	ACCOUNTING PERIOD: 2022/1	(for header)
Α	ACCOUNTING PERIOD COVI	RED BY THIS STATEMENT:
Accounting	January 1-June 30,	2022
Period		

	INSTR	UCTIONS:	1
B Owner		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 brate title of the subsidiary, not that of the parent corporation.	
Owner	In line	e 2, list any other names under which the owner conducts the business of the cable system.	
		re were different owners during the accounting period, only the owner on the last day of the accounting period should submit gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DAT
	a sin		3 Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*029
		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	1007 N. Madison Ave (Number, street, rural route, apartment, or suite number)	
		Douglas, GA 31533 (City, town, state, zp code)	

	BLOO	BLOCK 1								
E		NO. OF								
	CATEGORY OF SERVICE	SUBSCRIBERS		RATE						
Secondary	Residential:									
Transmission	Service to first set	1	L,241	25.00						
Service: Sub-	 Service to additional set(s) 									
scribers and	 FM radio (if separate rate) 									
Rates	Motel, hotel									
	Commercial		101	65.99						
	Converter									
	Residential									
	Non-residential									
	BLOCK 1									
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE				
F	Continuing Services:		Install	ation: Non-resi						
	Pay cable	18.95	Motel, hotel			т&г				
Services	 Pay cable—add'l channel 	15.95		 Commercial 		T&I				
Other Than	Fire protection	N/A		 Pay cable 		1&T				
Secondary	 Burglar protection 	N/A		 Pay cable-add 	l channel	1&T				
Fransmissions:	Installation: Residential			 Fire protection 		N/				
Rates	First set	59.99	 Burglar protection 			N/				
	 Additional set(s) 	19.99	Other	services:						
	 FM radio (if separate rate) 	N/A		 Reconnect 		29.9				
	Converter	-		 Disconnect 		-				
				 Outlet relocation 	n	29.9				
				 Move to new a 	ddress	29.9				
	1	1	1							

M Channels	 to its subscribers and (2) the ca 1. Enter the total number of cha system carried television bro 2. Enter the total number of action on which the cable system carried 	padcast stations	ivated channels, dur	ing the accounting period.	t stations . 11					
N Individual to										
Be Contacted for Further Information	Name	Marie Censoplano		Telephone	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)						
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.) 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)] 									
		Handwritter	n signature:							
				Daniel J. White						
		Title:	SVP - Financia (Title of official positio	al Planning n held in corporation or partne	rship)					
		Date:		02/26/2022						

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station
WSWG-CBS	44	Ν	Albany
WSWG-MyNetworkTV	44.2	I-M	Albany
WXGA-Create	8.2	E-M	Waycross
WXGA-PBS	8	Е	Waycross
WXGA-PBS Knowledge	8.3	E-M	Waycross
WXGA-PBS Kids	8.4	E-M	Waycross
WFXL - FOX HD	31	I	Albany
WFXL - TBD	31.2	I-M	Albany
WALB-ABC 10.2 Albany -	10.2	Ν	Albany
WALB-CW 10.4 Albany -	10.4	I-M	Albany
WALB-NBC 10	10	Ν	Albany

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

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			Return to:	
STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Library of Congress Copyright Office	
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division	
Cable Systems (Short Form)			101 Independence Ave. SE	
General instructions are at the	8/29/2022	\$	Washington, DC 20557-6400 (202) 707-8150	
end of this form [pages (i)-(vii)].	0/23/2022	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions	

Α	AC									
Accounting Period										
B Owner	inco rate	prect information and print or type the of Give the full legal name of the owner of title of the subsidiary, not that of the pi- List any other name or names under v If there were different owners during in ingle statement of account and royalty	correct information beside it. of the cable system. If the owner is a arent corporation. which the owner conducts the busines: the accounting period, only the owner fee payment covering the entire acco	on the last day of the accounting period should st						
	LE	GAL NAME OF OWNER/MAILING A	DDRESS OF CABLE SYSTEM							
		Vyve Broadband J, LLC								
				*	0294232022					
					029423 2022					
	Four International Drive, Suite 330									
	Rye Brook, NY 10573									
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 SYSTEM	М:							
	2	1007 N. Madison Ave (Number, street, rural route, apartment, or suite	number)							
	Douglas, GA 31533 (City, town, state, zip code)									
D				. A "community" is the same as a "community						
D				luding unincorporated commuinites within unit 76.5(dd). The first community that list will serv						
Area				e use it as the first community on all future film						
Served		te: Entities and properties such as h identified city.	notels, apartments, condiminiums,	or mobile home parks should be reported in p	aratheses below					
		CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First	Do	ouglas	GA							
Community		nbrose	GA							
		oxton	GA							
		offee County	GA							
	Ni	chols	GA							

search reports prepared for the public. The effects of not providing the Pil requested is that it may delay processing of your statement of account ar 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

Name	LEGAL NAME OF OWNER OF CA		SYS	O2942							
Name	Vyve Broadband J, LLC										
F	SECONDARY TRANSMISSION	SERVICE: SU	BSCRI	BERS AND R	ATES						
E	In General: The information in space E should cover all categories of secondary transmission service of the cable										
Secondary	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary Transmission	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).										
Service: Sub-	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										
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 ne		,	0,1			<i>.</i>	s charged			
	separately for the particular serv Rate: Give the standard rate c							re and the			
	unit in which it is generally billed.	•	-	•				-			
	category, but do not include disc		,		•			particular rate			
	Block 1: In the left-hand block			0		•					
	systems most commonly provide										
	that applies to your system. Note			-		-					
	categories, that person or entity					•••	•				
	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, t										
	with the number of subscribers a sufficient.	ion of the	service is								
	BLC	BLOC	K 2								
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT		
	Residential:										
	Service to first set		1,241	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		101	65.99							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC		Nemice		e						
_	In General: Space F calls for rat					all your cable sy	stem's ser	vices that were			
F	not covered in space E, that is, t	•	'		•						
	service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services										
Services	furnished at cost or (2) services										
Other Than Secondary	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.										
ransmissions:			he cable	e system for e	ach of the	applicable serv	ices listed.				
Rates	 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				ished. List	these other ser	vices in th	e form of a			
	brief (two- or three-word) descrip	tion and includ	le the ra	ite for each.			1				
		BLO						BLOCK 2			
		RATE		ORY OF SER		RATE	CATEG	ORY OF SERVICE	RAT		
	CATEGORY OF SERVICE		Inctalla	ation: Non-res	sidential						
	Continuing Services:										
	Continuing Services: • Pay cable	18.95	• Mot	tel, hotel		T&M					
	Continuing Services: • Pay cable • Pay cable—add'l channel	15.95	• Mot • Cor	tel, hotel nmercial		T&M					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	15.95 N/A	• Mot • Cor • Pay	tel, hotel mmercial / cable		T&M T&M					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	15.95	• Mot • Cor • Pay • Pay	tel, hotel nmercial / cable / cable-add'l cl	hannel	T&M T&M T&M					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	15.95 N/A N/A	• Mot • Cor • Pay • Pay • Fire	tel, hotel nmercial / cable / cable-add'l cl e protection		T&M T&M T&M N/A					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	15.95 N/A	• Mot • Cor • Pay • Pay • Fire	tel, hotel nmercial / cable / cable-add'l cl		T&M T&M T&M					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	15.95 N/A N/A 59.99	• Mot • Cor • Pay • Pay • Fire • Bur	tel, hotel nmercial / cable / cable-add'l cl e protection		T&M T&M T&M N/A					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	15.95 N/A N/A 59.99	• Mot • Cor • Pay • Pay • Fire • Bury Other s • Rec	tel, hotel mmercial / cable / cable-add'l cl protection glar protectior services: connect		T&M T&M T&M N/A					
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	15.95 N/A N/A 59.99 19.99	• Mot • Cor • Pay • Pay • Fire • Bury Other s • Rec	tel, hotel mmercial v cable v cable-add'l cl protection glar protectior services:		T&M T&M T&M N/A N/A					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	15.95 N/A N/A 59.99 19.99	• Mot • Cor • Pay • Pay • Fire • Bur • Bur • Rec • Disc	tel, hotel mmercial / cable / cable-add'l cl protection glar protectior services: connect		T&M T&M T&M N/A N/A					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name	Vyve Broadband J, LLC										
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters: Television	 76.59(d)(2) and (4), 76.61(e)(2) a substitute program basis, as exp Substitute Basis Stations: V basis under specifc FCC rules, re Do not list the station here in sp station was carried only on a s List the station here, and also in basis. For further information Column 1: List each station's Column 2: Give the number of This may be different from the ch associated with a station accordithe same on the form. Column 3: Indicate in each cardia tion and the form the form and the station according the station and the form. Column 3: Indicate in each cardia the station according the static according the st	 FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; 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 identifed. 									
	1. CALL SIGN										
	WSWG-CBS	44	N	Albany							
	WSWG-MyNetworkTV	44.2	I-M	Albany							
	WXGA-Create	8.2	E-M	Waycross							
	WXGA-PBS	8	Е	Waycross							
	WXGA-PBS Knowledge	8.3	E-M	Waycross							
	WXGA-PBS Kids	8.4	E-M	Waycross							
	WFXL - FOX HD	31	1	Albany							
	WFXL - TBD	31.2	I-M	Albany							
	WALB-ABC 10.2 Albany -	10.2	N	Albany							
	WALB-CW 10.4 Albany -	10.4	I-M	Albany							
	WALB-NBC 10	10	N	Albany							
			+								

ACCOUNTING PERIOD: 2022/1

ORM SA1-2. F EGAL NAME OF /yve Broadl	F OWNER OF (YSTEM:				SYSTEM ID# 029423	Name	
		-					029423		
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) in the basis of a pr detailed infor Column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G	it is carried by monitoring, to prmation about dentify the call state whether t the radio statis this by placing Sive the station	/ the sys be recei t the the sign of e he statio ion's sign a check h's locatio	-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 processes mark in the "S/D" column. on (the community to which the the community with which the	the system's heasystem's FM anter system's FM anter on this point, see ed by the cable system e station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se red by the FCC) it can b ertain sta e genera parate a	e expected, ated intervals. Il instructions. nd discrete	Primary Transmitter Radio	
		, <u>,</u>							
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID#		
	Trausallu J, LLC	•						029423		
I	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every non counting pe	network televis riod, under spec	<i>ion program</i> broadcast by a cific present and former FC	distant station C rules, regula	tions, or autho				
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage: Special	I. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	broadcast by a distant stati		Yes	XNo						
	Note: If your answer is "No" log in block 2.	the program	1							
	 LOG OF SUBSTITUTE In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call st Column 4: Give the broat the case of Mexican or Can- Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letted to delete under FCC rules a gram was substituted for pro- effect on October 19, 1976. 	itute progra ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broad sign of the sign of the dcast static adian static th and day re "5/7." es when the Example: a er "R" if the nd regulatic	Im on a separa attach addition: nnetwork televi ion and that yo r authorization: vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e 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 gen stball." List specific program r "Yes." Otherwise enter "I asting the substitute progra- ne community to which the community with which the tem carried the substitute ogram was carried by your ed by a system from 6:01: was substituted for program ring the accounting period	brogram) that ad for the prog eral instruction in titles, for ex- No." am. e station is lice station is ide program. Use cable system 15 p.m. to 6:: amming that t; enter the le	, during the a gramming of a ons for further (ample, "I Lov ensed by the ntified). e numerals, w h. List the time 28:30 p.m. sh your system v tter "P" if the l	ccounting another stati information e Lucy" or FCC or, in fith the mon es accuratel ould be vas requirect isted pro	th y		
				IBSTITUTE (OCCURRED		7. REASON				
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		5. MONTH	6. TII	MES	FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то			
						_				
						_				
						_				
						_				
						_				
						_				
						_				
						_				
						_				

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	029423	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this am page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	sion service	K Gross Receipts
COPYRIGHT R			
•	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 \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 e general instructions for more information.	33,800	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 th accounting period is \$52.00	is six-month	
	Line 1. Royalty fee for accounting period		
	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		
	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 \$ 244,542.00	-	
	3. Subtract line 2 from line 1 \$ 19,258.00		
		244,542.00	
	5. Enter the amount from line 3	19,258.00	
		225,284.00	
	7. Multiply line 6 by .005 (enter figure here)	\$ 1,126.42	
	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	\$ 1,126.42	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	· · · · · · · · · · · · · · · · · · ·		
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 1,126.42	
Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 1,146.42	
	EFT Trace # or TRANSACTION ID #	Not Available	

FORM SA1-2. PAGE 6.

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# 029423				
M Channels	CHANNELS 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.					
	1. Enter the total number of channels on which the cable system carried television broadcast stations	11				
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	157				
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 91	4-234-8313				
	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					
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) 	ons,				
	(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 identifed 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)]					
	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.

ACCOUNTING PERIOD: 2022/1

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name			
Vyve Broadband J, LLC 029423	Naille			
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	P Special Statement Concerning Gross Receipts Exclusion			
made by satellite carriers to satellite dish owners?				
YES. Enter the total here and list the satellite carrier(s) below				
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	Q			
Line 1 Enter the amount of late payment or underpayment	Interest			
x	Assessment			
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				

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