ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

January 1-June 30, 2022

	INST	RUCTIONS:	
B Owner	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 every different owners during the accounting period, only the owner on the last day of the accounting period should submit the statement of account and royalty fee payment covering the entire accounting period.	BARCODE DATA
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 028776	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			-
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, zjp code)	

E		NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		132	25.00		
Service: Sub-	Service to additional set(s)					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel		21	68.99		
	Commercial					
	Converter					
	Residential					
	Non-residential					
		•				
		BLO	OCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resi	dential	
	• 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
	ĺ	1				

BLOCK 1

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 ac	ctivated channels, d	uring the accounting period.						
Channels										
	Enter the total number of contact the state of the s	1. Enter the total number of channels on which the cable								
	system carried television b	proadcast stations								
	2. Enter the total number of a	ctivated channels								
	on which the cable system	carried television broadcast station	ons		72					
	and nonbroadcast services	3								
N	INDIVIDUAL TO BE CONTA	CTED IF FURTHER INFORMATION	ON IS NEEDED: (Id	entify an individual to whom						
IN	we can write or call about this		ON IO NEEDED: (IC	chary arr marvidual to whom						
Individual to										
Be Contacted										
for Further	Name	Marie Censoplano		Telephone	914-234-8313					
Information										
	Address	Four International Driv								
			al route, apartment, c	r suite number)						
		Rye Brook, NY 10573 (City, town, state, zi	in)							
		(Oity, town, state, 2i	(P)							
	Email (optional)			Fax (optional)					
	(/									
	· ·	nt of account must be certifed and	d signed in accordar	nce with Copyright Offce regu	ulations,					
0	as explained in the general instr	•								
Certifcation	• I, the undersigned, hereby ce	ertify that (Check one, but only one	e, of the boxes.)							
	(Ourself of their their comme				of an and D. on					
	(Owner other than corp	ooration or partnership) I am the	owner of the cable	system as identifed in line 1	of space B; or					
	(Owner other than corp	ooration or partnership) I am the	owner of the cable	system as identifed in line 1	of space B; or					
	(Agent of owner other t	han corporation or partnership) I am the duly auth	orized agent of the owner of						
	(Agent of owner other t) I am the duly auth	orized agent of the owner of						
	(Agent of owner other to in line 1 of space	han corporation or partnership) I am the duly auth poration or partnersl	orized agent of the owner of nip; or	the cable system as identified	n				
	(Agent of owner other to in line 1 of space	than corporation or partnership; B and that the owner is not a corp m an officer (if a corporation) or a) I am the duly auth poration or partnersl	orized agent of the owner of nip; or	the cable system as identified	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space	than corporation or partnership; B and that the owner is not a corp m an officer (if a corporation) or a B.) I am the duly auth poration or partnersi partner (if a partner	orized agent of the owner of nip; or ship) of the legal entity identi	the cable system as identified fed as owner of the cable syster	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme	than corporation or partnership; B and that the owner is not a corp m an officer (if a corporation) or a) I am the duly auth poration or partners! partner (if a partner under penalty of lav	orized agent of the owner of nip; or ship) of the legal entity ident or that all statements of fact c	the cable system as identified fed as owner of the cable system ontained herein	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme	than corporation or partnership. B and that the owner is not a corporation or a corporation or a B. In the faccount and hereby declare ct to the best of my knowledge, in) I am the duly auth poration or partnersl partner (if a partner under penalty of lav	orized agent of the owner of nip; or ship) of the legal entity ident or that all statements of fact c	the cable system as identified fed as owner of the cable system ontained herein	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme are true, complete, and corre	than corporation or partnership. B and that the owner is not a corporation or a corporation or a B. In the faccount and hereby declare ct to the best of my knowledge, in) I am the duly auth poration or partnersl partner (if a partner under penalty of lav	orized agent of the owner of nip; or ship) of the legal entity ident or that all statements of fact c	the cable system as identified fed as owner of the cable system ontained herein	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme are true, complete, and corre	than corporation or partnership; B and that the owner is not a corp m an officer (if a corporation) or a B. In the faccount and hereby declare ct to the best of my knowledge, in (36)]) I am the duly auth poration or partners! partner (if a partner under penalty of law formation, and belie	orized agent of the owner of nip; or ship) of the legal entity ident or that all statements of fact c	the cable system as identified fed as owner of the cable system ontained herein	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme are true, complete, and corre	than corporation or partnership; B and that the owner is not a corp m an officer (if a corporation) or a B. In the faccount and hereby declare ct to the best of my knowledge, in (36)]) I am the duly auth poration or partnersl partner (if a partner under penalty of lav	orized agent of the owner of nip; or ship) of the legal entity ident or that all statements of fact c	the cable system as identified fed as owner of the cable system ontained herein	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme are true, complete, and corre	than corporation or partnership. B and that the owner is not a corporation or a second man officer (if a corporation) or a second and hereby declare of to the best of my knowledge, in [36]]) I am the duly auth poration or partners! partner (if a partner under penalty of law formation, and belie	orized agent of the owner of nip; or ship) of the legal entity ident or that all statements of fact c	the cable system as identified fed as owner of the cable system ontained herein	m				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme are true, complete, and corre	than corporation or partnership. B and that the owner is not a corporation or a second man officer (if a corporation) or a second and hereby declare of to the best of my knowledge, in [36]]) I am the duly auth poration or partners! partner (if a partner under penalty of law formation, and belie en signature:	orized agent of the owner of nip; or ship) of the legal entity identity that all statements of fact country, and are made in good fait	the cable system as identified fed as owner of the cable system ontained herein	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme are true, complete, and corre	than corporation or partnership. B and that the owner is not a corporation or a second man officer (if a corporation) or a second and hereby declare of to the best of my knowledge, in [36]]) I am the duly authoration or partners partner (if a partner under penalty of law formation, and believen signature: SVP - Finance	prized agent of the owner of hip; or ship) of the legal entity identity that all statements of fact coordings and are made in good faith	the cable system as identified fed as owner of the cable system ontained herein n.	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme are true, complete, and corre	than corporation or partnership B and that the owner is not a corp m an officer (if a corporation) or a B. Int of account and hereby declare ct to the best of my knowledge, in 36)] Handwritte Typed or p) I am the duly authoration or partners partner (if a partner under penalty of law formation, and believen signature: SVP - Finance	prized agent of the owner of hip; or ship) of the legal entity identity that all statements of fact country, and are made in good faith	the cable system as identified fed as owner of the cable system ontained herein n.	n				
	(Agent of owner other to in line 1 of space (Officer or partner) I are in line 1 of space I have examined the stateme are true, complete, and corre	than corporation or partnership B and that the owner is not a corp m an officer (if a corporation) or a B. Int of account and hereby declare ct to the best of my knowledge, in 36)] Handwritte Typed or p) I am the duly authoration or partners partner (if a partner under penalty of law formation, and believen signature: SVP - Finance	prized agent of the owner of hip; or ship) of the legal entity identity that all statements of fact coordings and are made in good faith	the cable system as identified fed as owner of the cable system ontained herein n.	m				

2. B'cast

Channel 3. Type of

1. Call Sign	Number	Station	6. Location of Station	
KCNC 4 (CBS)	4 [N	Denver, CO	2
KCWC 6 (PBS)	6 I	E	Riverton, WY	3
KMGH 7 (ABC)	7 [N	Denver, CO	4
KTVD 20 (MyNet)	20 I		Denver, CO	5
KUSA 9 (NBC)	1 9	N	Denver, CO	6
KWGN 2 (CW)	2 I		Denver, CO	7
KDVR 31 (FOX)	31 I		Denver, CO	8
KKTQ 16 (ABC)	16 [N	Cheyenne, CO	1

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 COVERED BY THIS STATEMENT:									
Accounting Period	January 1-June 30, 2022									
B	incorrect infor Give the rate title of the List any of there was single state	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 as single statement of account and royalty fee payment covering the entire accounting period. Obeck here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	-	ME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM							
		5. oudbuild 0, 220								
				02	287762	20221				
					028776	2022/1				
		nternational Drive, Su rook, NY 10573	uite 330							
С		, 3		fy the business and operation of the system ur system, if different from the address given in s		,				
System	1 IDENTIFIC	CATION OF CABLE SYSTEM:		•	-					
	234 N	ADDRESS OF CABLE SYSTEM: Windriver Drive treet, rural route, apartment, or suite nu								
		as, WY 82633 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		s and properties such as ho	·	mobile home parks should be reported in para	theses bel	ow				
	Wheatlan	CITY OR TOWN	STATE WY	CITY OR TOWN	ST	ATE				
First Community	Platte Co		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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028776 Vyve Broadband J, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Ε

Secondary Transmission Service: Subscribers and Rates

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 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.

BLG	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	132	25.00					
Service to additional set(s)							
• FM radio (if separate rate)							
Motel, hotel	21	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	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 028776 Vvve Broadband J. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER STATION KCNC 4 (CBS) Denver, CO 4 Ν KCWC 6 (PBS) 6 Ε Riverton, WY Denver, CO KMGH 7 (ABC) 7 Ν 20 ı Denver, CO KTVD 20 (MyNet) KUSA 9 (NBC) 9 Denver, CO KWGN 2 (CW) 2 Denver, CO KDVR 31 (FOX) 31 Denver, CO KKTQ 16 (ABC) 16 Cheyenne, CO

FORM SA1-2. I								NG PERIOD: 2022/1
LEGAL NAME O			YSTEM:				SYSTEM ID#	Name
Vyve Broad	oand J, LLC	<i>;</i>					028776	
	t every radio s	tation ca	rried on a separate and discre					Н
Special Instru	ctions Concer	rning All	-Band FM Carriage: Under C	opyright Office re	egulations, an	FM sign	al is generally	Primary
on the basis of For detailed info Column 1: lo Column 2: S	monitoring, to ormation abou dentify the call tate whether t	be recei t the the sign of e he statio	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. In all was electronically processed.	system's FM ante on this point, see	nna, during ce page (v) of the	ertain sta e genera	ated intervals. I instructions.	Transmitters: Radio
signal, indicate Column 4: 0	this by placing Sive the station	a check n's location	k mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

1	ı	11	ı		
				<u> </u>	

	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Vyve Broadband J, LL							028776
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT	fy every non counting pe ing that mus	network televis riod, under spec t be included in	ion program broadcast by a cific present and former FCi this log, see page (v) of the	a distant statio C rules, regula	ations, or authoriz		
Special Statement and Program Log	During the accounting per broadcast by a distant stat Note: If your answer is "No"	iod, did you ıon?	r cable system	carry, on a substitute bas	-		Yes	ХNо
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a of every no distant statigulations, o ies like "mo Bulls." In was broad sign of the sadcast static adian static ath and day we "5/7." It was when the Example: a er "R" if the and regulatic ogramming	am on a separa attach addition: nnetwork televi ion and that your authorization: vies" or "basked dcast live, ente station broadca on's location (the ons, if any, the when your sys a substitute pro a program carri listed program ons in effect du	al pages. ision program (substitute pur cable system substitute s. See page (v) of the gentball." List specific program "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for programing the accounting period	orogram) that ed for the program titles, for extending the station is lice station is ide program. Use cable system 15 p.m. to 6: amming that the editor the le	, during the according the for further interest ample, "I Love I ensed by the FC ntified). e numerals, with a List the times 28:30 p.m. shouly our system was tter "P" if the list	ounting other stati formation Lucy" or CC or, in a the monaccurately lid be seed pro	th
	S		E PROGRAM			JBSTITUTE CA OCCURRED 6. TIME		7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	TO	
]			
					-			
					-			
					-			
					-			
						_		

FORM SA1-2.	PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 028776	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 transmission (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	n service	K Gross Receipts
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	26,562.00 (Amount of gross receipts)	
Instructions • • • •	T ROYALTY FEE To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,8 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.	00	L Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of $$137,100$ or less, the royalty fee that you must pay for this succounting period is $$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	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	-	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K	_	
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4	_	
	7. Multiply line 6 by .005 (enter figure here)	_	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	,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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	
	EFT Trace # or TRANSACTION ID #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m	ore information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Vyve Broadband J, LLC	028776		
	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	8		
	system carried television broadcast stations	0		
		_		
	2. Enter the total number of activated channels			
	on which the cable system carried television broadcast stations	72		
	and nonbroadcast services			
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom			
ludisided to	we can write or call about this statement of account.)			
Individual to				
Be Contacted	Nama Mario Concontano Telephone (144 224 9212		
for Further Information	Name Marie Censoplano Telephone 9	914-234-8313		
	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			
	TO TO TO THE CONTROL OF THE CONTROL			
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)			
O				
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)			
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or			
	(Owner other than corporation or partnership) 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.			
	in line 1 of Space B.			
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein			
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]			
	[
	Handwritten signature: /s/ Daniel J White			
	To the Company of the			
	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	028776	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 secondary transmissions.	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 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 O 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 suffciency of the fling, a determination that would be made by a court of law.