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

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			Return to:
STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Library of Congress 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 end of this form [pages (i)-(vii)].	8/29/2022	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVEREI	D BY THIS STATEMENT:								
Accounting Period										
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 w If there were different owners during the a single statement of account and royalty for	prrect information beside it. f the cable system. If the owner is rent corporation. hich the owner conducts the busin- the accounting period, only the own be payment covering the entire acc	ner on the last day of the accounting period should su							
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM								
	Vyve Broadband A, LLC									
			*	0039172022						
				003917 2022/						
	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	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM	:								
	2 (Number, street, rural route, apartment, or suite number)									
	(City, town, state, zip code)									
		9 II 0 II I	A.B							
D			m. A "community" is the same as a "community ncluding unincorporated commuinites within unit							
-	-		76.5(dd). The first community that list will serv	-						
Area	0 0 1	, ,	se use it as the first community on all future filing							
Served	Note: Entities and properties such as ho	otels, apartments, condiminium	s, or mobile home parks should be reported in p	aratheses below						
	the identified city.									
	CITY OR TOWN	STATE	CITY OR TOWN	STATE						
First	MCGEHEE	AR	CHICOT COUNTY	AR						
Community	MITCHELVILLE	AR								
	LAKE VILLAGE	AR								
	D									
		AR								
	DUMAS DESHA COUNTY DERMOTT	AR AR AR								

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

A AC	COUNTING PERIOD COVE	
		RED BY THIS STATEMENT
Accounting	January 1-June 30, 2	2022
Period		

B Owner	corpo In line 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. If we were different owners during the accounting period, only the owner on the last day of the accounting period should submit gle statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	BARCODE DAT/ Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	*003
	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	-
	INCTO	(City, town, state, zip)	-
с		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.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
	2	MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

	BLOC					
E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		492	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		50	65.99		
	Converter					
	Residential					
	Non-residential					
			•••••			
		BLO	DCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER\	/ICE	RATE
F	Continuing Services:		Instal	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	n	20.00
				• Move to new a	ddress	39.95
		1				1

INSTRUCTIONS:

Γ

M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.										
	1. Enter the total number of channels on which the cable 13 system carried television broadcast stations 13										
	2. Enter the total number of ac on which the cable system and nonbroadcast services	155									
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can write or call about this	CTED IF FURTHER INFORMATIC statement of account.)	N IS NEEDED: (Identify an indiv	vidual to whom							
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313						
mornation	Address	4 International Dr Suite (Number, street, rura	330 I route, apartment, or suite number;)							
	Email (optional)	marie.censoplar	no@vyvebb.com	Fax (optional)914-234-8363						
O Certifcation	as explained in the general instru	nt of account must be certifed and uctions.) tify that (Check one, but only one		right Offce reg	ulations,						
	(Owner other than corpo	oration or partnership) I am the	owner of the cable system as ide	entifed in line 1	of space B; or						
	(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)] 										
		Handwritter Typed or pr	n signature: inted name: Daniel J V	Vhite							
		Title:	SVP Financial Planning		rship)						
		Date:		02/26/2022							

	2. B'cast			
	Channel	3. Type of	-	
1. Call Sign	Number	Station	6. Location of Station	х
KETS-PBS	2	E	LITTLE ROCK AR	х
KARZ-MNT	42	I.	LITTLE ROCK AR	x
KLRT-FOX	16	I.	LITTLE ROCK AR	x
KARK-NBC	4	Ν	LITTLE ROCK AR	x
KASN-CW	38	I.	PINE BLUFF AR	x
KVTN-IND	25	I.	PINE BLUFF AR	x
KARZ-Bounce	42.2	I-M	LITTLE ROCK AR	x
KARK-Laff	4.2	I-M	LITTLE ROCK AR	x
KARK-Grit TV	4.3	I-M	LITTLE ROCK AR	x
KLRT-Escape	16.2	I-M	LITTLE ROCK AR	х
KETS-Create	2.2	I-M	LITTLE ROCK AR	x
KETS-PBS Kids	2.3	E-M	LITTLE ROCK AR	x
KETS-World	2.4	I-M	LITTLE ROCK AR	x

ACCOUNTING PERIOD: 2022/1

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

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM IC					
Name	Vyve Broadband A, LLC								00391					
F	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RAT	ES									
E	In General: The information in s	•		•										
Cocondom		system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the												
Secondary Transmission							those exis	sting on the						
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken													
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 of	fice at the rate	indicate	ed—not the numb	er of sei clude bo	ts receiving ser	vice). of the cha	rae and the						
	unit in which it is generally billed													
					otanda									
	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													
	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)."													
	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, t													
	with the number of subscribers a	and rates, in th	e right-l	nand block. A two	- or thre	e-word descrip	tion of the	service is						
	sufficient.	DCK 1					BLOC	К 2						
		NO. OF	:				2100	NO. OF						
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT					
	Residential:													
	Service to first set		492	25.00										
	 Service to additional set(s) 													
	• FM radio (if separate rate)													
	Motel, hotel													
	Commercial		50	65.99										
	Converter													
	Residential													
	Non-residential													
	SERVICES OTHER THAN SEC		Nemie											
_	In General: Space F calls for ratio				pect to a	ll your cable sy	stem's ser	vices that were						
F	not covered in space E, that is, t	•	,			• •								
	service for a single fee. There a													
Services	furnished at cost or (2) services													
Other Than Secondary	amount of the charge and the ur enter only the letters "PP" in the		susually	billed. If any rate	es are cr	harged on a var	nable per-p	program basis,						
ransmissions:	-		the cabl	e system for eacl	h of the	applicable serv	ices listed							
Rates	Block 2: List any services that	-												
	listed in block 1 and for which a	rvices in th	e form of a											
	brief (two- or three-word) descrip													
		_	CK 1			1		BLOCK 2						
	CATEGORY OF SERVICE	RATE		GORY OF SERVI		RATE	CATEG	ORY OF SERVICE	RAT					
	Continuing Services:	40.05		ation: Non-reside	ential									
	• Pay cable	19.95	•	tel, hotel										
	Pay cable—add'l channel			mmercial										
	Fire protection			y cable										
	•Burglar protection			y cable-add'l char	nnel									
	Installation: Residential	_		e protection										
	• First set	64.95		rglar protection										
	Additional set(s)	• Reconnect												
	• FM radio (if separate rate)		•Re	connect		39.95								
			• Re • Dis	connect connect										
	• FM radio (if separate rate)		• Re • Dis • Ou	connect		39.95 20.00 39.95								

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vvve Broadband A. LLC PRIMARY TRANSMITTERS: TELEVISION

Primary Transmitters: Television

G

Name

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:

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

- 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 SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
KETS-PBS	2	E	LITTLE ROCK AR	
KARZ-MNT	42	I	LITTLE ROCK AR	
KLRT-FOX	16	I	LITTLE ROCK AR	
KARK-NBC	4	N	LITTLE ROCK AR	
KASN-CW	38	I	PINE BLUFF AR	
KVTN-IND	25	I	PINE BLUFF AR	
KARZ-Bounce	42.2	I-M	LITTLE ROCK AR	
KARK-Laff	4.2	I-M	LITTLE ROCK AR	
KARK-Grit TV	4.3	I-M	LITTLE ROCK AR	
KLRT-Escape	16.2	I-M	LITTLE ROCK AR	
KETS-Create	2.2	I-M	LITTLE ROCK AR	
KETS-PBS Kids	2.3	E-M	LITTLE ROCK AR	
KETS-World	2.4	I-M	LITTLE ROCK AR	

ACCOUNTING PERIOD: 2022/1

	F OWNER OF (YSTEM:				SYSTEM ID# 003917	Name		
							500517			
RIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an II-band basis whose signals were "generally receivable" by your cable system during the accounting period.										
ceivable if (1) in the basis of or detailed info Column 1: lo Column 2: S Column 3: lf gnal, indicate Column 4: G) it is carried by monitoring, to ormation abou dentify the call State whether t f the radio stati this by placing Give the statior	y the sys be recei t the the sign of e he statio ion's sign g a check h's locatio	H-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. That was electronically processes mark in the "S/D" column. The community to 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		
	•									
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.

								I SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF O		EM:				:	SYSTEM ID# 003917
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							
Statement and Program Log	broadcast by a distant station?							
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
	2. LOG OF SUBSTITUTE PROGRAMS							
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."							
	the case of Mexican or Can			ne community to which the community with which the			FCC or, in	
	Column 5: Give the mon	th and day		tem carried the substitute			vith the mon	th
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	gram was carried by your	cable svstem	. List the tim	es accuratel	v
	to the nearest five minutes.							y
	stated as "6:00–6:30 p.m." Column 7: Enter the lette	er "R" if the	listed program	was substituted for progra	amming that	vour system	was required	4
	to delete under FCC rules a	nd regulation	ons in effect du	iring the accounting period	; enter the le	tter "P" if the	listed pro	
	gram was substituted for pro effect on October 19, 1976.	ogramming	that your syste	em was permitted to delete	e under FCC	rules and reg	ulations in	
	SUBSTITUTE PROGRAM					IBSTITUTE OCCURREI		7. REASON
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		MES	FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO	
						—	-	
						<mark></mark>	-	
							_	
							_	
							-	
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							-	
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						_	-	
						_	-	

FORM SA	1-2. PAGE 6.		-
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 003917	Name
		000011	
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, so gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ervice	K Gross Receipts
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	int of gross receipts)	
Instructi	GHT ROYALTY FEE ions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 (vi) of the general instructions for more information.		L 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-maccounting period is \$52.00	onth	
	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	
	BEOCK 2. GROSS RECEIPTS OF \$205,800 OK LESS (but hole that \$157,100) 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)		
		0.00	
	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 anose K		
	1. 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		
		00	
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Remitta nce Due			
IICE DUE	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00	
	EFT Trace # or TRANSACTION ID # Not A	Available	
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in		

		FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 003917						
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	13						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	155						
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)							
Be Contacted for Further Information	Name Marie Censoplano Telephone 914	-235-8313						
	Address 4 International Dr Suite 330							
	(Number, street, rural route, apartment, or suite number)							
	City, town, state, zip)							
	Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363							
ο	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations as explained in the general instructions.)	S,						
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 identifed as owner of the cable system in line 1 of space B.							
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)] 	erein						
	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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Vyve Broadband A, LLC 003917 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-	me
The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol-	
"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	cial ment erning Receipts usion
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 Mailing Address	
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	Ç
Line 1 Enter the amount of late payment or underpayment	rest sment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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.