ACCOUNTING PERIOD: 2022/1 (for header)

Α	ACC	CCOUNTING PERIOD COVERED BY THIS STATEMENT		
Accounting		January 1-June 30, 2022		
Period				

	INST	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 DATA Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*334
		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)	
С		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.	1
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	1501 West Mississippi (Number, street, rural route, apartment, or suite number)	 .
		Durant, OK 74701	
		(City, town, state, zip code)	

BLOCK 1

E		NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Secondary	Residential:		
Transmission	 Service to first set 	18	25.00
Service: Sub-	 Service to additional set(s) 		
scribers and	 FM radio (if separate rate) 		
Rates	Motel, hotel		
	Commercial	1	59.99
	Converter		
	 Residential 		
	Non-residential		

	CATEGORY OF SERVICE Continuing Services:	RATE	CATEGORY OF SERVICE	RATE
	Continuing Services:			-
Comicos			Installation: Non-residential	
Comicoo	 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: I	Installation: Residential		 Fire protection 	N/A
Rates	 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

м	CHANNELS	o (1) the number of channels on which the cable over	otom porried tolovicion broadcost	atations			
IVI	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	to its subscribers and (2) the	e cable system's total number of activated charmets	s, during the accounting period.				
Gilailicio	1. Enter the total number of channels on which the cable						
	system carried television broadcast stations						
	2. Enter the total number of	activated channels					
		n carried television broadcast stations		200			
		98		238			
	INDIVIDUAL TO BE CONT.	ACTED IE EUDTUED INEODMATION IS NEEDED	(Identify on individual to what				
N	we can write or call about th	ACTED IF FURTHER INFORMATION IS NEEDED is statement of account.)	(identily an individual to whom				
Individual to	we can wite or can about a	iio statomoni oi assounti,					
Be Contacted							
for Further	Name	Marie Censoplano	Telephone	914-234-8313			
Information							
	Address	Four International Drive, Suite 330 (Number, street, rural route, apartme	ot or quite number				
			nt, or suite number)				
		Rye Brook, NY 10573 (City, town, state, zip)					
		(only, comit, catalo, zip)					
	Email (optional)	8/27/2020	Fax (optional)				
	,						
	•	nent of account must be certifed and signed in acco	rdance with Copyright Offce regu	lations,			
•	as explained in the general in	•					
Certifcation	• I, the undersigned, hereby	certify that (Check one, but only one, of the boxes.)					
	1			_			
	(Owner other than co	rporation or partnership) I am the owner of the ca	able system as identifed in line 1 o	of space B; or			

in line 1 of space B and that the	owner is not a corporation or partners	ship; or			
(Officer or partner) I am an officer (in line 1 of space B.	if a corporation) or a partner (if a partr	nership) of the legal entity identifed as owner of the cable system			
I have examined the statement of account are true, complete, and correct to the best [18 U.S.C., Section 1001(1986)]		law that all statements of fact contained herein elief, and are made in good faith.			
	Handwritten signature:				
	Typed or printed name:	Daniel J. White			
	Title: SVP - Fina	ncial Planning			
		ncial Planning on held in corporation or partnership)			

2. B'cast 3. Type Channel of

	Cilainici	٥.	
1. Call Sign	Number	Station	6. Location of Station
KXII 12 (CBS)	12	N	SHERMAN OK
KETA 13 (PBS)	13	Ε	OKLAHOMA CITY OK
KWTV-News 9 Now	9	1	OKLAHOMA CITY OK
KTEN 10 (NBC)	10	N	SHERMAN OK
KXII 12.3 (Fox)	12.3	I-M	SHERMAN OK
KTEN (CW)	10.2	I-M	SHERMAN OK
KTEN (ABC)	10.3	N-M	SHERMAN OK
KXII (MyNet)	12.2	I-M	SHERMAN OK
KETA 13.2	13.2	E-M	OKLAHOMA CITY OK
KETA 13.3 Create	13.3	E-M	OKLAHOMA CITY OK
KETA 13.4 Kids	13.4	E-M	OKLAHOMA CITY OK
KWTV-News 9 Now 9.2	9.2	I-M	Oklahoma City, OK

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				

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, 202	2					
B Owner	= moon ook information and print or type the confoct information books it.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Vyve Broadband J, LLC						
				33	341020221			
					33410 2022/1			
		Four International Drive, Su Rye Brook, NY 10573	uite 330					
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	2	MAILING ADDRESS OF CABLE SYSTEM: 1501 West Mississippi 2 (Number, street, rural route, apartment, or suite number)						
	Durant, OK 74701 (City, town, state, zip code)							
D Area	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.							
Served		e: Entities and properties such as ho identified city.	tels, apartments, condiminiums, or r	nobile home parks should be reported in para	theses below			
		CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	AC	hille	OK					

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 33410 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: 18 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 59.99 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.

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RA
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#

33410

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

the same on the form

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

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		
KXII 12 (CBS)	12	N	SHERMAN OK		
KETA 13 (PBS)	13	Е	OKLAHOMA CITY OK		
KWTV-News 9 Now	9	I	OKLAHOMA CITY OK		
KTEN 10 (NBC)	10	N	SHERMAN OK		
KXII 12.3 (Fox)	12.3	I-M	SHERMAN OK		
KTEN (CW)	10.2	I-M	SHERMAN OK		
KTEN (ABC)	10.3	N-M	SHERMAN OK		
KXII (MyNet)	12.2	I-M	SHERMAN OK		
KETA 13.2	13.2	E-M	OKLAHOMA CITY OK		
KETA 13.3 Create	13.3	E-M	OKLAHOMA CITY OK		
KETA 13.4 Kids	13.4	E-M	OKLAHOMA CITY OK		
KWTV-News 9 Now	9.2	I-M	Oklahoma City, OK		

FORM SA1-2. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC 33410							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.								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 of mark in the "S/D" column. on (the community to which t	he	e station is licens	sed by the FC0			
Mexican or Can	nadian stations	s, if any,	the community with which the	es	station is identific	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	ľ	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, LLC									
Substitute Carriage:	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. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and Program Log	 During the accounting per broadcast by a distant state. Note: If your answer is "Noting in block 2. LOG OF SUBSTITUTE. 	tion? ", leave the	rest of this pag	-	-		Yes	XNo		
	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." 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.									
	1. TITLE OF PROGRAM	SUBSTITUT 2. LIVE?	1 1	OCCURRE	E CARRIAGE ED TIMES	RIAGE 7. REASON FOR DELETION				
İ		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
							<u> </u>			
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FORM SA1-2.		OVOTEM ID#	
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 33410	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (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.	service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	3,436.00	
		Amount of gross receipts)	
Instructions	T ROYALTY 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 \$263,80 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	00	Copyright Royalty Fee
		v month	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this size accounting period is \$52.00	x-montn	
	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		
	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)		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	_ 		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE	L	
Filing Fee	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Remittance Due	<u></u>		
	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 #	Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	ore information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Vyve Broadband J, LLC	33410					
	CHANNELS						
М		tations					
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations					
Channels	to its subscribers and (2) the cable system's total number of activated charmers, during the accounting period.						
	Enter the total number of channels on which the cable	40					
	system carried television broadcast stations	12					
	2. Enter the total number of activated channels						
	on which the cable system carried television broadcast stations	238					
	and nonbroadcast services						
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom						
	we can write or call about this statement of account.)						
Individual to							
Be Contacted	Maria Canaanlana Tolophana (244 224 2242					
for Further Information	Name Marie Censoplano Telephone 9	914-234-8313					
momation							
	Address Four International Drive, Suite 330						
	(Number, street, rural route, apartment, or suite number)						
	Rye Brook, NY 10573						
	(City, town, state, zip)						
	Email (optional) 44070 Fax (optional						
	OFFICIATION (This seek and the						
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	llions,					
0							
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					
	(Child) Galor than corporation of parallel only it all the cause system as desirated in line 1 of space	2, 51					
	(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 contains are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	ed herein					
	[18 U.S.C., Section 1001(1986)]						
	Handwritten signature: /s/ Daniel J White						
	Handwritten signature: /s/ Duniet j Writte						
	Typed or printed name: Daniel J. White						
	Till CVD Financial Planning						
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)						
	, , , , , , , , , , , , , , , , , , ,						
	Data: 0/00/00						
	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.

EGAL NAME OF OW	NER OF CABLE SYSTEM:	SYSTEM ID#	Nome
Vyve Broadban	d J, LLC	33410	Name
The Satellite Hor lowing sentence: "In detern service of	ATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS me Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the total number of subscribers and the gross amounts paid to the cable system for the form of the providing secondary transmissions of primary broadcast transmitters, the system shall not and amounts collected from subscribers receiving secondary transmissions pursuant to sect	ne basic include sub-	P Special Statement
During the accoumade by satellite	ation on when to exclude these amounts, see the note on page (vii) of the general instruction unting period did the cable system exclude any amounts of gross receipts for secondary transcarriers to satellite dish owners? The total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address		
INTEREST AS	SSESSMENTS		
•	ete this worksheet for those royalty payments submitted as a result of a late payment or under on of interest assessment, see page (viii) of the general instructions.	erpayment.	Q
Line 1 Enter the	e amount of late payment or underpayment		Interest Assessment
Line 2 Multiply I	ine 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply I	ine 2 by the number of days late and enter the sum here	.00274	
	ine 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	st charge)	
	interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistations Division at (202) 707-8150 or licensing@loc.gov.	ance please	
** This is the	decimal equivalent of 1/365, which is the interest assessment for one day late.		
•	e fling this worksheet covering a statement of account already submitted to the Copyright Off ner, address, first community served, ID number, and accounting period as given in the original	•	
Owner Address			
ID number			
First community			
Accounting perio	d		

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.