#### 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.

DATE RECEIVED

8/29/202

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

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\$

AMOUNT

# SA1-2 Short Form

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

end of this form [pages (i)-(vii)]. ALLOCATION NUMBER Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2022 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the Β incorrect information and print or type the correct information beside it. Owner 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. 004058 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband A, LLC \*00405820221\* 004058 2022/1 4 International Dr Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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 IDENTIFICATION OF CABLE SYSTEM: 1 MAILING ADDRESS OF CABLE SYSTEM 2 (Number, street, rural route, apartment, or suite number) City, town, state, zip code Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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 of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. CITY OR TOWN STATE CITY OR TOWN STATE HERINGTON KS First Community DICKINSON COUNTY KS Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

A     ACCOUNTING PERIOD COVERED BY THIS STATEMENT:       Accounting     January 1-June 30, 2022	ACCOUNTING PERIOD: 2022/1 (for header)
	A ACCOUNTING PERIOD COVERED BY THIS STATEM
	counting January 1-June 30, 2022
Period	Period

	INSTR	UCTIONS:									
B Owner		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 brate title of the subsidiary, not that of the parent corporation.									
owner	In line 2, list any other names under which the owner conducts the business of the cable system.										
		re 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.	BARCODE DAT								
			B Filing Period								
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*004								
		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)									
			_								
		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these									
С	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		IDENTIFICATION OF CABLE SYSTEM:									
	1										
		MAILING ADDRESS OF CABLE SYSTEM:									
	2										
	2	(Number, street, rural route, apartment, or suite number)									
		(City, town, state, zp code)									

	BLOO	K 1				
E						
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	Service to first set		49	78.75		
Service: Sub-	<ul> <li>Service to additional set(s)</li> </ul>					
scribers and	<ul> <li>FM radio (if separate rate)</li> </ul>					
Rates	Motel, hotel					
	Commercial		17	59.99		
	Converter					
	Residential					
	Non-residential					
		BL	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>			Commercial		
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 protect	tion	
	<ul> <li>Additional set(s)</li> </ul>	Other services:				
	<ul> <li>FM radio (if separate rate)</li> </ul>			<ul> <li>Reconnect</li> </ul>		39.9
	Converter			<ul> <li>Disconnect</li> </ul>		
				Outlet relocation	on	20.0
				• Move to new a	ddress	39.9
						ess

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 system carried television broadcast stations         9         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services									
N Individual to Be Contacted					·					
for Further Information	Name	Telephone	<mark>914-235-8313</mark>							
	Address	4 International Dr Suite								
	(Number, street, rural route, apartment, or suite number)           Rye Brook, NY 10573           (City, town, state, zip)									
	Email (optional)	marie.censoplar	no@vyvebb.com	Fax (optional	) 914-234-8363					
O Certifcation	as explained in the general instru- • I, the undersigned, hereby cer	nt of account must be certifed and uctions.) tify that (Check one, but only one <b>oration or partnership)</b> I am the	of the boxes.)							
	<ul> <li>(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</li> <li>(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.</li> </ul>									
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>									
	Handwritten signature:									
		I yped or p	inted name: Daniel J V	vnite						
		Title:	SVP Financial Planning (Title of official position held in corp		ership)					
		Date:		02/26/2022						

	2. B'cast		
	Channel	3. Type of	•
1. Call Sign	Number	Station	6. Location of Station
KSNW-NBC	3	Ν	WICHITA KS
KPTS-PBS	8	E	HUTCHINSON KS
KAKE-ABC	10	Ν	WICHITA KS
KSAS - Comet	24.3	I-M	WICHITA KS
KSAS - FOX	24	I.	WICHITA KS
KSAS-MNT 24.2	24.2	I-M	WICHITA KS
KSNW-NBC 3	3	Ν	WICHITA KS
KWCH-CBS 12	12	Ν	HUTCHINSON KS
KWCH-Weather 12.2	12.2	I-M	HUTCHINSON KS

## ACCOUNTING PERIOD: 2022/1

Name	LEGAL NAME OF OWNER OF CABLE SYS	TEM:		SYSTEM
Name	Vyve Broadband A, LLC			0040
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
ontinued)				
Area				
Served				

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	STEM II			
Name	Vyve Broadband A, LLC								00405			
<b>_</b>	SECONDARY TRANSMISSION	SERVICE: SU	JBSCR	BERS AND RATE	ES							
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
Cocondom	system, that is, the retransmissi											
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).											
Service: Sub-	last day of the accounting period (June 30 or December 31, as the case may be). <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken											
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in											
Rates	each category by counting the n		0	0 , (			,	charged				
	separately for the particular serv Rate: Give the standard rate of							ge and the				
	unit in which it is generally billed	-	-					-				
	category, but do not include disc											
	Block 1: In the left-hand block	•		•								
	systems most commonly provide											
	that applies to your system. <b>Not</b> categories, that person or entity			-		-						
	subscriber who pays extra for ca											
	first set" and would be counted of											
	Block 2: If your cable system	-		•								
	printed in block 1 (for example, t with the number of subscribers a											
	sufficient.	and rates, in th	e ngnt-i	TATIC DIOCK. A LWO-	- or the	e-word descript		Service is				
		DCK 1					BLOC	(2				
		NO. OF						NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	Service to first set		49	78.75								
	Service to additional set(s)											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		17	59.99								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		Nemie									
_	In General: Space F calls for ra				ect to al	ll your cable sys	stem's serv	vices that were				
F	not covered in space E, that is,	hose services	that are	e not offered in co	mbinatio	on with any sec	ondary trai	nsmission				
	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 rates	s are cn	larged on a var	able per-p	rogram basis,				
ransmissions:	Block 1: Give the standard rat		the cab	le system for each	n of the a	applicable servi	ces listed.					
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
	listed in block 1 and for which a	vices in th	e form of a									
	brief (two- or three-word) descrip	1										
			CK 1					BLOCK 2	1			
	CATEGORY OF SERVICE	RATE		GORY OF SERVIC		RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services:	40.05		ation: Non-reside	ential							
	• Pay cable	19.95		otel, hotel								
	Pay cable—add'l channel     Fire protection			mmercial								
	Fire protection		4	y cable	nol							
	•Burglar protection			y cable-add'l chan	inei							
	Installation: Residential	64.95		•								
	• First set 64.95 • Burglar protection											
			041-	•								
	<ul> <li>Additional set(s)</li> </ul>			services:								
	• Additional set(s) • FM radio (if separate rate)		• Re	services: connect		39.95						
	<ul> <li>Additional set(s)</li> </ul>		• Re • Dis	services: connect								
	• Additional set(s) • FM radio (if separate rate)		• Re • Dis • Ou	services: connect		39.95 20.00 39.95						

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID					
Name	Vyve Broadband A, LL	C			00405					
	PRIMARY TRANSMITTERS: TELE	VISION								
G Primary ansmitters: Celevision	<ul> <li>carried by your cable system du FCC rules and regulations in eff 76.59(d)(2) and (4), 76.61(e)(2)</li> <li>substitute program basis, as exp Substitute Basis Stations:</li> <li>basis under specifc FCC rules,</li> <li>Do not list the station here in sistation was carried only on a</li> <li>List the station here, and also basis. For further information Column 1: List each station<sup>1</sup> Column 2: Give the number</li> <li>This may be different from the co associated with a station accord the same on the form.</li> <li>Column 3: Indicate in each educational station, by entering (for independent multicast), "E"</li> <li>For the meaning of these terms Column 4: Give the location</li> </ul>	ring the accounting p fect on June 24, 198 and (4), or 76.63 (re plained in the next pa With respect to any regulations, or author pace G—but do list i substitute basis. in space I, if the stati n concerning substitu s call sign. Do not re of the channel on which you ling to its over-thje-a case whether the stat the letter "N" (for nei (for noncommercial , see page (iv) of the of each station. For	period, except (1) s 1, permitting the ca ferring to 76.61(e) aragraph. distant stations car irizations: it in space I (the Sp ion was carried bot ite basis stations, s port origination pro- hich the station's b ir cab;e system car ir designation. For tion is a network si twork), "N-M" (for meducational), or "E- general instruction U.S. stations, list t	he community to which the station is licensed by the						
	1. CALL SIGN									
	KSNW-NBC	3	N	WICHITA KS						
	KPTS-PBS	8	E	HUTCHINSON KS						
	KAKE-ABC	10	N	WICHITA KS						
	KSAS - Comet	24.3	I-M	WICHITA KS						
	KSAS - FOX	24	I	WICHITA KS						
	KSAS-MNT 24.2	24.2	I-M	WICHITA KS						
	KSNW-NBC 3	3	N	WICHITA KS						
	KWCH-CBS 12	12	N							
	KWCH-Weather 12.2	12.2	I-M	HUTCHINSON KS						

## ACCOUNTING PERIOD: 2022/1

FORM SA1-2. F EGAL NAME OF	FOWNER OF (		YSTEM:				SYSTEM ID#	Name
/yve Broadl	band A, LL	C					004058	
I-band basis w pecial Instruct aceivable if (1) in the basis of or detailed info Column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G	t every radio s whose signals ctions Conce it is carried by monitoring, to ormation about dentify the call tate whether t the radio stat this by placing Sive the statior	tation ca were "ge rning All y the sys be recei t the the sign of e he statio ion's sigr g a check n's locatio	rried on a separate and discre enerally receivable" by your cal - <b>Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. n is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the	ble system during opyright Office re the system's hea system's FM ante in this point, see ed by the cable sy e station is licens	y the accounting gulations, an adend, and (2) nna, during ca page (v) of the ystem as a sep ed by the FCC	ng perio FM sign ) it can b ertain sta e genera parate a	d. al is generally e expected, ated intervals. I instructions. nd discrete	<b>H</b> Primary Transmitter Radio
lexican or Can	adian stations	s, if any, †	the community with which the	station is identifie	ed).			
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.

Name         Vyve Broadband A, LLC           I         SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG           In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carr substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a substitute basis during the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?           Program Log         "During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?"           Ispecial Statement and Program Log         "During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?"           Ispecial Statement and Dog in block 2.         I. 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 (yot 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: "Ger vs. Bulls."           Column 2: If the program was broadcast tive, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station's location (the community to which the station is li	
In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carr substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 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 for the programming of another station under cartain 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: Tofer vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 5: Give the call sign of the station yastem carried by your cable system. List the times accurately to the cases of Mexican or Canadian stations, if any, the community with which the station is identified). Column 7: Enter the letter "R" if the listed program was substitute 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 pro gram	*STEM ID 004058
Statement and Program Log       • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?       Image: Type: Ty	
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: T6ers vs. Bulls."         Column 2: fi the program was broadcast live, enter "Yes." Otherwise enter "No."         Column 3: Give the call sign of the station broadcasting the substitute program.         Column 4: Give the broadcast station's location (the community with 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 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 s	No
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 statior 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."         Column 3: Give the call sign of the station broadcasting the substitute program.         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 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 during the accounting period; enter the letter "P" if the listed pro gram was substituted for effect on October 19, 1976.	
SUBSTITUTE PROGRAM     OCCURRED       1. TITLE OF PROGRAM     2. LIVE?     3. STATION'S     5. MONTH     6. TIMES	1
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES <sup>F0</sup>	7. REASON
	OR DELETION
Image: state stat	

FORM SA1-2. PA			-
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 004058	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the to all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (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. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	service see	K Gross Receipts
Instructions: <sup>-</sup> • • •	ROYALTY FEE Fo 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 the general instructions for more information.	0	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 accounting period is \$52.00	-month	
	Line 1. Royalty fee for accounting period	52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula         \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
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 # N	lot Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mor	re information.	

		FORM SA1-2. PAGE 7			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 004058			
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.				
onumers	1. Enter the total number of channels on which the cable         system carried television broadcast stations	9			
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	49			
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)				
for Further Information	Name Marie Censoplano Telephone 91	4-235-8313			
	Address 4 International Dr Suite 330				
	(Number, street, rural route, apartment, or suite number)				
	Rye Brook, NY 10573 (City, town, state, zip)				
	Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363				
ο	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)	ns,			
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)				
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or				
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.				
	<ul> <li>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.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>				
	Handwritten signature: /s/ Daniel J. White				
	Typed or printed name: <b>Daniel J White</b>				
	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 fling, a determination that would be made by a court of law.

#### ACCOUNTING PERIOD: 2022/1

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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name			
Vyve Broadband A, LLC 004058	Name			
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "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."	P Special Statement Concerning			
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. 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?				
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.	Q			
Line 1 Enter the amount of late payment or underpayment	Interest			
x	Assessment			
Line 2 Multiply line 1 by the interest rate* and enter the sum here				
x days Line 3 Multiply line 2 by the number of days late and enter the sum here				
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,				
space L, (page 7)				
(interest charge)				
* 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				

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