ACCOUNTING PERIOD: 2022/1 (for header)

Accounting Period COVERED BY THIS STATEMENT:

January 1-June 30, 2022

	INSTF	RUCTIONS:	
B Owner	corpo In lin If the	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full orate title of the subsidiary, not that of the parent corporation.  ie 2, list any other names under which the owner conducts the business of the cable system.  iere were different owners during the accounting period, only the owner on the last day of the accounting period should submit ugle 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		<b>-</b>
	'	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	*039
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	1
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:	
		4 International Dr Suite 330	4
		(Number, street, rural route, apartment, or suite number)	
		Rye Brook, NY 10573	
		(City, town, state, zip)	4
	INSTR	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	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	4
	-	(manipol, du dou, upartiron, or dato number)	
		(City, town, state, zip code)	1

E		NO. OF				
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE		
Secondary	Residential:					
Transmission	<ul> <li>Service to first set</li> </ul>		231	28.50		
Service: Sub-	Service to additional set(s)					
scribers and	• FM radio (if separate rate)					
Rates	Motel, hotel					
	Commercial		4	25.00		
	Converter					
	Residential					
	Non-residential					
		1		1		
		BLO	OCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	ICE	RATE
F	Continuing Services:		Installation: Non-residential			
	Pay cable	19.95		· Motel, hotel		
Services	<ul> <li>Pay cable—add'l channel</li> </ul>			<ul> <li>Commercial</li> </ul>		
Other Than	Fire protection			<ul> <li>Pay cable</li> </ul>		
Secondary	<ul> <li>Burglar protection</li> </ul>			• Pay cable-add'l	channel	
Transmissions:	Installation: Residential			• Fire protection		
Rates	First set	64.95		Burglar protecti	on	
	<ul> <li>Additional set(s)</li> </ul>		Other	services:		
	<ul> <li>FM radio (if separate rate)</li> </ul>			<ul> <li>Reconnect</li> </ul>		39.95
	Converter			<ul> <li>Disconnect</li> </ul>		
				Outlet relocatio	n	20.00
	1	1	I	Move to new according to the second sec	ddrooo	39.95
				• Wove to new ac	Juless	

BLOCK 1

M	to its subscribers and (2) the ca     The calculation of the calc	padcast stations	tivated channels, d	uring the accounting period.	32 244				
N	INDIVIDUAL TO BE CONTACT we can write or call about this s	TED IF FURTHER INFORMATION statement of account.)	ON IS NEEDED: (Id	lentify an individual to whom					
Individual to  Be Contacted									
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313				
momadon	Address	4 International Dr Suite (Number, street, rura		r suite number)					
		Rye Brook, NY 10573							
		(City, town, state, zip	0)						
	Email (optional)	marie.censoplar	no@vyvebb.cor	n Fax (optional)	914-234-8363				
<b>O</b> Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office 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 corporation		_	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							
	I	111 30							
			n signature: rinted name:	Daniel J White					
		Title:	SVP Financia (Title of official position	al Planning ion held in corporation or partne	rship)				
		Date:		8/27/2021					

2. B'castChannel 3. Type of

	Chamici	J. Type of	
1. Call Sign	Number	Station	6. Location of Station
KJRH-NBC	2	N	Tulsa OK
KRSU-ETV	35	1	CLAREMORE, OK
KGEB-IND	53	1	Tulsa OK
KTPX-ION	44	1	Okmulgee OK
KOTV-CBS	6	N	Tulsa OK
KTUL-ABC	8	N	Tulsa OK
KOKI-FOX	23	1	Tulsa OK
KDOR-TBN	17	1	Bartlesville OK
KOED-PBS	11	Е	Tulsa OK
KQCW-CW	19	1	Muskogee OK
KWHB-IND	47	1	Tulsa OK
KMYT-MNT	41	1	Tulsa OK
KTPX-Qubo	44.2	I-M	Okmulgee OK
KDOR-JUCE/Smile	17.3	I-M	Bartlesville OK
KDOR-The Hillsong Channel	17.2	I-M	Bartlesville OK
KDOR-TBN Salsa	17.5	I-M	Bartlesville OK
KDOR-Enlace	17.4	I-M	Bartlesville OK
KTPX-Ion Life	44.3	I-M	Okmulgee OK
KJRH-Laff	2.3	I-M	Tulsa OK
KJRH-Bounce TV	2.2	I-M	Tulsa OK
KTUL-TBD TV	8.4	I-M	Tulsa OK
KTUL-Comet TV	8.2	I-M	Tulsa OK
KOKI-MeTV	23.2	I-M	Tulsa OK
KMYT-GetTV	41.2	I-M	Tulsa OK
KOKI-Escape	23.3	I-M	Tulsa OK
KMYT-Grit TV	41.3	I-M	Tulsa OK
KOTV-News on 6 Now	6.3	I-M	Tulsa OK
KOED-OKLA	11.2	I-M	Tulsa OK
KTUL-Antenna TV	8.3	I-M	Tulsa OK
KMYT-Heroes and Icons	41.4	I-M	Tulsa OK
KOED-Create	11.3	E-M	Tulsa OK
KOED-Kids	11.4	E-M	Tulsa OK

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

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

## SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

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

Return to: Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING	PERIOD COVERED	BY THIS STATEMENT:					
Accounting Period	January <sup>•</sup>	1-June 30, 2022	2					
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Otheck 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 ADD	RESS OF CABLE SYSTEM					
	Vyve Broa	dband A, LLC						
				*0:	3936020221*			
					039360 2022/1			
	4 Internation	onal Dr Suite 330 , NY 10573						
С		, ,		fy the business and operation of the system un system, if different from the address given in s				
System	1 IDENTIFICATION	N OF CABLE SYSTEM:		<u> </u>	<u>·</u>			
		ESS OF CABLE SYSTEM: ral route, apartment, or suite nur p code)	nber)					
D	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							
Area Served	-		•	e it as the first community on all future filings. mobile home parks should be reported in para	theses below			
		OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	Wagoner Fort Gibson		OK OK					
Ţ	Okay		OK					
				-				

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

Form SA1-2c Rev 04/2011

**ACCOUNTING PERIOD: 2022/1** FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039360 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 231 28.50 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 4 25.00 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. **Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. 

	BLO	CK 1		BLOCK 2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable	19.95	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
<ul> <li>Fire protection</li> </ul>		• Pay cable		
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel		
Installation: Residential		Fire protection		
First set	64.95	Burglar protection		
<ul> <li>Additional set(s)</li> </ul>		Other services:		
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	39.95	
<ul> <li>Converter</li> </ul>		Disconnect		
		Outlet relocation	20.00	
		Move to new address	39.95	

KTUL-Comet TV

KOKI-MeTV

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039360 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute progra Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommerc 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 FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER **STATION** KJRH-NBC 2 Ν Tulsa OK CLAREMORE, OK KRSU-ETV 35 KGEB-IND 53 Tulsa OK KTPX-ION 44 Okmulgee OK **KOTV-CBS** 6 N Tulsa OK KTUL-ABC 8 N Tulsa OK KOKI-FOX 23 ı Tulsa OK KDOR-TBN 17 **Bartlesville OK** KOED-PBS 11 Ε Tulsa OK KQCW-CW 19 I Muskogee OK KWHB-IND 47 1 Tulsa OK Tulsa OK KMYT-MNT 41 I-M Okmulgee OK 44.2 KTPX-Qubo KDOR-JUCE/Smile 17.3 I-M **Bartlesville OK** KDOR-The Hillsong Channel 17.2 I-M **Bartlesville OK Bartlesville OK KDOR-TBN Salsa** 17.5 I-M **KDOR-Enlace** 17.4 I-M **Bartlesville OK** KTPX-Ion Life 44.3 I-M Okmulgee OK Tulsa OK KJRH-Laff 2.3 I-M KJRH-Bounce TV 2.2 I-M Tulsa OK KTUL-TBD TV 8.4 I-M Tulsa OK

8.2

23.2

I-M

I-M

Tulsa OK

Tulsa OK

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 039360 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thie-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION CHANNEL SIGN NUMBER STATION KMYT-GetTV Tulsa OK 41.2 I-M Tulsa OK KOKI-Escape 23.3 I-M KMYT-Grit TV 41.3 I-M Tulsa OK **KOTV-News on 6 Now** 6.3 I-M Tulsa OK Tulsa OK **KOED-OKLA** 11.2 I-M Tulsa OK KTUL-Antenna TV 8.3 I-M Tulsa OK 41.4 I-M KMYT-Heroes and Icons KOED-Create 11.3 E-M Tulsa OK E-M Tulsa OK KOED-Kids 11.4

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	F OWNER OF (		YSTEM:					SYSTEM ID# 039360	Name
- , . 5 <b>-</b> . 0 a a i		-						009000	
	t every radio s	tation ca	arried on a separate and disc enerally receivable" by your c						н
all-band basis whose signals were "generally receivable" by your cable system during the accounting period.  Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.  For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions.  Column 1: Identify the call sign of each station carried.  Column 2: State whether the station is AM or FM.									Primary Transmitters: Radio
signal, indicate  Column 4: G	this by placing Give the station	g a check n's locati	nal was electronically process or mark in the "S/D" column. on (the community to which the the community with which the	he	e station is licens	sed by the FC0			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		 		-					
				=		 			
		 		-					
		l							
		 		-		 			
				-					
				-					
		7	r					<sub> </sub>	

1	ı	11	ı		
				<u> </u>	

	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#	
Name	Vyve Broadband A, LL	.c						039360	
Substitute Carriage:	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the ac explanation of the programm  1. SPECIAL STATEMEN	ify every non ecounting pe ing that mus	network televisa riod, under spec t be included in	ion program broadcast by a cific present and former FCo this log, see page (v) of the	a distant statio C rules, regula	itions, or autl			
Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call	tion?  ", leave the  E PROGRA titute progra ace, please a of every no distant stati gulations, o ries like "mo Bulls." m was broad sign of the s	ms m on a separa attach additiona nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, ente	te line. Use abbreviations al pages. ision program (substitute pur cable system substitutes. See page (v) of the gentball." List specific program "Yes." Otherwise enter "I asting the substitute programs.	"Yes," you m wherever pos program) that ed for the prog eral instruction titles, for ex No."	ust complet ssible, if thei , during the gramming or ons for furthe (ample, "I Lo	Yes te the program ir meaning is accounting f another state information ove Lucy" or	<b>☒ No</b> n	
	Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.  WHEN SUBSTITUTE CARRIAGE								
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	OCCURRE 6 FROM -	TIMES — TO	FOR DELETION	
						-	_		

PORIVISAT-2. FA	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	SYSTEM ID# 039360	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissis (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions.	ion service	<b>K</b> Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$ 42,397.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instructions:	ROYALTY FEE To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 the general instructions for more information.	,800	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 accounting period is \$52.00	six-month	
	Line 1. Royalty fee for accounting period	\$ 52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	, J=100	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	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	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
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 Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	more information.	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Vyve Broadband A, LLC	039360
	CHANNELS	
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tationo
Channels		
	Enter the total number of channels on which the cable	32
	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	244
	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	The sain time of sain about time statement of account.	
Be Contacted		
for Further	Name Marie Censoplano Telephone S	914-235-8313
Information		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573	
	(City, town, state, zip)	
	5 7/ 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
	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	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	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 identifed as ow	ner of the cable system
	in line 1 of space B.	
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe	d herein
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	( · · · · · · · · · · · · · · · · · · ·	
	Q 1 7 9114.	
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Typed of printed fame.	
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)	
	(1 tile or 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 sufficiency 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	039360	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 action sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall rescribers and amounts collected from subscribers receiving secondary transmissions pursuant to se	or the basic not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction during the accounting period did the cable system exclude any amounts of gross receipts for secondary 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  Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or upon an explanation of interest assessment, see page (viii) of the general instructions.	ınderpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<b>-</b> 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	erest charge)	
* To view the interest rate chart click on <a href="mailto:www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further ass contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	<b>3</b> ,	
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the o		
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.