THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/29/2022	\$
	ALLOCATION NUMBER

Return to:
Library of Congress
Copyright Office
Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400
(202) 707-8150

For courier deliveries, see page ii of the general

instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:							
Accounting Period	January 1-June 30, 202	2							
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 A, LLC								
			035706	520221					
			035700	6 2022/1					
	4 International Dr Suite 330								
	Rye Brook, NY 10573								
С	INS names already appear in space B. In line	e 2, give the mailing address of the	e system, if different from the address given in space B.						
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite nu	mber)							
	(City, town, state, zip code)								
D	in FCC rules: "a separate and distinct co	ommunity or municipal entitiy (inclu	A "community" is the same as a "community unit" as de ding unincorporated commuinites within unincorporated 5.5(dd). The first community that list will serve as a form	I					
Area	of system identification hereafter known	as the "first community." Please u	use it as the first community on all future filings.						
Served	Note: Entities and properties such as ho the identified city.		r mobile home parks should be reported in paratheses b						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community	OTTAWA	KS							

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 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

	INSTR	RUCTIONS:	
B Owner	corpo In lin	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full crate 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. bre were different owners during the accounting period, only the owner on the last day of the accounting period should submit	
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DAT!
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	*0357
	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	
		(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 salready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	••

E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		474	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		97	65.99		
	Converter					
	Residential					
	Non-residential					
			• • • • • • • • • • • • • • • • • • • •			
				!		
		BLO	OCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
F	Continuing Services:		Installation: Non-residential			
	• 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	ion	
	 Additional set(s) 		Other	services:		
	 FM radio (if separate rate) 			 Reconnect 		39.95
	Converter			 Disconnect 		
				Outlet relocation	n	20.00
				Move to new a	ddress	39.95
			1			

BLOCK 1

M Channels	to its subscribers and (2) the ca The calculation of the system carried television brown and the calculation of the calculation on which the cable system calculation is subscriberation.	padcast stations	tivated channels, d	uring the accounting period.	t stations 16 160	
N	INDIVIDUAL TO BE CONTACT we can write or call about this s	TED IF FURTHER INFORMATION statement of account.)	ON IS NEEDED: (I	dentify an individual to whom		
Individual to Be Contacted						
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313	
momudon	Address	4 International Dr Suite (Number, street, rura		or suite number)		
		Rye Brook, NY 10573				
		(City, town, state, zip	p)			
	Email (optional)	marie.censoplar	no@vyvebb.cor	n Fax (optional)	914-234-8363	
O Certifcation	CERTIFICATION (This statement as explained in the general instruc I, the undersigned, hereby certi	ctions.)	, of the boxes.)			
	•	an corporation or partnership) and that the owner is not a corp		_	he cable system as identified	
	(Officer or partner) I am a in line 1 of space B.	an officer (if a corporation) or a p	oartner (if a partne	ship) of the legal entity identi	fed as owner of the cable syste	m
	I have examined the statement are true, complete, and correct [18 U.S.C., Section 1001(1986)]	to the best of my knowledge, inf				
	ı	11				
			n signature: rinted name:	Daniel J White		
		Title:	SVP Financi (Title of official posi	al Planning ion held in corporation or partne	rship)	
		Date:		02/26/2022		

2. B'cast

Channel 3. Type of

	Cilainici	J , pc J.	
1. Call Sign	Number	Station	6. Location of Station
KPXE-ION Plus 50.3	50.3	1	KANSAS CITY MO
KPXE-Qubo 50.2	50.2	1	KANSAS CITY MO
KCPT-Create 19.3	19.3	Е	KANSAS CITY MO
KCPT-PBS 19 HD	19	Е	KANSAS CITY MO
KCPT-PBS Encore 19.2	19.2	Е	KANSAS CITY MO
KCPT-PBS Kids 19.4	19.4	Е	KANSAS CITY MO
KCWE-CW 29	29	1	KANSAS CITY MO
KCWE-Justice 29.2	29.2	1	KANSAS CITY MO
KMBC-ABC 9	9	N	KANSAS CITY MO
KMBC-MeTV 9.2	9.2	N	KANSAS CITY MO
KPXE-ION 50 HD	50	1	KANSAS CITY MO
KTWU-Enhance 11.3	11.3	Е	TOPEKA KS
KTWU-MHz Worldview 11.2	11.2	Ε	TOPEKA KS
KTWU-PBS 11	11	Е	TOPEKA KS
WDAF-Antenna TV	4.2	I	KANSAS CITY MO
WDAF-FOX HD	4	I-M	KANSAS CITY MO

ACCOUNTING PERIOD: 2022/1 FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 035706 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 474 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 97 65.99 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	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	19.95	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
 Fire protection 		• Pay cable			
 Burglar protection 		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	64.95	Burglar protection			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		Reconnect	39.95		
 Converter 		Disconnect			
		Outlet relocation	20.00		
		Move to new address	39.95		

FORM SA1-2, PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 035706 Vyve Broadband A, 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 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Television 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 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF STATION NUMBER KPXE-ION Plus 50.3 50.3 KANSAS CITY MO 50.2 ı **KANSAS CITY MO** KPXE-Qubo 50.2 KCPT-Create 19.3 19.3 Ε **KANSAS CITY MO** 19 Ε **KANSAS CITY MO** KCPT-PBS 19 HD Ε KCPT-PBS Encore 19.2 19.2 KANSAS CITY MO 19.4 Ε **KANSAS CITY MO** KCPT-PBS Kids 19.4 29 **KANSAS CITY MO** ı KCWE-CW 29 29.2 ı **KANSAS CITY MO** KCWE-Justice 29.2 9 **KANSAS CITY MO** KMBC-ABC 9 Ν Ν **KANSAS CITY MO** 9.2 KMBC-MeTV 9.2 KANSAS CITY MO 50 ı KPXE-ION 50 HD Ε **TOPEKA KS** KTWU-Enhance 11.3 11.3 Ε **TOPEKA KS** KTWU-MHz Worldview 11 11.2 Ε KTWU-PBS 11 11 **TOPEKA KS** 4.2 ı **KANSAS CITY MO** WDAF-Antenna TV 4 I-M **KANSAS CITY MO** WDAF-FOX HD

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 035706 **Vvve Broadband A. 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. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER STATION

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	F OWNER OF (YSTEM:					SYSTEM ID# 035706	Name	
- ,		<u>-</u> 						035700		
	t every radio s	tation ca	arried on a separate and disc enerally receivable" by your c						н	
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete										
Column 4: G	Sive the station	n's locatio	k mark in the "S/D" column. on (the community to which the community with which the				C or, in t	he case of		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	I	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
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	LEGAL NAME OF OWNER OF	OADLE OVOT						01/07ET ID #					
Name	Vyve Broadband A, LL		⊏IVI.					SYSTEM ID#					
	Vyve Broadband A, LL							035706					
	SUBSTITUTE CARRIAG	F: SPECIA	I STATEMEN	NT AND PROGRAM I OC	3								
I	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												
Substitute	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	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program												
Program Log	broadcast by a distant sta	proadcast 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 SUBSTITUTI	- DDOCDA	MC										
	In General: List each subs			te line. Use abbreviations	wherever pos	ssible. if the	eir meaning is						
	clear. If you need more spa	ice, please	attach addition	al pages.			_						
	Column 1: Give the title period, was broadcast by a			ision program (substitute p				tion					
	under certain FCC rules, re												
	Do not use general categor	ies like "mo											
	"NBA Basketball: 76ers vs.		deast live, onto	r "Yes." Otherwise enter "I	No."								
				isting the substitute progra									
	Column 4: Give the broa	adcast statio	on's location (th	ne community to which the	station is lice		ne FCC or, in						
	the case of Mexican or Car			community with which the tem carried the substitute			with the mor	nth					
	first. Example: for May 7 gi		Wilch your sys	terri carried the substitute	program. Os	o mannorais	, with the mor	101					
				gram was carried by your				ly					
	to the nearest five minutes stated as "6:00-6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:	15 p.m. to 6:	28:30 p.m.	should be						
	Column 7: Enter the lett			was substituted for progra				d					
	to delete under FCC rules a												
	gram was substituted for prefect on October 19, 1976		mai your syste	em was permitted to delete	e under FCC	rules and re	aguiations in						
					T			1					
		N IDOTITUT					E CARRIAGE						
			E PROGRAM			OCCURRI	TIMES	7. REASON FOR DELETION					
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO						
							_						
							_						
							_						
							_						
							_						
							_						
							_						

FORM SA1	I-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	S	YSTEM ID# 035706	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this am page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service ount, see	1,495.00 pss receipts)	K Gross Receipts
	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 \$26	63,800		L Copyright Royalty Fee
• See page (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			
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00	s six-month		
	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			
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing				
Fee and Total	<u> </u>	\$	52.00	
Remittan ce Due	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 Availa	able	
	Important: Your remittance must be in the form of an electronic payment payable to the Regis			
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	more morma	iuUII.	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Vyve Broadband A, LLC	035706
	CHANNELS	
М		4-4:
IVI	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.	
onaioio	1. Enter the total number of channels on which the cable	40
	system carried television broadcast stations	16
	Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	160
	and nonbroadcast services	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further Information	Name Marie Censoplano Telephone S	914-235-8313
information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363	
	Littali (optional) Intanc.octioopiano@yyebb.com	
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regula	tions,
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space I	3; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s	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 ow	ner 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	d 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 suffciency of the fling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	035706	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic I not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment of For an explanation of interest assessment, see page (viii) of the general instructions.	r underpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	terest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further a 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 Copyrig list below the owner, address, first community served, ID number, and accounting period as given in the		
Owner Address		
ID number		
First community served		
Accounting period		

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