## 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 CO	OVERED BY THIS STAT	EMENT:								
Accounting Period	January 1-June 3	0, 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/MA		SYSTEM								
	Vyve Broadband A, I	_LC									
				*02	2945020221*						
					029450 2022/1						
	4 International Dr Su 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 S	YSTEM:		<u> </u>							
	MAILING ADDRESS OF CABLE	SYSTEM:									
	2 (Number, street, rural route, apartme	nt, or suite number)									
	(City, town, state, zip code)										
D	in FCC rules: "a separate and o	distinct community or municip	oal entitiy (includi	"community" is the same as a "community un ing unincorporated commuinites within uninco (dd). The first community that list will serve a	rporated						
Area		• • •		e it as the first community that list will serve a	S a IOIIII						
Served	_		•	nobile home parks should be reported in para	theses below						
	CITY OR TOWN	STAT	ГЕ	CITY OR TOWN	STATE						
First	FORT RILEY	KS									
Community	FORT RILEY EXEMPT	KS	)								
					1						

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

	CHANNELS												
М	Instructions: You must give (1)	) the number of channels on wh	nich the cable syste	em carried television broadcas	t stations								
	to its subscribers and (2) the ca	ble system's total number of a	ctivated channels,	during the accounting period.									
Channels													
	Enter the total number of cha	1. Enter the total number of channels on which the cable  system carried television broadcast stations											
	system carried television broadcast stations												
	Enter the total number of activated channels      An which the cable system carried television broadcast stations.												
	on which the cable system carried television broadcast stations												
	and nonbroadcast services .												
N	INDIVIDUAL TO BE CONTACT	ED IF FURTHER INFORMATI	ON IS NEEDED: (	Identify an individual to whom									
	we can write or call about this s	tatement of account.)											
Individual to													
Be Contacted													
for Further	Name	Marie Censoplano		Telephone	914-235-8313								
Information		4 latement and Dr. Cuit	- 220										
	Address	4 International Dr Suite (Number, street, ru	e 330 ral route, apartment,	or suite number)									
		Rye Brook, NY 10573		,									
		(City, town, state, z	ip)										
	Email (optional)	marie.censopla	no@vyvebb.co	m Fax (optional)	914-234-8363								
	CERTIFICATION (This statement	of account must be certifed an	d signed in accorda	ance with Convright Offce regu	lations								
0	as explained in the general instruc		a signed in accord	ande with dopyright office regu	ilations,								
Certifcation	• I, the undersigned, hereby certif	fy that (Check one, but only one	e, of the boxes.)										
	(Owner other than corpor	ration or partnership) I am the	owner of the cabl	e system as identifed in line 1	of space B; or								
	(Agent of owner other tha	ın corporation or partnership	) I am the duly aut	horized agent of the owner of t	he cable system as identified								
	• • -	and that the owner is not a cor		-	ne cable system as identified								
	,												
	(Officer or partner) I am a in line 1 of space B.		partner (if a partne	ership) of the legal entity identi	fed as owner of the cable syste	·m							
	in line 1 of space B.												
	I have examined the statement	of account and hereby declare	under penalty of la	aw that all statements of fact co	ontained herein								
	are true, complete, and correct		nformation, and bel	lief, and are made in good faith	1.								
	[18 U.S.C., Section 1001(1986)	J											
		Handwritte	en signature:										
	•		J	Deniel I White									
		ı ypea or p	orinted name:	Daniel J White									
		Title.	QVD Einana	ial Planning									
		Title:		ial Planning sition held in corporation or partne	rship)								
			,,	,	• •								
		Date:		02/26/2022									

ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

Period

	INSTR	RUCTIONS:	
<b>B</b> Owner	corpo In line If the	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 prate title of the subsidiary, not that of the parent corporation.  e 2, list any other names under which the owner conducts the business of the cable system.  ere 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 DATA
			Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	*0294
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	_
	-	Sources training of States of Sabel Stotem (if Birt Erectt).	
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		4 International Dr Suite 330	
		(Number, street, rural route, apartment, or suite number)	
		Rye Brook, NY 10573	
		(City, town, state, zip)	_
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	_
С	names	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.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	_ '		
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	1

Transmission Service: Sub- scribers and Rates  Mote Com Com	CATEGORY OF SERVICE idential:	NO. OF SUBSCRIBE		25.00 25.00 68.99					
Transmission Service: Sub- scribers and Rates  Mote Com Com	idential:	SUBSCRIBE	62	25.00					
Transmission Service: Sub- scribers and Rates  Mote Com Com	Service to first set Service to additional set(s) FM radio (if separate rate) el, hotel nmercial verter Residential								
Service: Sub- scribers and Rates Mote Com	Service to additional set(s) FM radio (if separate rate) el, hotel nmercial verter Residential								
Rates Mote Com	FM radio (if separate rate) el, hotel nmercial verter     Residential		27	68.99					
Rates Mote Com Con	el, hotel nmercial verter • Residential		27	68.99					
CATE	nmercial verter • Residential		27	68.99					
CATE	verter • Residential		27	68.99					
CATE	Residential								
_									
_	Non-residential								
_									
_									
_									
_	BLOCK 1								
F Con	EGORY OF SERVICE	RATE	CATE	RATE					
	tinuing Services:		Install	lation: Non-resi	dential				
	Pay cable	19.95		<ul> <li>Motel, hotel</li> </ul>					
Services	<ul> <li>Pay cable—add'l channel</li> </ul>			<ul> <li>Commercial</li> </ul>					
Other Than	<ul> <li>Fire protection</li> </ul>			<ul> <li>Pay cable</li> </ul>					
Secondary	<ul> <li>Burglar protection</li> </ul>			• Pay cable-add	l channel				
Transmissions: Insta	allation: Residential			• Fire protection					
Rates	First set	64.95		<ul> <li>Burglar protect</li> </ul>	ion				
	<ul> <li>Additional set(s)</li> </ul>		Other	services:					
	<ul> <li>FM radio (if separate rate)</li> </ul>			<ul> <li>Reconnect</li> </ul>		39.95			
	Converter			<ul> <li>Disconnect</li> </ul>					
				<ul> <li>Outlet relocation</li> </ul>	on	20.00			
				<ul> <li>Move to new a</li> </ul>	ddress	39.95			

2. B'cast
Channel 3. Type of

	Channel	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
KSNT-NBC 27	27	N	TOPEKA, KS
KTKA-ABC 49	49	N	TOPEKA, KS
KTKA-CW 49.3	49.3	I-M	TOPEKA, KS
KTKA-Weather HD 49.2	49.2	I-M	TOPEKA, KS
KTMJ-Escape 43.2	43.2	I-M	TOPEKA, KS
KTMJ-FOX 43	43	1	TOPEKA, KS
KTMJ-Grit TV 43.3	43.3	I-M	TOPEKA, KS
KTWU-Enhance 11.3	11.3	E-M	TOPEKA, KS
KTWU-PBS 11	11	E	TOPEKA, KS
KTWU-PBS Kids 11.2	11.2	E-M	TOPEKA, KS
KSNT-Bounce .4	27.4	N-M	TOPEKA, KS
KTMJ-Laff 43.4	43.4	I-M	TOPEKA, KS
WIBW-CBS HD 13	13	N	TOPEKA, KS
WIBW-MNT 13.2	13.2	I-M	TOPEKA, KS
WIBW - D3 - Heroes & Icons	13.3	I-M	TOPEKA, KS
WIBW - D4 - Start	13.4	I-M	TOPEKA, KS
WIBW - D5 - Circle	13.5	I-M	TOPEKA, KS

Name	Vyve Broadband A, LLC	SIEM:		SYSTEM 0294
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_		-		
D				
ontinued)				
Area				
Served				
				<b></b>
		1	I L	

**ACCOUNTING PERIOD: 2022/1** LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 029450 Vyve Broadband A, 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: 62 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 27 68.99 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 2					
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE		CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
Pay cable	19.95	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
<ul> <li>Fire protection</li> </ul>		Pay cable				
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	64.95	Burglar protection				
<ul> <li>Additional set(s)</li> </ul>		Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	39.95			
Converter		Disconnect				
		Outlet relocation	20.00			
		<ul> <li>Move to new address</li> </ul>	39.95			

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband A, LLC

SYSTEM ID#

029450

# G

### Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KSNT-NBC 27	27	N	TOPEKA, KS
KTKA-ABC 49	49	N	TOPEKA, KS
KTKA-CW 49.3	49.3	I-M	TOPEKA, KS
KTKA-Weather HD 49	49.2	I-M	TOPEKA, KS
KTMJ-Escape 43.2	43.2	I-M	TOPEKA, KS
KTMJ-FOX 43	43	I	TOPEKA, KS
KTMJ-Grit TV 43.3	43.3	I-M	TOPEKA, KS
KTWU-Enhance 11.3	11.3	E-M	TOPEKA, KS
KTWU-PBS 11	11	Е	TOPEKA, KS
KTWU-PBS Kids 11.2	11.2	E-M	TOPEKA, KS
KSNT-Bounce .4	27.4	N-M	TOPEKA, KS
KTMJ-Laff 43.4	43.4	I-M	TOPEKA, KS
WIBW-CBS HD 13	13	N	TOPEKA, KS
WIBW-MNT 13.2	13.2	I-M	TOPEKA, KS
WIBW - D3 - Heroes 8	13.3	I-M	TOPEKA, KS
WIBW - D4 - Start	13.4	I-M	TOPEKA, KS
WIBW - D5 - Circle	13.5	I-M	TOPEKA, KS

FORM SA1-2. F	PAGE 4.									
LEGAL NAME OI			YSTEM:					SYSTEM ID#	Name	
Vyve Broadl	oand A, LLC	<u> </u>						029450		
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.										
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.  Column 1: Identify the call sign of each station carried.  Column 2: State whether the station is AM or FM.  Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.  Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).										
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 A, LL	.c						029450				
Substitute Carriage:	SUBSTITUTE CARRIAG In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN	ify every non ccounting pe ing that mus	network televisa riod, under spec t be included in	ion program broadcast by a cific present and former FC this log, see page (v) of the	a distant statio C rules, regula	itions, or aut						
Special Statement and Program Log	<ul> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?</li></ul>											
	clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograte Column 3: Give the call Column 4: Give the broadth of the case of Mexican or Car Column 5: Give the most first. Example: for May 7 gi Column 6: State the time to the nearest five minutes stated as "6:00–6:30 p.m."	ace, please a of every no distant static gulations, ories like "mo Bulls." m was broad sign of the sadcast static adian static and and day ve "5/7." les when the Example: a ter "R" if the and regulatic rogramming	attach additional nnetwork televition and that your authorizations vies" or "basked dcast live, entestation broadcaph's location (thous, if any, the when your system carried a program carried listed program cons 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 "lasting 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 le	, during the gramming or ons for further cample, "I Lowensed by the ntified). The numerals, and its the time when the cample of	accounting f another stater information ove Lucy" or e FCC or, in with the mon mes accuratel should be I was required e listed pro	ion i. ith				
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S			OCCURRE	CARRIAGE D TIMES	7. REASON FOR DELETION				
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— TO					
					]		_					
					-		<u> </u>					
					-							
							_					
							<u> </u>					
							_					

FORM SA1-2. PAGE 6.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	SYSTEM ID# 029450	Name
vyve Broadband A, ELC	029450	
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 transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this amon page (vii) of the general instructions.	ion service	<b>K</b> Gross Receipts
Gross receipts from subscribers for secondary transmission service(s)	¢ 47.224.00	
during the accounting period	\$ 17,234.00 (Amount of gross receipts)	
COPYRIGHT ROYALTY FEE  nstructions: 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 see page (vi) of the general instructions for more information.  BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	,800	Copyright Royalty Fee
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this	six-month	
accounting period is \$52.00		
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 \$137,10	0)	
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 \$527,6	00)	
1. Enter the amount of gross receipts from space K		
2. Base amount under statutory formula		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Γ		
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTANCE DUE		
	\$ 52.00	
2. Filing Fee (See the instructions for more information on filing fee calculations)		
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	
EFT Trace # or TRANSACTION ID #	Not Available	
LITITIAGE # OF INARGACTION ID #	1.10t/Wallable	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	more information.	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Vyve Broadband A, LLC	029450			
	CHANNELS				
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations				
IVI	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	idions			
Channels					
	Enter the total number of channels on which the cable	12			
	system carried television broadcast stations				
	2. Enter the total number of activated channels				
	on which the cable system carried television broadcast stations and nonbroadcast services	152			
	and nonbroadcast services				
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)				
Individual to					
Be Contacted					
for Further	Name Marie Censoplano Telephone S	14-235-8313			
Information					
	Address 4 International Dr Suite 330				
	(Number, street, rural route, apartment, or suite number)				
	Rye Brook, NY 10573				
	(City, town, state, zip)				
	5 7/ 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
	Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363				
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regular	tions,			
0	as explained in the general instructions.)				
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)				
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or				
	<u> </u>				
	(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				
	in line it of space B and that the owner is not a corporation of partnership, of				
	(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 6.				
	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)]				
	( · · · · · · · · · · · · · · · · · · ·				
	Q 1 7 01164				
	Handwritten signature: /s/ Daniel J White				
	Typed or printed name: Daniel J White				
	Typod of printed fallies.				
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)				
	(Title of official position field in corporation or partnership)				
ı					
	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 A, LLC	029450	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 se	the basic ot 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.	nderpayment.	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	0.00274	
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assis contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	<b>3</b> ,	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright C list below the owner, address, first community served, ID number, and accounting period as given in the or		
Owner Address		
ID number		
First community served		
Accounting period		

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