ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

Period

	INSTR	RUCTIONS:						
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. 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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	BARCODE DAT!					
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*0326					
		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)						
	INSTE	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
		s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.						
С								
System	1	IDENTIFICATION OF CABLE SYSTEM:						
	'							
		MAILING ADDRESS OF CABLE SYSTEM:						
	2	3213 Highway 25 Ease Suite 1 (Number, street, rural route, apartment, or suite number)						
	-							
		Tazewell, TN 37879 (City, town, state, zip code)						
		(Gity, town, state, zip code)	_1					

E		NO. OF						
	CATEGORY OF SERVICE	SUBSCRIBI	SUBSCRIBERS					
Secondary	Residential:							
Transmission	 Service to first set 	1	L,638	25.00				
Service: Sub-	 Service to additional set(s) 							
scribers and	 FM radio (if separate rate) 							
Rates	Motel, hotel							
	Commercial		81	68.99				
	Converter		•••••					
	Residential							
	Non-residential							
			• • • • • • • • • • • • • • • • • • • •					
		BLO						
_	CATEGORY OF SERVICE	RATE	RATE CATEGORY OF SERVICE					
F	Continuing Services:		Instal	lation: Non-resi				
	• Pay cable	19.95		 Motel, hotel 		T&M		
Services	 Pay cable—add'l channel 	15.95		 Commercial 		T&M		
Other Than	Fire protection	N/A		 Pay cable 		T&M		
Secondary	•Burglar protection	N/A		• Pay cable-add'	l channel	T&M		
Transmissions:	Installation: Residential			• Fire protection		N/A		
Rates	First set	59.99		 Burglar protect 	ion	N/A		
	 Additional set(s) 	19.99	Other	services:				
	 FM radio (if separate rate) 	N/A		 Reconnect 		29.99		
	Converter	-		 Disconnect 		-		
				Outlet relocation	n	29.99		
				Move to new a	ddress	29.99		

BLOCK 1

	CHANNELS											
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations											
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.											
Channels												
	1. Enter the total number of channels on which the cable											
	system carried television bro	adcast stations										
	2. Enter the total number of act	2. Enter the total number of activated channels										
	on which the cable system ca	arried television broadcast statio	ns		166							
	and nonbroadcast services .											
N	INDIVIDUAL TO BE CONTACT	TED IF FURTHER INFORMATIO	IN IS NEEDED: (Identify an	individual to whom								
N	we can write or call about this s		IN IS NEEDED. (Identity at	i ilidividual to wilolii								
Individual to		,										
Be Contacted												
for Further	Name	Marie Censoplano		Telephone	914-234-8313							
Information				······								
	Address	Four International Drive										
		(Number, street, rura	l route, apartment, or suite nu	mber)								
		Rye Brook, NY 10573										
		(City, town, state, zip)									
	F 21 / 6 1)			F / f								
	Email (optional)			Fax (optional)							
	CERTIFICATION (This statement	of account must be certifed and	signed in accordance with	Copyright Offce reg	ulations,							
0	as explained in the general instruc			170	,							
Certifcation	• I, the undersigned, hereby certi	fy that (Check one, but only one,	of the boxes.)									
	(Owner other than corpor	ration or partnership) I am the	owner of the cable system a	as identifed in line 1	of space B; or							
	(Agent of owner other the	an corporation or partnership)	Lam the duly outhorized as	ant of the owner of	the cable system as identified							
		and that the owner is not a corpo		jent of the owner of	the cable system as identified							
		an officer (if a corporation) or a p	artner (if a partnership) of t	he legal entity ident	ifed as owner of the cable system	m						
	in line 1 of space B.											
	I have examined the statement	of account and hereby declare u	nder penalty of law that all	statements of fact c	ontained herein							
	are true, complete, and correct	to the best of my knowledge, info	ormation, and belief, and ar	e made in good fait	h.							
	[18 U.S.C., Section 1001(1986))]										
	Handwritten signature:											
	Typed or printed name: Daniel J. White											
		Title:	SVP - Financial Plan	nning								
			(Title of official position held in	n corporation or partne	ership)							
		5 .		00/00/0055								
		Date:		02/26/2022								

2. B'cast

	Channel 3. Type of		:
1. Call Sign	Number	Station	6. Location of Station
WPXK-ION Plus 54.3	54.3	1	Jellico
WPXK-Qubo 54.2	54.2	1	Jellico
WATE 6 (ABC)	6	N	Knoxville
WATE-Get tv 6.2	6.2	I-M	Knoxville
WATE-GET-TV	6	I-M	Knoxville
WATE-LAFF 6.3	6.3	I-M	Knoxville
WKOP 15 (PBS) HD	15	Ε	Knoxville
WKOP 15.3 PBS Create	15.3	E-M	Knoxville
WKOP 15.2 PBS Kids	15.2	E-M	Knoxville
WKNX 7 (IND) HD	7	I-M	Knoxville
WKNX 7.2 Daystar	7.2	I-M	Knoxville
WLFG 68 (IND)	68	I-M	Harlan
WPXK-ION 54 HD	54	I-M	Jellico
WTNZ 43 (FOX)	43	I-M	Knoxville
WTNZ 43.2 Bounce	43.2	I-M	Knoxville
WTNZ 43.3 GritTV	43.3	I-M	Knoxville
WVLR 48 (IND)	48	I-M	Knoxville
WBIR 10 (NBC) HD °	10	N	Knoxville
WBIR 10.2 (MeTV)	10.2	I-M	Knoxville
WBIR 10.3 Justice Network	10.3	I-M	Knoxville
WBIR Quest	10.4	I-M	Knoxville
WBXX 20 (CW) °	20	I-M	Knoxville
WBXX Escape 20.2 °	20.2	I-M	Knoxville
WLMU 14 (LMU)	14	I-M	Harrogate
WPXK-ION 54 HD	54	I-M	Jellico
WVLT 8 (CBS) °	8	I-M	Knoxville

8.2

I-M

Knoxville

WVLT 8.2 (MyNet) HD

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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

A	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:									
Accounting	January 1-June 30, 202	2								
Period										
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/MAILING ADDRESS OF CABLE SYSTEM									
	Vyve Broadband J, LLC									
			0	3266920)221					
				032669 2	2022/1					
					-0					
	Four International Drive, Su	uite 330								
	Rye Brook, NY 10573									
	·	iness or trade names used to identi	ify the business and operation of the system u	ınlace these						
С			system, if different from the address given in							
System	1 IDENTIFICATION OF CABLE SYSTEM:			-						
	MAILING ADDRESS OF CABLE SYSTEM:									
	2 3213 Highway 25 Ease Suite	9 1								
	Tazewell. TN 37879	imber)								
	(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	STAT						
First	New Tazewell	TN	Speedwell	TN						
Community	Arthur	TN	Tazewell	TN	ı					
	Cumberland Gap	TN								
	Harrogate	TN								
	Lone Mountain	TN TN								
	Shawnee	IN								

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

Name	LEGAL NAME OF OWNER OF CABLE SYS Vyve Broadband J, LLC	STEM:		SYSTEM 0320
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
ontinued)				
Area				
Served				
50170u				
				-
				· · · · · · · · · · · · · · · · · · ·

FORM SA3_PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 032669 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

Transmission Service: Subscribers and Rates

about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLG	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	1,638	25.00				
 Service to additional set(s) 						
• FM radio (if separate rate)						
Motel, hotel						
Commercial	81	68.99				
Converter						
Residential						
Non-residential						

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	19.95	Motel, hotel	T&M		
 Pay cable—add'l channel 	15.95	Commercial	T&M		
 Fire protection 	N/A	• Pay cable	T&M		
 Burglar protection 	N/A	Pay cable-add'l channel	T&M		
Installation: Residential		Fire protection	N/A		
• First set	59.99	Burglar protection	N/A		
 Additional set(s) 	19.99	Other services:			
• FM radio (if separate rate)	N/A	Reconnect	29.99		
Converter		Disconnect			
		Outlet relocation	29.99		
		Move to new address 29.99			

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband J, LLC

SYSTEM ID#

032669

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
WPXK-ION Plus 54.3	54.3	I	Jellico
WPXK-Qubo 54.2	54.2	I	Jellico
WATE 6 (ABC)	6	N	Knoxville
WATE-Get tv 6.2	6.2	I-M	Knoxville
WATE-GET-TV	6	I-M	Knoxville
WATE-LAFF 6.3	6.3	I-M	Knoxville
WKOP 15 (PBS) HD	15	Е	Knoxville
WKOP 15.3 PBS Create	15.3	E-M	Knoxville
WKOP 15.2 PBS Kids	15.2	E-M	Knoxville
WKNX 7 (IND) HD	7	I-M	Knoxville
WKNX 7.2 Daystar	7.2	I-M	Knoxville
WLFG 68 (IND)	68	I-M	Harlan
WPXK-ION 54 HD	54	I-M	Jellico
WTNZ 43 (FOX)	43	I-M	Knoxville
WTNZ 43.2 Bounce	43.2	I-M	Knoxville
WTNZ 43.3 GritTV	43.3	I-M	Knoxville
WVLR 48 (IND)	48	I-M	Knoxville
WBIR 10 (NBC) HD °	10	N	Knoxville
WBIR 10.2 (MeTV)	10.2	I-M	Knoxville
WBIR 10.3 Justice No	10.3	I-M	Knoxville

ACCOUNTING PERIOD: 2022/1 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 032669 Vvve Broadband J. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. O D'CACT 2 TVDE C LOCATION OF STATION 1 (1)

NUMBER STATION WBIR Quest 10.4 I-M Knoxville WBXX 20 (CW) ° 20 I-M Knoxville WBXX Escape 20.2 ° 20.2 I-M Knoxville WLMU 14 (LMU) 14 I-M Harrogate WPXK-ION 54 HD 54 I-M Jellico WVLT 8 (CBS) ° 8 I-M Knoxville	1. CALL	2. B'CAST		6. LOCATION OF STATION
WBIR Quest 10.4 I-M Knoxville WBXX 20 (CW) ° 20 I-M Knoxville WBXX Escape 20.2 ° 20.2 I-M Knoxville WLMU 14 (LMU) 14 I-M Harrogate WPXK-ION 54 HD 54 I-M Jellico WVLT 8 (CBS) ° 8 I-M Knoxville	SIGN	CHANNEL	OF	
WBXX 20 (CW) ° 20 I-M Knoxville WBXX Escape 20.2 ° 20.2 I-M Knoxville WLMU 14 (LMU) 14 I-M Harrogate WPXK-ION 54 HD 54 I-M Jellico WVLT 8 (CBS) ° 8 I-M Knoxville		NUMBER	STATION	
WBXX Escape 20.2 ° 20.2 I-M Knoxville WLMU 14 (LMU) 14 I-M Harrogate WPXK-ION 54 HD 54 I-M Jellico WVLT 8 (CBS) ° 8 I-M Knoxville	WBIR Quest	10.4	I-M	Knoxville
WLMU 14 (LMU) 14 I-M Harrogate WPXK-ION 54 HD 54 I-M Jellico WVLT 8 (CBS) ° 8 I-M Knoxville	WBXX 20 (CW) °	20	I-M	Knoxville
WPXK-ION 54 HD 54 I-M Jellico WVLT 8 (CBS) ° 8 I-M Knoxville	WBXX Escape 20.2 °	20.2	I-M	Knoxville
WVLT 8 (CBS) ° 8 I-M Knoxville	WLMU 14 (LMU)	14	I-M	Harrogate
	WPXK-ION 54 HD	54	I-M	Jellico
WVLT 8.2 (MyNet) HD 8.2 I-M Knoxville	WVLT 8 (CBS) °	8	I-M	Knoxville
	WVLT 8.2 (MyNet) HD	8.2	I-M	Knoxville

FORM SA1-2. F LEGAL NAME OI Vyve Broadl	F OWNER OF (YSTEM:					SYSTEM ID# 032669	Name
,								002009	
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.							н		
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.									Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a check n's locati	nal was electronically process on mark in the "S/D" column. on (the community to which the on the community with which the	he	e station is licens	sed by the FC0			
				е:			T		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	l	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYST	FM·				1014	SYSTEM ID#
Name	Vyve Broadband J, LLC						,	032669
	,							032003
 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:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special 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 of Substitute programs 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." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system and regulations in effect on October 19, 1976.							
	SUBSTITUTE PROGRAM					WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON 5. MONTH 6. TIMES		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
					 			
					-			
					1			
						_		
						_		
			T		7			T

FORM SA1-2. PA	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 032669	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tr 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)	service see	K Gross Receipts
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts. (A)	310,006.00	
Instructions: T		mount of gross receipts) month 0.00	L Copyright Royalty Fee
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	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)		
	<u> </u>	62.06 19.00 0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	1,781.06	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	1,781.06 20.00 1,801.06	
	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.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Vyve Broadband J, LLC	032669					
	CHANNELS						
RЛ		Antinus					
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations					
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.						
Onamicis	1. Enter the total number of channels on which the cable						
	system carried television broadcast stations	17					
	^						
	2. Enter the total number of activated channels						
	on which the cable system carried television broadcast stations	166					
	and nonbroadcast services	100					
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom						
IN	we can write or call about this statement of account.)						
Individual to							
Be Contacted							
for Further	Name Marie Censoplano Telephone 9	914-234-8313					
Information							
	Address Four International Drive, Suite 330						
	(Number, street, rural route, apartment, or suite number)						
	Dyo Brook NV 10573						
	Rye Brook, NY 10573 (City, town, state, zip)						
	Email (optional)						
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	tions					
•	as explained in the general instructions.)	uioris,					
O							
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space	B: or					
	(Owner other than corporation or partnership) rain the owner of the cable system as identified in line 1 of space	b, oi					
	(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 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 contains	ed 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						
	13/2 to the second of the seco						
	Typed or printed name: Daniel J. White						
	Title: SVP - Financial Planning						
	(Title of official position held in corporation or partnership)						
	Date: 9/00/00						
Ì	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: Vyve Broadband J, LLC 032	1 ID# 8669 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 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."	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	Concerning Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	Q
Line 1 Enter the amount of late payment or underpayment	Interest
x	Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x days	3
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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