ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

Period

	INST	RUCTIONS:	
B Owner	corp In lin	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full orate title of the subsidiary, not that of the parent corporation.  The 2, list any other names under which the owner conducts the business of the cable system.  The were 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.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	BARCODE DATA
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*0304
		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	
С	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.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
		1501 West Mississippi (Number, street, rural route, apartment, or suite number)	
	2		
		Durant, OK 74701	
		(City, town, state, zip code)	_1

Continuing Services:			/N I				
Residential:   Service: Subscribers and Rates	E		NO. O	F			
Service: Subscribers and Rates		CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE		
Service   Subscribers and Rates   Service   Subscribers and Rates   Motel, hotel   Commercial   219   68.99	Secondary	Residential:					
FM radio (if separate rate)   Motel, hotel   Commercial   219   68.99	Transmission	<ul> <li>Service to first set</li> </ul>	1	,416	25.00		
Rates	Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>					
Commercial   219   68.99	scribers and	<ul> <li>FM radio (if separate rate)</li> </ul>					
Converter   • Residential   • Non-residential   • Non-residential   • Non-residential   • Non-residential   • Non-residential   • Non-residential     CATEGORY OF SERVICE   RATE   CATEGORY OF SERVICE   RATE   Installation: Non-residential     T&	Rates	Motel, hotel					
Converter		Commercial		219	68.99		
Non-residential   BLOCK 1   CATEGORY OF SERVICE   RATE   CATEGORY OF SERVICE   RATE   Installation: Non-residential   T&		Converter					
BLOCK 1   CATEGORY OF SERVICE   RATE   CATEGORY OF SERVICE   RATE   CATEGORY OF SERVICE   RATE   Installation: Non-residential   T&		Residential					
CATEGORY OF SERVICE   RATE   CATEGORY OF SERVICE   RATE		Non-residential					
CATEGORY OF SERVICE   RATE   CATEGORY OF SERVICE   RATE							
CATEGORY OF SERVICE   RATE   CATEGORY OF SERVICE   RATE							
Continuing Services:			BLO	OCK 1			
Pay cable		CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
Services         • Pay cable—add'l channel         15.95         • Commercial         T&           Other Than         • Fire protection         N/A         • Pay cable         T&           Secondary         • Burglar protection         N/A         • Pay cable—add'l channel         T&           Installation: Residential         • Fire protection         N/           • First set         59.99         • Burglar protection         N/           • Additional set(s)         19.99         Other services:           • FM radio (if separate rate)         N/A         • Reconnect         29.5           • Converter         • Disconnect         • Outlet relocation         29.5	F	Continuing Services:		Instal	lation: Non-resi	dential	
Other Than Secondary         • Fire protection         N/A         • Pay cable         T&           Transmissions:         Installation: Residential         • First set         • First set         • Fire protection         N/           Additional set(s)         19.99         Other services:         • Reconnect         29.5           • Converter         - Disconnect         - Outlet relocation         29.5		Pay cable	19.95		<ul> <li>Motel, hotel</li> </ul>		T&M
Secondary   Secondary   Secondary   Secondary   Secondary   Transmissions:   Installation: Residential   Secondary   Seconda	Services	<ul> <li>Pay cable—add'l channel</li> </ul>	15.95		<ul> <li>Commercial</li> </ul>		T&M
Transmissions:         Installation: Residential         - Fire protection         N/           Rates         - First set         59.99         - Burglar protection         N/           - Additional set(s)         19.99         Other services:         - Reconnect         29.5           - FM radio (if separate rate)         N/A         - Disconnect         - Disconnect         - Outlet relocation         29.5	Other Than	Fire protection	N/A		<ul> <li>Pay cable</li> </ul>		T&M
Rates         • First set         59.99         • Burglar protection         N/           • Additional set(s)         19.99         Other services:         -           • FM radio (if separate rate)         N/A         • Reconnect         29.5           • Converter         -         -         Outlet relocation         29.5	Secondary	<ul> <li>Burglar protection</li> </ul>	N/A		• Pay cable-add'	l channel	T&M
Additional set(s)     FM radio (if separate rate)     Converter     Outlet relocation     Additional set(s)     Other services:     Reconnect     Outlet relocation     Outlet relocation	Transmissions:	Installation: Residential			• Fire protection		N/A
• FM radio (if separate rate)         N/A         • Reconnect         29.5           • Converter         -         • Disconnect         -           • Outlet relocation         29.5	Rates	• First set	59.99		<ul> <li>Burglar protect</li> </ul>	ion	N/A
Converter     Disconnect     Outlet relocation     29.8		<ul> <li>Additional set(s)</li> </ul>	19.99	Other	services:		
• Outlet relocation 29.5		<ul> <li>FM radio (if separate rate)</li> </ul>	N/A		<ul> <li>Reconnect</li> </ul>		29.99
		Converter	-		<ul> <li>Disconnect</li> </ul>		-
Move to new address     29.9					Outlet relocation	n	29.99
					Move to new a	ddress	29.99

BLOCK 1

	CHANNELS					
M	Instructions: You must give (	1) the number of channels on whi	ich the cable syste	m carried television broadcas	t stations	
	to its subscribers and (2) the c	able system's total number of act	tivated channels, d	uring the accounting period.		
Channels						ī
	1. Enter the total number of ch	annels on which the cable			11	
	system carried television br	oadcast stations				
	2. Enter the total number of ac	tivated channels				_
	on which the cable system of	carried television broadcast statio	ons		152	
	and nonbroadcast services				. 152	
						-
N	we can write or call about this	STED IF FURTHER INFORMATION	ON IS NEEDED: (I	dentity an individual to whom		
Individual to	we can write or can about this	statement of account.)				
Be Contacted	N	Maria Canaanlana		T. L. L.	044 024 0242	
for Further Information	Name	Marie Censoplano		Telephone	914-234-8313	
	Address	Four International Drive	e. Suite 330			
		(Number, street, rura		or suite number)		
		Rye Brook, NY 10573				
		(City, town, state, zip	p)			•
	Email (optional)			Fax (optional)		•
	CERTIFICATION (This statement	t of account must be cortifed and	signed in accorde	noo with Convright Offco rogu	lations	
0	<b>CERTIFICATION</b> (This statemen as explained in the general instru		signed in accorda	nice with Copyright Office regu	ilations,	
Certifcation	· -	tify that (Check one, but only one	of the boxes.)			
Gertification	i, and anasteighou, notoby con	any and (emean eme, sur emy eme	, o benee.,			
	(Owner other than corpo	pration or partnership) I am the	owner of the cable	system as identifed in line 1	of space B: or	
	(0	randin or paranolomp) rain and	5111151 51 till 54215	system as rashinea in inio 1	o. opass 2, s.	
	i					
	• • -	an corporation or partnership)  B and that the owner is not a corp	-	-	the cable system as identified	
	III IIIIe 1 OI Space L	and that the owner is not a corp	oration or partiters	nip, oi		
	(Officer or partner) I am	an officer (if a corporation) or a p	oartner (if a partne	ship) of the legal entity identi	fed as owner of the cable syste	em
	in line 1 of space B	3.				
	. I have evenined the statemen	t of account and haraby declars :	inder penalty of la	u that all atataments of fact o	antained barain	
		t of account and hereby declare ι t to the best of my knowledge, inf				
	[18 U.S.C., Section 1001(1986			,		
		Handwritter	n signature:			_
		Typed or n	rinted name:	Daniel J. White		
		i ypod oi pi	oa namo.			
		Title:	SVP - Finance	cial Planning		
		riue.		tion held in corporation or partne	rship)	
			•			
		Date:		02/26/2022		
						•

2. B'cast

	Channel	3. Type of	f
1. Call Sign	Number	Station	6. Location of Station
KETA 13 (PBS)	13	Е	OKLAHOMA CITY OK
KETA 13 Create	13.1	E-M	OKLAHOMA CITY OK
KETA 13 Kids	13.3	E-M	OKLAHOMA CITY OK
KETA-World 13.2	13.2	E-M	OKLAHOMA CITY OK
KTEN (ABC)	10.2	N	SHERMAN TX
KTEN (CW)	10.1	I-M	SHERMAN TX
KTEN 10 (NBC)	10	N	SHERMAN TX
KWTV-News 9 Now 9.2	9	I-M	OKLAHOMA CITY OK
KXII (MyNet)	7.3	I-M	SHERMAN TX
KXII 12 (CBS)	7	N	SHERMAN TX
KXII 13 (Fox)	7.2	I-M	SHERMAN TX

# 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 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.									
	LE	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
		Vyve Broadband J, LLC								
				*03	304922	:0221*				
					030492	2022/1				
		Four International Drive, Su Rye Brook, NY 10573	uite 330							
С		, 0		fy the business and operation of the system ur system, if different from the address given in s						
System	1	IDENTIFICATION OF CABLE SYSTEM:	5 <u>1, g. 10 a.e. maming</u> accioses of all o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	2	MAILING ADDRESS OF CABLE SYSTEM: 1501 West Mississippi (Number, street, rural route, apartment, or suite nu Durant, OK 74701 (City, town, state, zip code)								
D	in F	CC rules: "a separate and distinct co	ommunity or municipal entitiy (includ	"community" is the same as a "community uning unincorporated communities within uninco (dd). The first community that list will serve a	rporated	ed				
Area		• •	•	e it as the first community that list will serve a	3 4 101111					
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.									
		CITY OR TOWN	STATE	CITY OR TOWN		ATE				
First Community		rant	OK	Calera		K				
Community		mstrong kchito	OK OK	Cartwright Colbert		K K				
		yan County	OK	Tishomingo		K				
	*******	ncumbe Creek	OK	Ravia		K				
		ngston/Caddo	OK	Coalgate		K				
	Initigation Caddo On Control On C									

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

Form SA1-2c Rev 04/2011

**ACCOUNTING PERIOD: 2022/1** FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 030492 Vyve Broadband J, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 1,416 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 219 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 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					
<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	Commercial	T&M					
Fire protection	N/A	• Pay cable	T&M					
<ul> <li>Burglar protection</li> </ul>	N/A	<ul> <li>Pay cable-add'l channel</li> </ul>	T&M					
Installation: Residential		Fire protection	N/A					
First set	59.99	Burglar protection	N/A					
<ul> <li>Additional set(s)</li> </ul>	19.99	Other services:						
<ul> <li>FM radio (if separate rate)</li> </ul>	N/A	Reconnect	29.99					
Converter		Disconnect						
		Outlet relocation	29.99					
		<ul> <li>Move to new address</li> </ul>	29.99					

FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 030492 Vvve Broadband J. LLC PRIMARY TRANSMITTERS: TELEVISION

# G

#### **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 identifed.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KETA 13 (PBS)	13	E	OKLAHOMA CITY OK
KETA 13 Create	13.1	E-M	OKLAHOMA CITY OK
KETA 13 Kids	13.3	E-M	OKLAHOMA CITY OK
KETA-World 13.2	13.2	E-M	OKLAHOMA CITY OK
KTEN (ABC)	10.2	N	SHERMAN TX
KTEN (CW)	10.1	I-M	SHERMAN TX
KTEN 10 (NBC)	10	N	SHERMAN TX
KWTV-News 9 Now 9.2	9	I-M	OKLAHOMA CITY OK
KXII (MyNet)	7.3	I-M	SHERMAN TX
KXII 12 (CBS)	7	N	SHERMAN TX
KXII 13 (Fox)	7.2	I-M	SHERMAN TX

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	F OWNER OF (		YSTEM:					SYSTEM ID# 030492	Name	
=										
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.										
receivable if (1) on the basis of For detailed info <b>Column 1:</b> Id	it is carried by monitoring, to ormation abou dentify the call	y the sys be recei it the the sign of e	I-Band FM Carriage: Under tem whenever it is received a tived at the headend, with the Copyright Office regulations each station carried.	at s	the system's hea	adend, and (2 enna, during ce	) it can b ertain sta	e expected, ated intervals.	Primary Transmitters: Radio	
Column 3: If signal, indicate	the radio stat this by placing	ion's sigi g a checl	on is AM or FM.  nal was electronically process  k mark in the "S/D" column.							
			on (the community to which t the community with which th				or, in t	ne case or		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#			
Name	Vyve Broadband J, LL	C						030492			
	SUBSTITUTE CARRIAGI	E: SPECIA	L STATEMEN	NT AND PROGRAM LOC	 }						
Subatituta	In General: In space I, ident substitute basis during the acceptantion of the programm	counting pe	riod, under spec	cific present and former FC	C rules, regula	ations, or aut					
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Special Statement and Program Log	During the accounting per	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?   ☐ Yes									
	<b>Note:</b> If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complet					
	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 broatthe case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progratice, please a of every no distant statigulations, o ies like "mo Bulls." In was broad sign of the sadcast static adian static and day we "5/7." es when the Example: a er "R" if the and regulation 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 genotiball." List specific program r "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the tem carried the substitute rigram was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	orogram) that ad for the program titles, for extending the station is lice station is ide program. Use cable system 15 p.m. to 6: amming that it; enter the le	, during the gramming of one for further kample, "I Le ensed by the ntified). e numerals, a. List the tir 28:30 p.m. syour system tter "P" if the	accounting f another state er information ove Lucy" or e FCC or, in with the more mes accurate should be I was required e listed pro	tion n. nth			
			E PROGRAM			JBSTITUTE OCCURRE	CARRIAGE	7. REASON			
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6.	TIMES — TO	FOR DELETION			
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FORM SA1-2. F		CVCTEM ID#	
	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 030492	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	vice	<b>K</b> Gross Receipts
	during the accounting period.	290,514.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount	unt of gross receipts)	
Instructions:	TROYALTY 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 \$263,800  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.		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 six-mo accounting period is \$52.00	onth	
	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		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	.14	
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	1,586.14	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	1,586.14	
Due	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	1,606.14	
	EFT Trace # or TRANSACTION ID # Not a	Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	formation.	

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Vyve Broadband J, LLC	030492		
	CHANNELS			
М	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.	otationis		
Channels	,			
	Enter the total number of channels on which the cable	11		
	system carried television broadcast stations			
	O Finter the datal mumber of activisted shown als			
	Enter the total number of activated channels     on which the cable system carried television broadcast stations			
	and nonbroadcast services	152		
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom			
N	we can write or call about this statement of account.)			
Individual to				
Be Contacted				
for Further	Name Marie Censoplano Telephone	914-234-8313		
Information				
	Address Four International Drive, Suite 330			
	(Number, street, rural route, apartment, or suite number)			
	Rye Brook, NY 10573 (City, town, state, zip)			
	(Oily, towit, state, 219)			
	Email (optional) Fax (optional			
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations,			
0	as explained in the general instructions.)			
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)			
	, and an earlier, hereby contains and consent only and says and services,			
	(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.			
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein			
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]			
	[10 0.0.0., decilor 1001(1300)]			
	Handwritten signature: /s/ Daniel J White			
	Typed or printed name: <b>Daniel J. White</b>			
	Typod of printed famile.			
	Till CVD Financial Planning			
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)			
	Date: 8/22/22			
	Date. UIZZIZZ			

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	030492	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 adlowing 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	r 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 instruct  During the accounting period did the cable system exclude any amounts of gross receipts for secondary to made 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 u 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)	rest charge)	
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	0 /	
** 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 Olist below the owner, address, first community served, ID number, and accounting period as given in the oliginal statement of accounting period as given in the oliginal statement of accounting period as given in the oliginal statement of account already submitted to the Copyright Oliver Statement of a		
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.