# 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 COVE	RED BY THIS STATEMENT:								
Accounting Period	January 1-June 30, 2	022								
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									
			*00	0392120221*						
				003921 2022/1						
	4 International Dr Suite 3 Rye Brook, NY 10573	330								
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.									
System	1 IDENTIFICATION OF CABLE SYSTE	M:								
D Area	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Served	•	•	mobile home parks should be reported in para							
First	CITY OR TOWN  GUYMON	STATE <b>OK</b>	CITY OR TOWN	STATE						
Community	GOTWON	OK .								
				1						

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

	INSTE	RUCTIONS:	
<b>B</b> Owner	corpo In lin If the	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full orate title of the subsidiary, not that of the parent corporation.  e 2, list any other names under which the owner conducts the business of the cable system.  ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit gle statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	BARCODE DATA
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*0039
		Vyve Broadband A, LLC	
	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)	
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С	names	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		IDENTIFICATION OF CABLE SYSTEM:	4
System	1	IDENTIFICATION OF CABLE STSTEM.	
		MAILING ADDRESS OF CABLE SYSTEM:	1
	2	(Number, street, rural route, apartment, or suite number)	1
1	1	(City, town, state, zip code)	1

EGORY OF SERVICE  al:  vice to first set  vice to additional set(s)  radio (if separate rate)  el  ial  sidential  n-residential	BLC	9	25.00 						
rvice to first set vice to additional set(s) radio (if separate rate) el ial sidential n-residential	BLC	9							
rvice to additional set(s) radio (if separate rate) el ial sidential n-residential	BLC	9							
radio (if separate rate) el ial sidential n-residential	BLC	9	59.99						
el ial sidential n-residential	BLC	9	59.99						
ial sidential n-residential	BLC	9	59.99						
sidential n-residential	1		59.99						
sidential n-residential	1	DCK 1							
n-residential	1	OCK 1							
	1	OCK 1							
V 05 05D)//05	1	OCK 1							
V OF OFFINIOR	1	OCK 1							
V 05 050/105	1	OCK 1							
V OF OFD\ ((OF	RATE	BLOCK 1							
Y OF SERVICE		CATE	CE	RATE					
g Services:		Install	ation: Non-reside	ential					
y cable	19.95		<ul> <li>Motel, hotel</li> </ul>						
y cable—add'l channel									
e protection									
glar protection			• Pay cable-add'l	channel					
n: Residential			<ul> <li>Fire protection</li> </ul>						
st set	64.95		<ul> <li>Burglar protectio</li> </ul>	n					
ditional set(s)		Other	services:						
radio (if separate rate)			<ul> <li>Reconnect</li> </ul>		39.95				
nverter									
			<ul> <li>Outlet relocation</li> </ul>		20.00				
					39.95				
			<ul> <li>Move to new add</li> </ul>	dress					
		` ` ` · · · · · · · · · · · · · · · · ·	nverter	• Disconnect • Outlet relocation					

BLOCK 1

<b>M</b> 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 system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  158  INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)									
N			ON IS NEEDED: (Id	lentify an individual to whom						
Individual to										
Be Contacted for Further Information	Name	Marie Censoplano		Telephone	914-235-8313					
illorillation	Address  4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)									
		Rye Brook, NY 10573	arroute, apartment, t	is suite number)						
		(City, town, state, zip	o)							
	Email (optional)	marie.censoplar	no@vyvebb.cor	n Fax (optional)	914-234-8363					
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)  • 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									
	• • -	an corporation or partnership) and that the owner is not a corp		_	he cable system as identified					
	(Officer or partner) I am in line 1 of space B.	an officer (if a corporation) or a p	oartner (if a partner	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								
			. ,							
			n signature: rinted name:	Daniel J White						
		Title:	SVP Financia		rship)					
		Date:		02/26/2022						

2. B'cast

	Channel	3. Type of	F
1. Call Sign	Number	Station	6. Location of Station
KACV -PBS 2	2	Е	AMARILLO TX
KACV-PBS Kids 2.2	2.2	E-M	AMARILLO TX
KCPN-MNT 4.2 HD	4.2	ı	AMARILLO TX
KAMR-NBC 4	4	N	AMARILLO TX
KCIT-BounceTV 14.4	14.4	I-M	AMARILLO TX
KCIT-EscapeTV 14.3	14.3	I-M	AMARILLO TX
KCIT-FOX 14	14	ı	AMARILLO TX
KCIT-Grit TV 14.2	14.2	I-M	AMARILLO TX
KETA-Create	217	E	OKLAHOMA CITY OK
KETA-Kids	13.2	Е	OKLAHOMA CITY OK
KETA-PBS 13	13	Е	OKLAHOMA CITY OK
KETA-World	13.1	Е	OKLAHOMA CITY OK
KVII - ABC HD	7	N	AMARILLO TX
KVII - Comet	7.2	I-M	AMARILLO TX
KVII - CW HD	7.3	I-M	AMARILLO TX
KVII - Stadium	7.4	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

Name	Vyve Broadband A, LLC	I LIVI.		SYSTEM 0039
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
ontinued)				
Area				
Served				

**ACCOUNTING PERIOD: 2022/1** FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003921 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: 57 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 9 59.99 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Services Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. **Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1					
RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R	
	Installation: Non-residential				
19.95	Motel, hotel				
	Commercial				
	• Pay cable				
	Pay cable-add'l channel				
	Fire protection				
64.95	Burglar protection				
	Other services:				
	Reconnect	39.95			
	Disconnect				
	Outlet relocation	20.00			
	Move to new address	39.95			
	19.95	Installation: Non-residential  • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel • Fire protection • Burglar protection  Other services: • Reconnect • Disconnect • Outlet relocation	Installation: Non-residential   19.95   • Motel, hotel   • Commercial   • Pay cable   • Pay cable-add'l channel   • Fire protection   • Burglar protection   Other services:   • Reconnect   • Disconnect   • Outlet relocation   20.00	Installation: Non-residential	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003921 Vyve Broadband A, LLC

# G

#### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space Ⅰ (the Special Statement and Program Log)—if the

- station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.

Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the

FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KACV -PBS 2	2	E	AMARILLO TX
KACV-PBS Kids 2.2	2.2	E-M	AMARILLO TX
KCPN-MNT 4.2 HD	4.2	I	AMARILLO TX
KAMR-NBC 4	4	N	AMARILLO TX
KCIT-BounceTV 14.4	14.4	I-M	AMARILLO TX
KCIT-EscapeTV 14.3	14.3	I-M	AMARILLO TX
KCIT-FOX 14	14	l	AMARILLO TX
KCIT-Grit TV 14.2	14.2	I-M	AMARILLO TX
KETA-Create	217	Е	OKLAHOMA CITY OK
KETA-Kids	13.2	Е	OKLAHOMA CITY OK
KETA-PBS 13	13	E	OKLAHOMA CITY OK
KETA-World	13.1	Е	OKLAHOMA CITY OK
KVII - ABC HD	7	N	AMARILLO TX
KVII - Comet	7.2	I-M	AMARILLO TX
KVII - CW HD	7.3	I-M	AMARILLO TX
KVII - Stadium	7.4	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

FORM SA1-2. F LEGAL NAME OI <b>Vyve Broadl</b>	FOWNER OF (		YSTEM:				SYSTEM ID# 003921	Name
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.								
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 signal, indicate this by placing a check mark in the "S/D" column.  Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).								
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
					<b></b>			
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	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	Vyve Broadband A, LL	С						003921
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the ac explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per broadcast by a distant stat  Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a	E: SPECIA ify every non- counting pe ing that mus r CONCER iod, did you tion? ", leave the E PROGRA titute progra ace, please a of every no distant stat	nnetwork televis. riod, under spect to be included in the included included in the included included in the included	ion program broadcast by a cific present and former FC0 this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute base ge blank. If your answer is te line. Use abbreviations al pages. ision program (substitute pur cable system substitute pur cable system substitute	distant station of rules, regular end of rules, regular end of rules, any nonner "Yes," you must wherever postorogram) that end for the program	ations, or aut uctions.  etwork televirust complet essible, if the during the gramming or	ision program Yes the program ir meaning is accounting f another stat	arried on a or a further   No
	Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	ies like "mo Bulls."  m was broad sign of the sadcast station and day we "5/7."  es when the Example: a er "R" if the and regulation orgamming	vies" or "basked dcast live, ente station broadca on's location (thons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	r "Yes." Otherwise enter "I asting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	n titles, for exemple, station is lice station is ide program. Use cable system 15 p.m. to 6::	ensed by the ntified). e numerals, n. List the tin 28:30 p.m. s your system tter "P" if the	e FCC or, in with the mon mes accuratel should be n was required e listed pro	th y
	1. TITLE OF PROGRAM	E PROGRAM 3. STATION'S	WHEN SUBSTITUTE CARRIAGE OCCURRED  5. MONTH 6. TIMES			7. REASON FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	— то	

FORM SA1-2	2. PAGE 6.  LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	SYSTEM ID# 003921	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (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)	of ice	K Gross Receipts
	during the accounting period. \$  IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amour	12,224.00 nt of 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.			
	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-mor accounting period is \$52.00		
	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	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)		
	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 Remittanc	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
e 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 A	vailable	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inf	ormation.	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#			
Name	Vyve Broadband A, LLC	003921			
	CHANNELS				
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations				
IVI	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	lations			
Channels					
	Enter the total number of channels on which the cable	12			
	system carried television broadcast stations				
	2. Enter the total number of activated channels				
	on which the cable system carried television broadcast stations and nonbroadcast services	158			
	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	Name Marie Censoplano Telephone S	14-235-8313			
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				
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regular	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 system as identified in line 1 of space B and that the owner is not a corporation or partnership; or				
	in line 1 of space B and that the owner is not a corporation of partnership, of				
	(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: <b>Daniel J White</b>				
	ryped of printed name. Daillet 3 Willie				
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)				
	(Title of official position field 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	003921	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 ad lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system fo service of providing secondary transmissions of primary broadcast transmitters, the system shall nescribers and amounts collected from subscribers receiving secondary transmissions pursuant to see	r the basic ot include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction of the accounting period did the cable system exclude any amounts of gross receipts for secondary to 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 or unformation of interest assessment, see page (viii) of the general instructions.	nderpayment.	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	1
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		İ
space L, (page 7)	rest charge)	İ
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	<b>o</b> ,	1
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		İ
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright list below the owner, address, first community served, ID number, and accounting period as given in the o		
Owner Address		1
ID number		1
First community served		l
Accounting period		1

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