLOO					
E		NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	Service to first set		92	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		11	25.00		
	Converter					
	Residential					
	Non-residential					
			•••••			
		BL	DCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE
F	Continuing Services:	Ins		stallation: Non-residential		
	Pay cable	19.95		Motel, hotel		т&
Services	 Pay cable—add'l channel 	15.95		Commercial		т&
Other Than	Fire protection	N/A		 Pay cable 		т&
Secondary	 Burglar protection 	N/A		• Pay cable-add	l channel	т&
Transmissions:	Installation: Residential			Fire protection		N,
Rates	First set	59.99		Burglar protect	ion	N/
	 Additional set(s) 	19.99	Other	services:		
	 FM radio (if separate rate) 	N/A		 Reconnect 		29.9
	Converter	-		Disconnect		-
				Outlet relocation	on	29.9
				• Move to new a	ddress	29.9
		1	1			

M Channels	 to its subscribers and (2) the of 1. Enter the total number of cf system carried television bio 2. Enter the total number of acon which the cable system 	roadcast stations	tivated channels, during the accor	unting period.	st stations 				
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can write or call about this	CTED IF FURTHER INFORMATION statement of account.)	DN IS NEEDED: (Identify an indiv	idual to whom					
for Further	Name	Marie Censoplano		Telephone	914-234-8313				
Information	Address	Four International Drive							
		(Number, street, rur. Rye Brook, NY 10573 (City, town, state, zi	al route, apartment, or suite number) ,)						
	Email (optional)			Fax (optional)				
O Certifcation	as explained in the general instru- • I, the undersigned, hereby cer	nt of account must be certifed and uctions.) rtify that (Check one, but only one oration or partnership) I am the	, of the boxes.)						
	 (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 								
		nt of account and hereby declare t ct to the best of my knowledge, in:							
			n signature: rinted name: Daniel J. V	Vhite					
		Title:	SVP - Financial Plannin (Title of official position held in corpo	<u> </u>	rship)				
		Date:		8/27/2021					

	Channel	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
KKTQ (KTWO)	2	Ν	Casper
KFNB	20	I	Casper
KGWC	14	Ν	Casper
KCWC	6	E	Riverton
KWYF	11	I	Casper
KCWY	13	Ν	Casper
KCWY-CW	13.2	I-M	Casper

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.

List any other name or names under which the owner conducts the business of the cable system.

SA1-2 Short Form

				Return to:	
STATEMENT OF ACCOUNT		FOR COPYRIGH	Library of Congress Copyright Office		
for Secondary Transmissions by Cable Systems (Short Form) General instructions are at the end of this form [pages (i)-(vii)].		DATE RECEIVED	AMOUNT	Licensing Division	
			ć	101 Independence Ave. SE Washington, DC 20557-6400	
			Ş	(202) 707-8150	
		8/29/2022 ALLOCATION N		- For courier deliveries,	
				see page ii of the general	
Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:			
Accounting Period	January 1-June 30, 202	2			
_	Instructions: Your file has been establishe	d under the information given below.	If there are any changes, draw a line thro	bugh the	
B	incorrect information and print or type the co				
Owner	Give the full legal name of the owner of rate title of the subsidiary not that of the pa	3	ubsidiary of another corporation, give the	e full corpo-	

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. 028774 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband J, LLC *02877420221* 028774 2022/1 Four International Drive, Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. System IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM: 234 N Windriver Drive 2 (Number, street, rural route, apartn Douglas, WY 82633 Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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 CITY OR TOWN STATE Glenrock WY First Community Glenrock County WY **Rolling Hills** WY 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.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2022/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: S								
Nume	Vyve Broadband J, LLC								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
D									
ntinued)									
Area Served									
Serveu									
			HT						

Name	LEGAL NAME OF OWNER OF CA		S	STEM I							
	Vyve Broadband J, LLC								0287		
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RA	TES						
Ε	In General: The information in s	•		•							
0	system, that is, the retransmission										
Secondary Fransmission	about other services (including p last day of the accounting period						those ex	isting on the			
Service: Sub-	Number of Subscribers: Both	•				,	able syste	em, broken			
scribers and	down by categories of secondary	, transmission	service	. In general, yo	u can com	pute the numb	er of sub	scribers 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	-	-	•				-			
	category, but do not include disc		,		, otanida						
	Block 1: In the left-hand block	•		•							
	systems most commonly provide										
	that applies to your system. Not categories, that person or entity			U U		0					
	subscriber who pays extra for ca										
	1, 2										
	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.	and rates, in th	e rignt-r	nand block. A tv	vo- or thre	e-wora descrip	tion of the	e service is			
	BLOCK 1						BLO	CK 2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	S RAT		
	Residential:										
	Service to first set		92	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		11	25.00							
	Converter										
	 Residential 										
	Non-residential										
			NSMIS								
	Non-residential SERVICES OTHER THAN SECUING IN General: Space F calls for raises and the security of				-	ll your cable sy	rstem's se	ervices that were			
F	SERVICES OTHER THAN SEC	te (not subscri	ber) info	ormation with re	spect to a						
-	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar	te (not subscri hose services re two exceptio	ber) info that are ons: you	ormation with re e not offered in do not need to	spect to a combinatio give rate	on with any se information co	condary tr	ansmission (1) services			
Services	SERVICES OTHER THAN SECU In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services	te (not subscri hose services re two exceptic or facilities fur	ber) info that are ons: you nished t	ormation with re ont offered in do not need to to nonsubscribe	spect to a combination give rate ers. Rate in	on with any se information co nformation sho	condary tr ncerning uld includ	ansmission (1) services e both the			
Services Other Than	SERVICES OTHER THAN SECU In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur	te (not subscril hose services re two exceptic or facilities fur hit in which it is	ber) info that are ons: you nished t	ormation with re ont offered in do not need to to nonsubscribe	spect to a combination give rate ers. Rate in	on with any se information co nformation sho	condary tr ncerning uld includ	ansmission (1) services e both the			
Services Other Than Secondary	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat	te (not subscril hose services re two exceptio or facilities fur hit in which it is rate column. te charged by	ber) info that are ons: you nished t usually the cabl	ormation with re- on offered in do not need to o nonsubscribe billed. If any ra e system for ea	spect to a combination give rate ers. Rate in ates are ch ach of the	on with any se information co nformation sho narged on a va applicable serv	condary tr ncerning uld includ riable per rices liste	ansmission (1) services e both the -program basis, d.			
Services Other Than	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	te (not subscril chose services re two exceptio or facilities fur hit in which it is rate column. te charged by t t your cable sy	ber) info that are ons: you nished t usually the cable stem fu	ormation with re a not offered in do not need to to nonsubscribe billed. If any ra e system for ea rnished or offer	spect to a combination give rate ers. Rate in ates are ch ach of the ed during	on with any se information con nformation sho narged on a va applicable sen the accounting	condary tr ncerning uld includ riable per rices liste period th	ansmission (1) services e both the -program basis, d. at were not			
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s	te (not subscrii chose services re two exceptio or facilities fur hit in which it is rate column. te charged by to t your cable sy separate charge	ber) info that are ons: you nished t s usually the cable stem fun ge was r	ormation with re e not offered in do not need to to nonsubscribe r billed. If any ra e system for ea rnished or offer made or establis	spect to a combination give rate ers. Rate in ates are ch ach of the ed during	on with any se information con nformation sho narged on a va applicable sen the accounting	condary tr ncerning uld includ riable per rices liste period th	ansmission (1) services e both the -program basis, d. at were not			
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	te (not subscrii chose services re two exceptio or facilities fur hit in which it is rate column. te charged by to t your cable sy separate charge	ber) info that are ons: you nished t s usually the cable stem fun ge was r	ormation with re e not offered in do not need to to nonsubscribe r billed. If any ra e system for ea rnished or offer made or establis	spect to a combination give rate ers. Rate in ates are ch ach of the ed during	on with any se information con nformation sho narged on a va applicable sen the accounting	condary tr ncerning uld includ riable per rices liste period th	ansmission (1) services e both the -program basis, d. at were not			
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	te (not subscril chose services re two exceptic or facilities fur hit in which it is rate column. te charged by it tyour cable sy separate charge btion and includ BLO	ber) info that are ons: you nished t a usually the cabl stem fun ge was r de the ra CK 1	ormation with re a not offered in (do not need to co nonsubscribe v billed. If any ra e system for ea rnished or offer made or establis ate for each.	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List	on with any se information co nformation sho narged on a va applicable sen the accounting these other se	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2			
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	te (not subscril chose services re two exceptic or facilities fur hit in which it is rate column. te charged by it tyour cable sy separate charge btion and inclue	ber) info that are ons: you nished t a usually the cabl stem fun ge was r de the ra CK 1 CATEC	ormation with re a not offered in do not need to to nonsubscribe billed. If any ra e system for ea rnished or offer made or establis ate for each.	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List	on with any se information con nformation sho narged on a va applicable sen the accounting	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the program basis, d. d. at were not the form of a	ZE RAT		
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	te (not subscrii chose services re two exceptio or facilities fur hit in which it is rate column. te charged by to tyour cable sy separate charge totion and include BLO RATE	ber) info that are ons: you nished t susually the cabl stem fun ge was r de the ra CK 1 CATEC Installa	ormation with re e not offered in do not need to to nonsubscribe r billed. If any ra e system for ea rnished or offer made or establis ate for each.	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List	on with any sei information con normation sho narged on a va applicable sent the accounting these other sei RATE	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2	E RAT		
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	te (not subscrii chose services re two exceptic or facilities fur hit in which it is rate column. te charged by fi t your cable sy separate charge tion and inclue BLO RATE 19.95	ber) info that are ons: you nished t susually the cabl stem fun ge was r de the ra CK 1 CATEC Installa • Mo	ormation with re e not offered in do not need to to nonsubscribe r billed. If any ra e system for ea rnished or offer made or establis ate for each.	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List	on with any sei information con normation sho narged on a va applicable sen the accounting these other sei RATE	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2	E RAT		
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel	te (not subscrii chose services re two exceptic or facilities fur hit in which it is rate column. te charged by fit tyour cable sy separate charge tion and include BLO RATE 19.95 15.95	ber) info that are ons: you nished t susually the cabl stem funge was r de the ra CK 1 CATEC Installa • Mo • Con	ormation with re e not offered in do not need to to nonsubscribe y billed. If any ra e system for ea rnished or offer made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List	on with any sei information con normation sho narged on a va applicable sen the accounting these other sei RATE T&M	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2	E RAT		
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	te (not subscrii chose services re two exceptic or facilities fur nit in which it is rate column. te charged by f t your cable sy separate charge otion and inclue <u>BLO</u> <u>RATE</u> 19.95 15.95 N/A	ber) info that are ons: you nished t susually the cabl stem fu ge was r de the ra CK 1 CATEC Installa • Mo • Col • Pay	ormation with re e not offered in o do not need to to nonsubscribe y billed. If any ra e system for ea rnished or offer made or establis ate for each. GORY OF SER ation: Non-resi tel, hotel mmercial y cable	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List <u>VICE</u> idential	on with any sei information con normation sho harged on a va applicable sen the accounting these other sei RATE T&M T&M	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2	E RAT		
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	te (not subscrii chose services re two exceptic or facilities fur hit in which it is rate column. te charged by fit tyour cable sy separate charge tion and include BLO RATE 19.95 15.95	ber) info that are ons: you nished t susually the cable stem funge was r de the ra CK 1 CATEC Installa • Mo • Con • Pay	ormation with re e not offered in do not need to to nonsubscribe y billed. If any ra e system for ea rnished or offer made or establi- ate for each. GORY OF SER\ ation: Non-resi tel, hotel mmercial y cable-add'l ch	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List <u>VICE</u> idential	on with any sei information conformation sho harged on a val applicable sent the accounting these other sei RATE T&M T&M T&M	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2			
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	te (not subscrii chose services re two exceptic or facilities fur hit in which it is rate column. te charged by to t your cable sy separate charge otion and includ BLO RATE 19.95 15.95 N/A N/A	ber) info that are ons: you nished t susually the cabl stem fun ge was r de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire	ormation with re e not offered in a do not need to to nonsubscribe r billed. If any ra e system for ea rnished or offer made or establis ate for each. GORY OF SER ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch e protection	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List <u>VICE</u> idential	on with any sei information conformation sho harged on a var applicable sent the accounting these other sei RATE T&M T&M T&M T&M	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2	ZE RAT		
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	te (not subscrii chose services re two exceptio or facilities fur hit in which it is rate column. te charged by th t your cable sy separate charge totion and includ BLO RATE 19.95 15.95 N/A N/A 59.99	ber) info that are ons: you nished t susually the cabl stem fun ge was r de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire • Bur	ormation with re e not offered in o do not need to to nonsubscribe r billed. If any ra e system for ea rnished or offer- made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List <u>VICE</u> idential	on with any sei information conformation sho harged on a var applicable sent the accounting these other sei RATE T&M T&M T&M	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2	E RAT		
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te (not subscrii chose services re two exceptic or facilities fur hit in which it is rate column. te charged by fi t your cable sy separate charge tion and includ BLO RATE 19.95 15.95 N/A N/A 59.99 19.99	ber) info that are ons: you nished t susually the cabl stem fun ge was r de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire • Bur Other s	ormation with re e not offered in o do not need to to nonsubscribe r billed. If any ra e system for ea rnished or offer- nade or establi- ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable-add'l ch e protection rglar protection services:	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List <u>VICE</u> idential	on with any sei information conformation sho harged on a val applicable sent the accounting these other sei RATE RATE T&M T&M T&M N/A N/A	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2	E RAT		
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	te (not subscrii chose services re two exceptio or facilities fur hit in which it is rate column. te charged by th t your cable sy separate charge totion and includ BLO RATE 19.95 15.95 N/A N/A 59.99	ber) info that are ons: you nished t susually the cabl stem fun ge was r de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire • Bur Other s	ormation with re- e not offered in a do not need to to nonsubscribe r billed. If any ra- e system for ea rnished or offer- made or establis- ate for each. GORY OF SERV ation: Non-resi- tel, hotel mmercial y cable-add'l ch e protection rglar protection services: connect	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List <u>VICE</u> idential	on with any sei information conformation sho harged on a var applicable sent the accounting these other sei RATE T&M T&M T&M T&M	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2			
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	te (not subscrii chose services re two exceptic or facilities fur hit in which it is rate column. te charged by fi t your cable sy separate charge tion and includ BLO RATE 19.95 15.95 N/A N/A 59.99 19.99	ber) info that are ons: you nished t susually the cabl stem funge was n de the ra CK 1 CATEC Installa • Mo • Con • Pay • Fire • Bun Other s • Rec	ormation with re e not offered in o do not need to to nonsubscribe r billed. If any ra e system for ea rnished or offer- nade or establi- ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable-add'l ch e protection rglar protection services:	spect to a combination give rate ers. Rate in ates are ch ach of the ed during shed. List <u>VICE</u> idential	on with any sei information conformation sho harged on a val applicable sent the accounting these other sei RATE RATE T&M T&M T&M N/A N/A	condary tr ncerning uld includ riable per rices liste period th rvices in	ansmission (1) services e both the -program basis, d. at were not the form of a BLOCK 2			

Name

G

Primary

Transmitters:

Television

			FOI	RM SA1-2. PAGE 3.
LEGAL NAME OF OWNE	R OF CABLE SYSTEM	:		SYSTEM ID#
Vyve Broadband J	, LLC			028774
PRIMARY TRANSMITTERS:	TELEVISION			
carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Stati basis under specifc FCC r • Do not list the station here station was carried only • List the station here, and basis. For further inform Column 1: List each st Column 2: Give the nu This may be different from associated with a station a the same on the form. Column 3: Indicate in e educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the loc	em during the account in effect on June 24 (e)(2) and (4), or 76.1 as explained in the m ons: With respect to ules, regulations, or re in space G—but d v on a substitute basis also in space I, if th nation concerning su ation's call sign. Do mber of the channel the channel on whice cording to its over- each case whether the rering the letter "N" (f), "E" (for noncomme terms, see page (iv) cation of each station	nting period, except , 1981, permitting th 63 (referring to 76.6 ext paragraph. a any distant station authorizations: o list it in space I (th is. e station was carrie ibstitute basis station not report originatio on which the statio on which the statio on which the statio sh your cab;e syster thje-air designation. the station is a netwo for network), "N-M" (ercial educational), o of the general instru-	translator stations and low power television station (1) stations carried only on a part-time basis under he carriage of certain network programs [sections 1(e)(2) and (4))]; and (2) certain stations carried on is carried by your cable system on a substitute prog he Special Statement and Program Log)—if the d both on a substitute basis and also on some other ns, see page (v) of the general instructions. In program services such as HBO, ESPN, etc. n's broadcasts are carried in its own community. n carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" a pork station, an independent station, or a noncomme (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). uctions. list the community to which the station is licensed I the community with which the station is identifed.	ram ram r n is rcial
1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION	
SIGN	CHANNEL	OF		
	NUMBER	STATION		
	-			

2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
2	N	Casper
20	I	Casper
14	N	Casper
6	E	Riverton
11	I	Casper
13	N	Casper
13.2	I-M	Casper
	CHANNEL NUMBER 2 20 14 6 11 13	CHANNEL NUMBEROF STATION2N20I14N6E11I13N

ACCOUNTING PERIOD: 2022/1

ORM SA1-2. F EGAL NAME OF /yve Broadk	FOWNER OF (YSTEM:				SYSTEM ID# 028774	Name
,							520714	
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.								
ceivable if (1) n the basis of r or detailed info Column 1: lo Column 2: S Column 3: lf	it is carried by monitoring, to prmation abou dentify the call tate whether t the radio stati	y the sys be recei t the the sign of e he statio ion's sigr	Band FM Carriage : Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically processe	the system's hea system's FM ante on this point, see	adend, and (2) nna, during ce page (v) of the) it can b ertain sta e genera	e expected, ated intervals. Il instructions.	Primary Transmitter Radio
Column 4: G	live the station	n's locatio	x mark in the "S/D" column. on (the community to which th the community with which the			C or, in t	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		3,0	LOOKTON OF STATION			50		

FORM SA1-2. PAGE 5.

	•						FURI	/I SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID# 028774
	SUBSTITUTE CARRIAGE	: SPECIA			3			
Substitute								
Carriage: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Statement and	 During the accounting peri broadcast by a distant state 	•	r cable system	carry, on a substitute bas	is, any nonne	etwork televisi		
Program Log						XNo		
	log in block 2.	, leave the	rest of this pag	je blank. It your answer is	"Yes," you m	ust complete	the program	n
	2. LOG OF SUBSTITUTE							
In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning 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 accountin period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further informa Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" "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, 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 r 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 accur 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 requ 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 requ to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC r					ccounting another stat information re Lucy" or FCC or, in <i>v</i> ith the mon es accuratel ould be vas required listed pro	th y		
	effect on October 19, 1976.							
								7. REASON
							FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
						_		
						_		
	1	L	[I	Ц	1		L

FORM SA1-2. F			
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 028774	Name
	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 transmissi (as identified in space E) during the accounting period. For a further explanation of how to compute this amou page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ion service	K Gross Receipts
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instructions:	ROYALTY FEE To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263. Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263. 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	,800	L Copyright Royalty Fee
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	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 \$137,100)		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total 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	
	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# 028774				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stati to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ons				
	1. Enter the total number of channels on which the cable system carried television broadcast stations	7				
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	63				
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)					
for Further Information	Name Marie Censoplano Telephone 914	1-234-8313				
	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					
Ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	IS,				
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; c	r				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	of the cable system				
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained h 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)] 	erein				
	Handwritten signature: /s/ Daniel J. White					
	Typed or printed name: Daniel J. White					
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)					
	Date: 8/22/22					

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

ACCOUNTING PERIOD: 2022/1

F	ORM	SA1-2.	PAGE 8.
---	-----	--------	---------

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name				
Vyve Broadband J, LLC 028774	Indille				
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? X NO					
YES. Enter the total here and list the satellite carrier(s) below					
Name Mailing Address					
INTEREST ASSESSMENTS					
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.					
Line 1 Enter the amount of late payment or underpayment					
Line 2 Multiply line 1 by the interest rate* and enter the sum here					
xdays					
Line 3 Multiply line 2 by the number of days late and enter the sum here					
x 0.00274					
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.