ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

Period

	INST	RUCTIONS:				
B Owner	corp 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. There were different owners during the accounting period, only the owner on the last day of the accounting period should submit uple 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.	BARCODE DAT!			
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*028			
	'	Vyve Broadband J, LLC	020.			
	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)				
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:				
	2	MAILING ADDRESS OF CABLE SYSTEM: 234 N Windriver Drive (Number, street, rural route, apartment, or sulte number) Douglas, WY 82633 (City, town, state, zip code)				

E		NO. O	F				
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE			
Secondary	Residential:						
Transmission	 Service to first set 		412	25.00			
Service: Sub-	 Service to additional set(s) 						
scribers and	• FM radio (if separate rate)						
Rates	Motel, hotel		73	68.99			
	Commercial						
	Converter						
	Residential						
	Non-residential						
			• • • • • • • • • • • • • • • • • • • •				
		BLO	OCK 1				
	CATEGORY OF SERVICE	RATE	RATE CATEGORY OF SERVICE				
F	Continuing Services:	Installation: Non-residential					
	• Pay cable	19.95		 Motel, hotel 		T&M	
Services	 Pay cable—add'l channel 	15.95		 Commercial 		T&M	
Other Than	Fire protection	N/A		 Pay cable 		T&M	
Secondary	•Burglar protection	N/A		• Pay cable-add'	l channel	T&M	
Transmissions:	Installation: Residential			• Fire protection		N/A	
Rates	First set	59.99		 Burglar protect 	ion	N/A	
	 Additional set(s) 	19.99	Other	services:			
	• FM radio (if separate rate)	N/A		 Reconnect 		29.99	
	Converter	-		 Disconnect 		-	
				Outlet relocation	n	29.99	
				Move to new a	ddress	29.99	
						1	

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											
	1. Enter the total number of characteristics	1. Enter the total number of channels on which the cable									
	system carried television bro	oadcast stations									
	2. Enter the total number of ac	tivated channels				1					
	on which the cable system of	carried television broadcast statio	ons		151						
	and nonbroadcast services										
N	INDIVIDUAL TO BE CONTAC	TED IF FURTHER INFORMATION	ON IS NEEDED: (I	dentify an individual to whom							
IN	we can write or call about this		SIN IO NEEDED. (II	actions are marviadal 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)							
		Rye Brook, NY 10573 (City, town, state, zip	0)								
		(Oity, town, state, 2)	ν)								
	Email (optional)			Fax (optional))						
	·(-p)				······						
	CERTIFICATION (This statement		signed in accorda	nce with Copyright Offce regu	ulations,						
0	as explained in the general instru	·	. f. th h								
Certifcation	I, the undersigned, hereby cert	ify that (Check one, but only one	, of the boxes.)								
					. f D						
	(Owner other than corpo	oration or partnership) I am the	owner of the cable	system as identified in line i	or space B; or						
		an corporation or partnership)	-	-	the cable system as identified						
	in line 1 of space B	and that the owner is not a corp	oration of partners	nip, 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	B.									
	I have examined the statement	t of account and hereby declare ι	inder penalty of las	w that all statements of fact or	ontained herein						
		t to the best of my knowledge, inf									
	[18 U.S.C., Section 1001(1986			-							
		Handwritter	n signature:								
		Typed or p	rinted name:	Daniel J. White							
						ı					
		Title:	SVP - Financ	cial Planning							
			(Title of official posi	tion held in corporation or partne	rship)						
		D.1.		00/00/0000							
		Date:		02/26/2022		<u>.</u>					

2. B'cast

Channe	I 2 Т	ype of
Channe	ı 3. ı	ype or

	CC .	J , pc J.	
1. Call Sign	Number	Station	6. Location of Station
KCWC 6 (PBS) Riverton	6	Е	RIVERTON
KCWC-HD 6 (PBS) Riverton	6.2	E-M	RIVERTON
KCWY 13 (NBC) Casper	13	N	CASPER
KCWY 13.2 (CW) HD Casper	13.1	I-M	CASPER
KCWY 13.2 (CW) Casper	13.2	N	CASPER
KCWY-HD 13 (NBC) Casper	13	N	CASPER
KFNB 20 (FOX) Casper	20	1	CASPER
KFNB-HD 20 (FOX) Casper	20.2	I-M	CASPER
KGWC 14 (CBS) Casper	14	N	CASPER
KGWC-HD 14 (CBS) Casper	14.2	N-M	CASPER
KTWO 2 (ABC) Casper	2	N	CASPER
KTWO-HD 2 (ABC) Casper	2.2	N-M	CASPER
KWYF 26 MeTV/MNT Casper	26	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.

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	ACCOUNTING PERIOD COVER	ED 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. Check 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 A	ADDRESS OF CABLE SYSTEM							
	, , , , , , , , , , , , , , , , , , , ,								
			02	2877520221					
				028775 2022/1					
	Four International Drive, Rye Brook, NY 10573	Suite 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		· · · · · · · · · · · · · · · · · · ·						
	MAILING ADDRESS OF CABLE SYSTI 234 N Windriver Drive (Number, street, rural route, apartment, or suit								
	Douglas, WY 82633 (City, town, state, zip code)								
D Area	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 of system identification hereafter known as the "first community." Please use it as the first community on all future filings.								
Served	1 *	•	mobile home parks should be reported in para	theses below					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community	Douglas Converse County	WY 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 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 028775 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: · Service to first set 412 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel 73 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 1						
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE	
Continuing Services:		Installation: Non-residential					
Pay cable	19.95	Motel, hotel	T&M				
 Pay cable—add'l channel 	15.95	Commercial	T&M				
 Fire protection 	N/A	• Pay cable	T&M				
 Burglar protection 	N/A	Pay cable-add'l channel	T&M				
Installation: Residential		Fire protection	N/A				
First set	59.99	Burglar protection	N/A				
 Additional set(s) 	19.99	Other services:					
 FM radio (if separate rate) 	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 028775 Vyve 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 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. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF NUMBER STATION KCWC 6 (PBS) Riverton Ε **RIVERTON** 6 KCWC-HD 6 (PBS) Riverton 6.2 E-M **RIVERTON** 13 Ν **CASPER** KCWY 13 (NBC) Casper KCWY 13.2 (CW) HD Casper 13.1 I-M **CASPER** 13.2 Ν **CASPER** KCWY 13.2 (CW) Casper 13 Ν **CASPER** KCWY-HD 13 (NBC) Casper 20 ı **CASPER** KFNB 20 (FOX) Casper 20.2 I-M **CASPER** KFNB-HD 20 (FOX) Casper KGWC 14 (CBS) Casper 14 Ν **CASPER** KGWC-HD 14 (CBS) Casper 14.2 N-M **CASPER** 2 Ν **CASPER** KTWO 2 (ABC) Casper KTWO-HD 2 (ABC) Casper 2.2 N-M **CASPER** 26 **CASPER** KWYF 26 MeTV/MNT Casper I-M

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	F OWNER OF (YSTEM:					SYSTEM ID# 028775	Name
								323.10	
	t every radio s	tation ca	arried on a separate and disc enerally receivable" by your c						н
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 signal, indicate	f the radio stat this by placing	ion's sigi g a checl	nal was electronically process mark in the "S/D" column. on (the community to which t						
			the community with which the				,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						l			
				-					
				-		l			
				_		 			
				-		 			
		ļ		_		 			
				_					
				_		 			
				-					
				-		 			
				-					
				_		 			
				-		l			
		 							

1	ı	11	ı		
				<u> </u>	

	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#		
Name	Vyve Broadband J, LL	С						028775		
Substitute Carriage: Special	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the ac explanation of the programm 1. SPECIAL STATEMEN	ify every non ecounting pe ing that mus	network televisi riod, under spec t be included in NING SUBST	ion program broadcast by a cific present and former FC this log, see page (v) of the TTUTE CARRIAGE	a distant station C rules, regula e general instru	itions, or auth uctions.	norizations. Fo	or a further		
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
		SUBSTITUT	E PROGRAM 3. STATION'S	WHEN SU	7. REASON FOR DELETION					
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	_ TO			
							<u> </u>			

FORM SA1-2. P		SYSTEM ID#	
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	028775	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter th all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissic (as identifed 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)	on service	K Gross Receipts
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	85,544.00 (Amount of gross receipts)	
000/01011		(Amount or 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 \$263,800 but less than \$527,600 if the general instructions for more information.	300	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 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)	\$ 52.00	
	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)		
	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 n	nore information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Vyve Broadband J, LLC	028775		
	CHANNELC			
М	CHANNELS			
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.	tations		
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	42		
	system carried television broadcast stations	13		
		-		
	Enter the total number of activated channels			
	on which the cable system carried television broadcast stations	151		
	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	Tolorium A			
for Further Information	Name Marie Censoplano Telephone 9	914-234-8313		
illomation				
	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			
	Entan (optional)			
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations,			
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			
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified			
	in line 1 of space B and that the owner is not a corporation or partnership; or			
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system			
	in line 1 of space B.			
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein			
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]			
	[10 0.5.6., Section 1001(1900)]			
	Handwritten signature: /s/ Daniel J White			
	Typed or printed name: Daniel J. White			
	Title: SVP - Financial Planning			
	(Title of official position held in corporation or partnership)			
	Date: 8/22/22			

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028775	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.	3 ,	
** 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		

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.