THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ (202) 707-8150 General instructions are at the 8/29/2022 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:						
Accounting Period	January 1-June 30, 202	2						
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the pa List any other name or names under wi <i>If there were different owners during tf</i> <u>a single statement of account and royalty fo</u>	prrect information beside it. f the cable system. If the owner is a sub- rent corporation. hich the owner conducts the business of the accounting period, only the owner on the payment covering the entire account	the last day of the accounting period should sub					
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM						
	Vyve Broadband A, LLC							
			0	3714520221				
				037145 2022/1				
	4 International Dr Suite 330 Rye Brook, NY 10573							
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	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. IDENTIFICATION OF CABLE SYSTEM:							
	1							
	MAILING ADDRESS OF CABLE SYSTEM							
	2 (Number, street, rural route, apartment, or suite n	umber)						
	(City, town, state, zip code)							
D Area Served	in FCC rules: "a separate and distinct co areas and including single, discrete unin of system identification hereafter known	ommunity or municipal entitiy (includ ncorporated areas)." 47 C.F.R. 76.5 as the "first community." Please us	"community" is the same as a "community u ling unincorporated commuinites within uninc 5(dd). The first community that list will serve a se it as the first community on all future filings mobile home parks should be reported in par	orporated as a form				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	Perryton	ТХ						
Privacy Act Notice	Section 111 of title 17 of the United States Code	authorizes the Convright Offce to collect the	personally identifying information (PII) requested on thi					
form in order to pro numbers. By provid search reports pre	cess your statement of account. PII is any persona ding PII, you are agreeing to the routine use of it to	I information that can be used to identify or t establish and maintain a public record, which e PII requested is that it may delay processin	race an individual, such as name, address and telephor n includes appearing in the Offce's public indexes and ir g of your statement of account and its placement in the	ne 1				

Form SA1-2c Rev 04/2011

A ACC	COUNTING PERIOD COVERED BY	THIS STATEMENT.
		THIS STATEMENT.
Accounting	January 1-June 30, 2022	
Period		

Owner COT	porate title of the subsidiary, not that of the parent corporation.	
Owner Corp	for the subsidiary, not that of the parent corporation.	
In li	ne 2, list any other names under which the owner conducts the business of the cable system.	
If th	ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit	
a si	ngle 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. 037145	Filing Period
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*037:
	Vyve Broadband A, LLC	
2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
3		
	4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
	es 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	(Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	

	BLOO	CK 1				
E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	Service to first set		89	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		7	59.99		
	Converter					
	Residential					
	Non-residential					
			•••••			
		1				
		BL	DCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resi	dential	
	• 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	on	20.00
				• Move to new a	ddress	39.95
		1	I			

INSTRUCTIONS:

Γ

M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.								
	1. Enter the total number of channels on which the cable 8 system carried television broadcast stations 8								
	2. Enter the total number of ac on which the cable system and nonbroadcast services	154							
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can write or call about this	CTED IF FURTHER INFORMATIC statement of account.)	DN IS NEEDED: (Identify an indi	vidual to whom					
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313				
mornation	Address								
	Rye Brook, NY 10573 (City, town, state, zip)								
	Email (optional)	marie.censopla	no@vyvebb.com	Fax (optional	914-234-8363				
O Certifcation	as explained in the general instru	nt of account must be certifed and uctions.) tify that (Check one, but only one		rright Offce reg	ulations,				
	(Owner other than corpo	oration or partnership) I am the	owner of the cable system as ide	entifed in line 1	of space B; or				
		nan corporation or partnership) 3 and that the owner is not a corp		of the owner of	the cable system as identified				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.								
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
			· · · · · ·						
			n signature: rinted name: Daniel J V	Vhite					
		Title:	SVP Financial Planning (Title of official position held in corp		ership)				
		Date:	·	8/27/2021					

2. B'cast Channel	3. Type of	
		6. Location of Station
4	N	Amarillo, TX
4.2	I-M	Amarillo, TX
14	I.	Amarillo, TX
2	Е	Amarillo, TX
14.2	I-M	Amarillo, TX
14.3	I-M	Amarillo, TX
14.4	I-M	Amarillo, TX
2.2	E-M	Amarillo, TX
7	Ν	Amarillo, TX
7.1	I-M	Amarillo, TX
7.2	I-M	Amarillo, TX
7.3	I-M	Amarillo, TX
10	Ν	Amarillo, TX
10.4	I-M	Amarillo, TX
10.2	I-M	Amarillo, TX
10.3	I-M	Amarillo, TX
	Channel Number 4 4.2 14 2 14.2 14.3 14.4 2.2 7 7.1 7.1 7.2 7.3 10 10.4 10.4 10.2	Channel Station A N 4.2 I-M 14 I 2 E 14.2 I-M 14.3 I-M 14.3 I-M 14.3 I-M 14.4 I-M 14.3 I-M 14.4 I-M 14.3 I-M 14.4 I-M 7 N 7.1 I-M 7.2 I-M 7.3 I-M 10 N 10.4 I-M 10.4 I-M 10.4 I-M

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS			
name	Vyve Broadband A, LLC								03714		
F	SECONDARY TRANSMISSION										
E	In General: The information in s			0		,					
• •	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken										
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the n	•	<i>.</i>	0 , (charged			
	separately for the particular serv										
	Rate: Give the standard rate c unit in which it is generally billed	-	-					-			
	÷ .			· ·	y stanua		is within a				
	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	e to their subso	ribers.	Give the number	of subse	cribers and rate	for each li	sted category			
	that applies to your system. Not			-		-					
	categories, that person or entity				••		•				
	subscriber who pays extra for ca					d in the count u	nder "Servi	ce to the			
	first set" and would be counted or Block 2: If your cable system					service that an	e different :	from those			
	printed in block 1 (for example, t	0		•							
	with the number of subscribers a					•	,	-			
	sufficient.										
	BLC	DCK 1					BLOC		1		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT		
	Residential:	CODOCIAD	2.10		0,111			CODECTIDENC			
	Service to first set		89	25.00							
	 Service to additional set(s) 										
	• FM radio (if separate rate)			······							
	Motel, hotel			······							
	Commercial		7	59.99							
	Converter										
	Residential										
	Non-residential			······							
	• Non-residential			······							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES							
-	In General: Space F calls for ra				pect to a	III your cable sy	stem's serv	vices that were			
F	not covered in space E, that is, t										
. .	service for a single fee. There a										
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	enter only the letters "PP" in the		usualiy	Dilleu. Il ally late		larged on a var	iable hei-h	logialli basis,			
			he cab				ices listed				
•	Block 1: Give the standard rat	le charged by i		le system for eac	h of the	applicable serv	ooo notou.				
ransmissions: Rates	Block 2: List any services that	t your cable sy	stem fu	rnished or offered	d during	the accounting	period that				
ransmissions:	Block 2: List any services that listed in block 1 and for which a	t your cable sy separate charg	stem fu ge was i	rnished or offered made or establish	d during	the accounting	period that				
ransmissions:	Block 2: List any services that	t your cable sy separate charg	stem fu ge was i	rnished or offered made or establish	d during	the accounting	period that				
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip	t your cable sy separate charg otion and includ BLO	stem fu ge was i de the ra CK 1	rnished or offered made or establish ate for each.	d during ned. List	the accounting these other ser	period that vices in the	e form of a BLOCK 2			
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	t your cable sy separate charg otion and includ	stem fu ge was i de the ra CK 1 CATEC	rnished or offered made or establish ate for each. GORY OF SERVI	d during ned. List CE	the accounting	period that vices in the	e form of a	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	t your cable sy separate charg tion and includ BLO RATE	stem fu ge was i de the ra CK 1 CATEC Install	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid	d during ned. List CE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	t your cable sy separate charg otion and includ BLO	stem fu ge was i de the ra CK 1 CATEC Install • Mo	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid	d during ned. List CE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	t your cable sy separate charg tion and includ BLO RATE	stem fu ge was i de the ra CK 1 CATEC Install • Mo • Co	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid ttel, hotel mmercial	d during ned. List CE	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection	t your cable sy separate charg tion and includ BLO RATE	stem fu ge was i de the r CK 1 CATE(Install • Mo • Co • Pa	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid otel, hotel mmercial y cable	d during hed. List CE ential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection	t your cable sy separate charg tion and includ BLO RATE	stem fu ge was i de the r CK 1 CATE(Install • Mo • Co • Pa • Pa	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid otel, hotel mmercial y cable y cable-add'l cha	d during hed. List CE ential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	t your cable sy separate charged tion and includ BLO RATE 19.95	stem fu ge was de the r CK 1 CATE(Install • Mc • Co • Pa • Pa • Fin	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid otel, hotel mmercial y cable y cable e protection	d during hed. List CE ential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	t your cable sy separate charg tion and includ BLO RATE	stem fu ge was i de the r CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection	d during hed. List CE ential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential	t your cable sy separate charged tion and includ BLO RATE 19.95	stem fu ge was i de the r CK 1 CATE(Install • Mo • Co • Pa • Pa • Fin • Bu	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid otel, hotel mmercial y cable y cable e protection	d during hed. List CE ential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	t your cable sy separate charged tion and includ BLO RATE 19.95	stem fu ge was i de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection	d during hed. List CE ential	the accounting these other ser	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	t your cable sy separate charged tion and includ BLO RATE 19.95	stem fu ge was de the r CK 1 CATEC Install • Mc • Co • Pa • Pa • Fir • Bu • Cther • Re	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection services:	d during hed. List CE ential	RATE	period that vices in the	e form of a BLOCK 2	RATI		
ransmissions:	Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	t your cable sy separate charged tion and includ BLO RATE 19.95	stem fu ge was de the r CK 1 CATEC Install • Mc • Co • Pa • Pa • Fin • Bu Other • Re • Dis	rnished or offered made or establish ate for each. GORY OF SERVI ation: Non-resid tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection services: connect	d during hed. List CE ential	RATE	period that vices in the	e form of a BLOCK 2	RATI		

Name	LEGAL NAME OF OWNER	R OF CABLE SYSTE	EM:	S	SYSTEM II							
Nume	Vyve Broadband A	, LLC			03714							
	PRIMARY TRANSMITTERS:	TELEVISION										
G		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										
G												
Primary	5			(5.61(e)(2)) and $(4))];$ and (2) certain stations carried on a								
ransmitters: Television	substitute program basis, as explained in the next paragraph.											
	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific 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 t	he station was carr	ed both on a substitute basis and also on some other								
		•		tions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc.								
	Column 2: Give the num	mber of the chann	el on which the stat	ion's broadcasts are carried in its own community.								
				em 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 noncomn	nercial educational)	, or "E-M" (for noncommercial educational multicast).								
	For the meaning of these to Column 4: Give the loc		, 0		e							
	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									
	KAMR-NBC	NUMBER 4	STATION N	Amarillo, TX								
	KCPN-MNT	4.2	I-M	Amarillo, TX								
	KCIT-FOX	14	I	Amarillo, TX								
	KACV-PBS	2	E	Amarillo, TX								
	KCIT-Grit TV	14.2	I-M	Amarillo, TX								
	KCIT-Escape TV	14.3	I-M	Amarillo, TX								
	KCIT-Bounce TV	14.4	I-M	Amarillo, TX								
	KACV-PBS Kids	2.2	E-M	Amarillo, TX								
	KVII - ABC HD	7	N	Amarillo, TX								
	KVII - Comet	7.1	I-M	Amarillo, TX								
	KVII - CW HD	7.2	I-M	Amarillo, TX								
	KVII - Stadium	7.3	I-M	Amarillo, TX								
	KFDA-CBS 10	10	N	Amarillo, TX								
	KFDA-Me-TV 10.4	10.4	I-M	Amarillo, TX								
	KFDA-News Channel											
	10 Too 10.2	10.2	I-M	Amarillo, TX								
	KFDA-Telemundo 10.3	10.3	I-M	Amarillo, TX								

ACCOUNTING PERIOD: 2022/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Vyve Broadband A, LLC 037145								
ceivable if (1) of the basis of or detailed info Column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G	it is carried by monitoring, to prmation about dentify the call tate whether t the radio stati this by placing Sive the station	y the sys be recei t the the sign of e he statio ion's sign g a check h's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea system's FM ante on this point, see ed by the cable sy e station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC) it can b ertain sta e genera parate a	e expected, ated intervals. Il instructions. nd discrete	Primary Transmitter Radio
		s, ii ariy, i						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
								

FORM SA1-2. PAGE 5.

								1 SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF C Vyve Broadband A, LLC		EM:				1	8YSTEM ID# 037145
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri	y every non counting pe ng that mus	network televis riod, under spec t be included in NING SUBST	ion program broadcast by a cific present and former FC0 this log, see page (v) of the ITUTE CARRIAGE	distant statio C rules, regula general instru	utions, or author uctions.	rizations. Fo	or a further
Statement and Program Log	broadcast by a distant stati Note: If your answer is "No"	on?	-	-	-		Yes	XNo
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spac Column 1: Give the title period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	PROGRA itute progra ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broad sign of the dcast static adian statio th and day e "5/7." es when the Example: a	MS im on a separa attach addition nnetwork telev ion and that yo r authorization vies" or "baske dcast live, ente station broadca on's location (th ons, if any, the when your sys e substitute pro a program carri	te line. Use abbreviations al pages. ision program (substitute p ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "N asting the substitute progra ne community to which the community with which the tem carried the substitute ogram was carried by your	wherever pos program) that d for the prog- eral instruction n titles, for ex- No." station is lice station is lice program. Use cable system 15 p.m. to 6:	ssible, if their r , during the ac gramming of a ons for further i (ample, "I Love ensed by the F ntified). e numerals, wi 1. List the time 28:30 p.m. sho	meaning is counting nother stati information e Lucy" or FCC or, in th the mon s accuratel build be	ion th
	to delete under FCC rules a gram was substituted for pro effect on October 19, 1976.	nd regulation	ons in effect du	iring the accounting period	; enter the le e under FCC	tter "P" if the li	sted pro llations in	
	SI	UBSTITUT	E PROGRAM			OCCURRED		7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —	IES TO	FOR DELETION
						_		

	37145
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	
COPYRIGHT ROYALTY FEE	
Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.	Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00	
Line 1. Royalty fee for accounting period \$ 5.	2.00
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	2.00
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula \$ 263,800.00	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K	
2. Base amount under statutory formula	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	
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	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
FILING FEE AND TOTAL REMITTANCE DUE	
Remittanc	2.00
e Due 2. Filing Fee (See the instructions for more information on filing fee calculations) \$	5.00
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
EFT Trace # or TRANSACTION ID # Not Available	

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 037145				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.					
Chaimeis	1. Enter the total number of channels on which the cable system carried television broadcast stations	8				
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	154				
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)					
for Further Information	Name Marie Censoplano Telephone 91	4-235-8313				
	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					
ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	ns,				
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)					
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or					
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.					
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]					
	Handwritten signature: /s/ Daniel J. White					
	Typed or printed name: Daniel J White					
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)					
	Date: 8/22/22					

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

ACCOUNTING PERIOD: 2022/1

F	ORM	SA1-2.	PAGE 8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name		
Vyve Broadband A, LLC	037145	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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the B service of providing secondary transmissions of primary broadcast transmitters, the system shall not incluse scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	basic lude sub- 119."	P Special Statement Concerning Gross Receipts Exclusion		
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? X NO				
YES. Enter the total here and list the satellite carrier(s) below				
Name Name Mailing Address				
INTEREST ASSESSMENTS				
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp For an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	Q		
Line 1 Enter the amount of late payment or underpayment		Interest		
		Assessment		
x				
Line 2 Multiply line 1 by the interest rate* and enter the sum here				
x	days			
Line 3 Multiply line 2 by the number of days late and enter the sum here	-			
x 0.002	274			
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,				
space L, (page 7)	-			
(interest c	U <i>i</i>			
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistanc contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please			
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the origina				
Owner				
Address				
ID number First community served				
Accounting period				

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