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

		[Return to:
STATEME	INT OF ACCOUNT	FOR COPYRIG	Library of Congress Copyright Office	
	ry Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division
Cable Syste	ms (Short Form)			101 Independence Ave. SE
			\$	Washington, DC 20557-6400 (202) 707-8150
	ctions are at the	8/29/2022		_
end of this form	n [pages (i)-(vii)].	0/20/2022	ALLOCATION NUMBER	For courier deliveries,
				see page ii of the general instructions
Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT:		
Accounting Period	January 1-June 30, 202	2		
В	Instructions: Your file has been established incorrect information and print or type the co		. If there are any changes, draw a line thro	ugh the
Owner	Give the full legal name of the owner of	the cable system. If the owner is a	a subsidiary of another corporation, give the	∍ full corpo-
	rate title of the subsidiary, not that of the part List any other name or names under wi	hich the owner conducts the busines		
	If there were different owners during the a single statement of account and royalty fe	.	r on the last day of the accounting period s punting period	hould submit
		, ,	number assigned by the Licensing Division	n. 031026
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM		

				03	10262	0221				
					031026	2022/1				
		4 International Dr Suite 330 Rye Brook, NY 10573								
С		STRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these nes 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	2 [Number, street, rural route, apartment, or suite number)								
		(City, town, state, zip code)								
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. 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	STA	ATE				
First Community	DALHART TX DALLAM COUNTY PORTIONS TX									
form in order to proc numbers. By providi search reports prep	ess y ng Pl ared t state	your statement of account. PII is any personal I, you are agreeing to the routine use of it to e for the public. The effects of not providing the ments of account, and it may affect the legal s	information that can be used to identify or tr stablish and maintain a public record, which PII requested is that it may delay processing	personally identifying information (PII) requested on this ace an individual, such as name, address and telephone includes appearing in the Offce's public indexes and in g of your statement of account and its placement in the yould be made by a court of law.						

Vyve Broadband A, LLC

	ACCOUNTING PERIOD: 2022/1	(for header)
Α	ACCOUNTING PERIOD COVI	RED BY THIS STATEMENT:
Accounting	January 1-June 30,	022
Period		

B Owner	corpo In lin 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 orate title of the subsidiary, not that of the parent corporation. the 2, list any other names under which the owner conducts the business of the cable system. There were different owners during the accounting period, only the owner on the last day of the accounting period should submit gle 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. 031026	BARCODE DAT/ Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	*031(
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
	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	
	INSTR	(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	-
C System	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.	_
-,	1	MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

	BLOO	CK 1				
E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		40	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		7	59.99		
	Converter					
	Residential					
	Non-residential					
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resi		
	• Pay cable	19.95		Motel, hotel		
Services	 Pay cable—add'l channel 			Commercial		
Other Than	Fire protection			 Pay cable 		
Secondary	 Burglar protection 			• Pay cable-add	'l channel	
Transmissions:	Installation: Residential			Fire protection		
Rates	First set	64.95		Burglar protect	tion	
	 Additional set(s) 		Other	services:		
	 FM radio (if separate rate) 			Reconnect		39.95
	Converter			Disconnect		
				Outlet relocation	on	20.00
				• Move to new a	ddress	39.95
	1	1	1			

INSTRUCTIONS:

Γ

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.									
	 Enter the total number of ch system carried television bit 	nannels on which the cable roadcast stations			10					
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can write or call about this	CTED IF FURTHER INFORMATIC statement of account.)	ON IS NEEDED: (Identify an indi	<i>v</i> idual to whom						
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313					
mornation	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)									
)								
	Email (optional)	marie.censoplar	no@vyvebb.com	Fax (optional) 914-234-8363					
O Certifcation	as explained in the general instru	nt of account must be certifed and uctions.) tify that (Check one, but only one,		right Offce reg	ulations,					
	(Owner other than corpo	oration or partnership) I am the	owner of the cable system as ide	entifed in line 1	of space B; or					
		nan corporation or partnership) 3 and that the owner is not a corpo		of the owner of	the cable system as identified					
	 (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)] 									
		Handwritten Typed or pr	n signature: inted name: Daniel J V	Vhite						
		Title:	SVP Financial Planning (Title of official position held in corp		rship)					
		Date:		02/26/2022						

	2. B'cast		
	Channel	3. Type of	
1. Call Sign	Number	Station	6. Location of Station
KACV-PBS 2	2	E	AMARILLO TX
KACV-PBS Kids 2.2	2.2	E-M	AMARILLO TX
KCPN-MNT 4.2 HD	4.2	E-M	AMARILLO TX
KAMR-NBC 4	4	Ν	AMARILLO TX
KAMR-NBC HD 4	4.1	Ν	AMARILLO TX
KCIT-BounceTV 14.4	14.4	I-M	AMARILLO TX
KCIT-EscapeTV 14.3	14.3	I-M	AMARILLO TX
KCIT-FOX 14	14	I	AMARILLO TX
KCIT-FOX HD 14	14.5	I.	AMARILLO TX
KCIT-Grit TV 14.2	14.2	I-M	AMARILLO TX
KVII - ABC HD	7	Ν	AMARILLO TX
KVII - Comet	7.1	I-M	AMARILLO TX
KVII - CW HD	7.2	I-M	AMARILLO TX
KVII - Stadium	7.3	I-M	AMARILLO TX
KFDA-CBS 10	10	Ν	AMARILLO TX
KFDA-Me-TV 10.4	10.4	I-M	AMARILLO TX
KFDA-News Channe Too 10.2	10.2	I-M	AMARILLO TX
KFDA-Telemundo 10.3	10.3	I-M	AMARILLO TX

ACCOUNTING PERIOD: 2022/1

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:									
	Vyve Broadband A, LLC	STATE		0310						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
D										
ontinued)										
Area Served										
001104										
			Π	1						

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CA	SYS	O3102									
Hume	Vyve Broadband A, LLC											
F	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND RATE	ES							
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
Cocondom	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-	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).											
	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											
	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 a											
	sufficient.											
	BLC	OCK 1					BLOC					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB	NO. OF BSCRIBERS RATE CATEGORY OF SER					NO. OF SUBSCRIBERS	RAT			
	Residential:	SUBSCRIB	ENG		UATI		(VICL	SUBSCRIBERS	1041			
	Service to first set		40	25.00								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		7	59.99								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC											
F	In General: Space F calls for rat		'	•								
•	not covered in space E, that is, t service for a single fee. There ar											
Services	furnished at cost or (2) services											
Other Than	amount of the charge and the ur	nit in which it is	usually	billed. If any rates	s are cł	narged on a var	able per-p	rogram basis,				
Secondary	enter only the letters "PP" in the			f	- 6 41		K-4I					
ransmissions: 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										
Nates	listed in block 1 and for which a	• •			-	-	•					
	brief (two- or three-word) descrip	tion and includ	de the ra	ate for each.								
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEO	GORY OF SERVIC	CE	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services:			ation: Non-reside	ential							
	• Pay cable	19.95	1	tel, hotel								
	Pay cable—add'l channel			mmercial								
				y cable								
	• Fire protection	• Pay cable-add'l c			nel							
	•Burglar protection					·····						
	•Burglar protection Installation: Residential		• Fire	e protection								
	•Burglar protection Installation: Residential • First set	64.95	• Fire • Bu	e protection glar protection								
	•Burglar protection Installation: Residential • First set • Additional set(s)	64.95	• Fire • Bu Other	e protection glar protection services:								
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	64.95	• Fire • Bu Other • Re	e protection rglar protection services: connect		39.95						
	•Burglar protection Installation: Residential • First set • Additional set(s)	64.95	• Fire • Bu Other • Re • Dis	e protection rglar protection services: connect connect								
	 Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 	64.95	• Fire • Bu Other • Re • Dis • Ou	e protection rglar protection services: connect		39.95 20.00 39.95						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	v	yve Broadband	A, LLC	03102					
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary	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								
ransmitters: Television	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 substitu								
	 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 								
	• 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 noncomme 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 license								
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.								
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION					
	SIGN	CHANNEL	OF						
		NUMBER	STATION						
	KACV-PBS 2	2	E	AMARILLO TX					
	KACV-PBS 2 KACV-PBS Kids 2.2	2 2.2	E E-M	AMARILLO TX AMARILLO TX					
		•••							
	KACV-PBS Kids 2.2	2.2	E-M	AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD	2.2 4.2	E-M E-M	AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4	2.2 4.2 4	E-M E-M N	AMARILLO TX AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4	2.2 4.2 4 4.1	E-M E-M N N	AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4	2.2 4.2 4 4 4.1 14.4	E-M E-M N N I-M	AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3	2.2 4.2 4 4.1 14.4 14.3	E-M E-M N I-M I-M	AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14	2.2 4.2 4 4.1 14.4 14.3 14	E-M E-M N I-M I-M	AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX HD 14	2.2 4.2 4 4.1 14.4 14.3 14 14.5	E-M E-M N I-M I-M I I	AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX HD 14 KCIT-Grit TV 14.2	2.2 4.2 4 14.4 14.4 14.3 14 14.5 14.2	E-M E-M N I-M I-M I I I I-M	AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX HD 14 KCIT-Grit TV 14.2 KVII - ABC HD	2.2 4.2 4 4.1 14.4 14.3 14 14.5 14.5 14.2 7	E-M E-M N I-M I-M I I I N	AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX HD 14 KCIT-Grit TV 14.2 KVII - ABC HD KVII - Comet KVII - COMET	2.2 4.2 4 4.1 14.4 14.3 14 14.5 14.5 14.2 7 7.1 7.1 7.2	E-M E-M N I-M I-M I-M I I I N I-M I-M	AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX HD 14 KCIT-Grit TV 14.2 KVII - ABC HD KVII - Comet KVII - CW HD KVII - Stadium	2.2 4.2 4 4.1 14.4 14.3 14 14.5 14.5 14.2 7 7.1	E-M E-M N I-M I-M I-M I I-M I-M I-M I-M I-M	AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX HD 14 KCIT-Grit TV 14.2 KVII - ABC HD KVII - Comet KVII - CW HD KVII - Stadium KFDA-CBS 10	2.2 4.2 4 14.4 14.4 14.3 14 14.5 14.5 14.2 7 7.1 7.1 7.2 7.3 10	E-M E-M N I-M I-M I-M I-M I-M I-M I-M I-M N N	AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX 14 KCIT-Grit TV 14.2 KVII - ABC HD KVII - Comet KVII - CW HD KVII - Stadium KFDA-CBS 10 KFDA-Me-TV 10.4	2.2 4.2 4 4.1 14.4 14.3 14 14.5 14.5 14.2 7 7.1 7.1 7.2 7.3 10 10.4	E-M E-M N I-M I-M I-M I-M I-M I-M I-M I-M I-M	AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX HD 14 KCIT-Grit TV 14.2 KVII - ABC HD KVII - Comet KVII - CW HD KVII - Stadium KFDA-CBS 10	2.2 4.2 4 14.4 14.4 14.3 14 14.5 14.5 14.2 7 7.1 7.1 7.2 7.3 10	E-M E-M N I-M I-M I-M I-M I-M I-M I-M I-M N N	AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX HD 14 KCIT-Grit TV 14.2 KVII - ABC HD KVII - Comet KVII - Comet KVII - CW HD KVII - Stadium KFDA-CBS 10 KFDA-Me-TV 10.4 KFDA-News Channe Too 10.2	2.2 4.2 4 4.1 14.4 14.3 14 14.5 14.5 14.2 7 7.1 7.1 7.2 7.3 10 10.4 10.2	E-M E-M N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AMARILLO TX AMARILLO TX					
	KACV-PBS Kids 2.2 KCPN-MNT 4.2 HD KAMR-NBC 4 KAMR-NBC HD 4 KCIT-BounceTV 14.4 KCIT-EscapeTV 14.3 KCIT-FOX 14 KCIT-FOX HD 14 KCIT-Grit TV 14.2 KVII - ABC HD KVII - Comet KVII - Comet KVII - CW HD KVII - Stadium KFDA-CBS 10 KFDA-Me-TV 10.4 KFDA-News Channe Too 10.2	2.2 4.2 4 4.1 14.4 14.3 14 14.5 14.5 14.2 7 7.1 7.1 7.2 7.3 10 10.4 10.2	E-M E-M N I-M I-M I-M I-M I-M I-M I-M I-M I-M I-M	AMARILLO TX AMARILLO TX					

ACCOUNTING PERIOD: 2022/1

ORM SA1-2. F EGAL NAME OF /yve Broadl	F OWNER OF (YSTEM:				SYSTEM ID# 031026	Name
,							001020	
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 hea system's FM anter on this point, see ed by the cable sy 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
		-				1		
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.

							FURI	I SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF O		EM:				;	SYSTEM ID# 031026
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.							
Carriage:								
Special					is, any nonne	etwork televisi	on program	
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?							
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
	2. LOG OF SUBSTITUTE PROGRAMS							
	 In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." 							
				asting the substitute progra ne community to which the		ansed by the	FCC or in	
	the case of Mexican or Cana	adian statio	ons, if any, the	community with which the	station is ide	ntified).		
			when your sys	tem carried the substitute	program. Use	e numerals, w	ith the mon	th
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your	cable system	n. List the time	es accuratel	у
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that	vour svstem v	vas required	1
	to delete under FCC rules a	nd regulation	ons in effect du	iring the accounting period	; enter the le	tter "P" if the	isted pro	-
	gram was substituted for pro effect on October 19, 1976.	ogramming	that your syste	em was permitted to delete	e under FCC	rules and reg	ulations in	
	6		E PROGRAM			IBSTITUTE (OCCURREE		7. REASON
		2. LIVE?	3. STATION'S		5. MONTH	6. TI		FOR DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						_		
						_		
						_		
						_		
						—		
	1		1			1		

FORM SA1	-2. PAGE 6.		· · ·
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 031026	Name
	-		
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	service	K Gross Receipts
		mount of gross receipts)	
Instructio	GHT ROYALTY FEE ons: 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 (vi) of the general instructions for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS)	L 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 \$137,100)		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
		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)		
	BEOCK 3. GROSS RECEIPTS OF MORE THAN \$200,000 (but less than \$527,000)		
	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		
		19.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
		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)	52.00	
Remittan ce Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00	
	EFT Trace # or TRANSACTION ID # No	ot Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	e information.	

		FORM SA1-2. PAGE 7				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 031026				
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.					
Chaineis	1. Enter the total number of channels on which the cable system carried television broadcast stations	10				
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	155				
N Individual to Be Contacted						
for Further Information	Name Marie Censoplano Telephone 914	1-235-8313				
	Address 4 International Dr Suite 330					
	(Number, street, rural route, apartment, or suite number)					
	City, town, state, zip)					
	Email (optional) marie.censoplano@vyvebb.com Fax (optional_914-234-8363					
ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)					
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)					
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; o	r				
	(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 fing, a determination that would be made by a court of law.

ACCOUNTING PERIOD: 2022/1

F	ORM	SA1-2.	PAGE 8.
---	-----	--------	---------

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
The Statellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence. P Service of providing sectordary transmission of primary broadcast transmitters, the system shal not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.* Special Statement Concorning mered to statellite dish owners? Image by statellite carriers to statellite dish owners? Image by statellite dish owners? Special Statement Concorning mered dish concers? Image by statellite dish owners? Image by statellite dish owners? Image by statellite carrier (s) below. Special Statement Concorning mered by statellite carrier (s) below. Special Statement Concerning mered by statellite carrier (s) below. Special Statement Concerning (special State) Image by statellite dish owners? Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by state) Image by s	Vyve Broadband A, LLC 031026	Naille
made by satellite carriers to satellite dish owners? Image: Second	 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. 	Special Statement Concerning Gross Receipts
Name Name Maing Address Maing Address INTEREST ASSESSMENTS You must complete this worksheet for those royally 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	made by satellite carriers to satellite dish owners?	
Mailing Address Mailing Address Image: Complete this worksheet covering a statement of a cocount already submitted to the Copyright Office, please list below the owner, address, first community served Interest assessment for one address Interest assessment Mailing Address Image: Community served Interest Interest Mailing Address Image: Community served Image: Communi		
Image:		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment	Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Image: Complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Line 1 Enter the amount of late payment or underpayment		
Assessment Line 1 Enter the amount of late payment or underpayment	You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
Assessment Line 2 Multiply line 1 by the interest rate* and enter the sum here -<	Line 1 Enter the amount of late payment or underpayment	Interest
Line 2 Multiply line 1 by the interest rate* and enter the sum here		Assessment
x	x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* 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)	xdays	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	Line 3 Multiply line 2 by the number of days late and enter the sum here	
space L, (page 7) f (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.	x 0.00274	
(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	Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
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.		
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		
** 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		
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.		
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		
Address ID number First community served		
ID number First community served	Owner	
First community served	Address	
First community served		

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.