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 1-June 30, 202	2							
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fe	prrect information beside it. If the cable system. If the owner is a subtent corporation. Incich the owner conducts the business of the accounting period, only the owner on the payment covering the entire account.	the last day of the accounting period should subm	nit	005814				
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM							
	Vyve Broadband A, LLC								
			00	058142	0221				
				005814					
	4 International Dr Suite 330 Rye Brook, NY 10573								
		siness or trade names used to identi	fy the business and operation of the system ur	nless 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	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite number)								
	(City, town, state, zip code)								
	Instructions: List each separate comm	unity served by the cable system. A	"community" is the same as a "community un	it" as define	ed				
D	· ·		ling unincorporated commuinites within uninco 5(dd). The first community that list will serve a	•					
Area			se it as the first community on all future filings.	s a ioiiii					
Served	Note: Entities and properties such as ho the identified city.	otels, apartments, condiminiums, or	mobile home parks should be reported in para	theses belo	W				
	CITY OR TOWN	STATE	CITY OR TOWN	STA	\TE				
First Community	GARNETT	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 sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

ACCO 1-Feb (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

	INSTR	LUCTIONS:	7
В	Give	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	
Owner	corpo	orate title of the subsidiary, not that of the parent corporation.	
	In line	e 2, list any other names under which the owner conducts the business of the cable system.	
	If the	re were different owners during the accounting period, only the owner on the last day of the accounting period should submit	
	a sin	gle statement of account and royalty fee payment covering the entire accounting period.	BARCODE DATA
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	4 Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*005
		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)	4
	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
		already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
С	namoc	and adaptive growth of the maining deduced of the dystem, it distributes the deduced growth opens of	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2		
	-	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIBI	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		61	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		19	68.99		
	Converter					
	Residential					
	Non-residential					
		BLO	OCK 1			
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resi	dential	
	Pay cable	19.95		 Motel, hotel 		
Services	 Pay cable—add'l channel 			 Commercial 		
Other Than	Fire protection			 Pay cable 		
Secondary	 Burglar protection 			• Pay cable-add'	l channel	
Transmissions:	Installation: Residential			• Fire protection		
Rates	First set	64.95		Burglar protect	ion	
	 Additional set(s) 		Other	services:		
	 FM radio (if separate rate) 			 Reconnect 		39.95
	Converter			 Disconnect 		
				Outlet relocation	n	20.00
				Move to new a	ddress	39.95
	1	1				I

BLOCK 1

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. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 143								
N Individual to	INDIVIDUAL TO BE CONTACT we can write or call about this s	TED IF FURTHER INFORMATION INTERPRETATION (FINE PROPERTY OF ACCOUNT.)	DN IS NEEDED: (Id	entify an individual to whom					
Be Contacted for Further	Name	Marie Censoplano		Telephone	914-235-8313				
Information	Address	4 International Dr Suite							
		(Number, street, run	al route, apartment, o	r suite number)					
		(City, town, state, zi	p)						
	Email (optional)	marie.censopla	no@vyvebb.com	Fax (optional)	914-234-8363				
O Certifcation	CERTIFICATION (This statement as explained in the general instruction). I, the undersigned, hereby certification of the composition of the composi	ctions.)	, of the boxes.)						
	(Agent of owner other tha	an corporation or partnership)	I am the duly autho	orized agent of the owner of t					
	(Officer or partner) I am a in line 1 of space B.	an officer (if a corporation) or a p	partner (if a partners	ship) of the legal entity identi	fed as owner of the cable system	m			
	I have examined the statement are true, complete, and correct [18 U.S.C., Section 1001(1986)]	to the best of my knowledge, in							
	ı								
			n signature: rinted name:	Daniel J White	1/2019				
		Title:	SVP Financia (Title of official positi	ul Planning on held in corporation or partne	rship)				
		Date:		02/26/2022					

2. B'castChannel 3. Type of

1. Call Sign	Number	Station	6. Location of Station
KCPT-PBS 19 Kansas City,			
MO	19	1	KANSAS CITY MO
KCTV - D1 - CBS HD	5	I-M	KANSAS CITY MO
KCTV-Comet 5.2	5.2	I-M	KANSAS CITY MO
KCTV-This TV 5.3	5.3	I-M	KANSAS CITY MO
KCWE-CW 29	29	1	KANSAS CITY MO
KCWE-True Crime Network			
29.2	29.2	I-M	KANSAS CITY MO
KMBC-ABC 9	9	I-M	KANSAS CITY MO
KMBC-MeTV 9.2	9.2	I-M	KANSAS CITY MO
KMCI - D1 - IND HD	25	I-M	KANSAS CITY MO
KMCI-Bounce TV 38.2	38.2	I-M	KANSAS CITY MO
KMCI-CourtTV Mystery			
25.3	25.3	I-M	KANSAS CITY MO
KPXE-ION 50	50	I-M	KANSAS CITY MO
KSHB - D1 - NBC HD	41	I-M	KANSAS CITY MO
KSHB - D4 - Get TV	41.4	I-M	KANSAS CITY MO
KSHB-GRIT TV 41.2	41.2	I-M	KANSAS CITY MO
KSHB-Laff TV 41.3	41.3	I-M	KANSAS CITY MO
KSMO - D1 - MyNetwork			
HD	62	I-M	KANSAS CITY MO
KSMO-DABL 62.3	62.3	I-M	KANSAS CITY MO
KSMO-Light TV 62.2	62.2	I-M	KANSAS CITY MO
KTWU-PBS 11	11	I-M	TOPEKA KS
WDAF-FOX 4	4	I-M	KANSAS CITY MO

Name	LEGAL NAME OF OWNER OF CABLE SYS Vyve Broadband A, LLC	STEW.		SYSTEM ID: 005814	
	CITY OR TOWN	STATE	CITY OR TOWN	STATE	
_					
D					
continued)					
Area					
Served					
					
				-	
				-	
				-	
				-	

ACCOUNTING PERIOD: 2021/2 FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 005814 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 61 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 19 68.99 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 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RA
Continuing Services:		Installation: Non-residential		
Pay cable	19.95	Motel, hotel		
 Pay cable—add'l channel 		Commercial		
 Fire protection 		• Pay cable		
 Burglar protection 		Pay cable-add'l channel		
Installation: Residential		Fire protection		
 First set 	64.95	Burglar protection		
 Additional set(s) 		Other services:		
 FM radio (if separate rate) 		Reconnect	39.95	
 Converter 		Disconnect		
		Outlet relocation	20.00	
		 Move to new address 	39.95	

ACCOUNTING PERIOD: 2021/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 005814 **Vvve 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 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 **Primary** 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-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 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION** KCPT-PBS 19 Kansas (19 KANSAS CITY MO KCTV - D1 - CBS HD 5 KANSAS CITY MO I-M KCTV-Comet 5.2 5.2 I-M KANSAS CITY MO KCTV-This TV 5.3 5.3 I-M KANSAS CITY MO KCWE-CW 29 29 ı KANSAS CITY MO **KCWE-True Crime Netv** 29.2 I-M KANSAS CITY MO KMBC-ABC 9 9 KANSAS CITY MO I-M KMBC-MeTV 9.2 9.2 I-M KANSAS CITY MO KMCI - D1 - IND HD 25 KANSAS CITY MO I-M **KMCI-Bounce TV 38.2** 38.2 I-M KANSAS CITY MO **KMCI-CourtTV Mystery** 25.3 I-M KANSAS CITY MO **KPXE-ION 50** 50 I-M KANSAS CITY MO KSHB - D1 - NBC HD 41 I-M KANSAS CITY MO KSHB - D4 - Get TV 41.4 I-M **KANSAS CITY MO KSHB-GRIT TV 41.2** 41.2 I-M KANSAS CITY MO KSHB-Laff TV 41.3 41.3 I-M KANSAS CITY MO KSMO - D1 - MyNetwor 62 I-M KANSAS CITY MO KSMO-DABL 62.3 62.3 I-M KANSAS CITY MO KSMO-Light TV 62.2 62.2 I-M KANSAS CITY MO KTWU-PBS 11 11 I-M TOPEKA KS

WDAF-FOX 4

4

I-M

KANSAS CITY MO

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	F OWNER OF (YSTEM:					SYSTEM ID# 005814	Name
•	, –								
	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.									
signal, indicate Column 4: 0	this by placing Give the station	g a check n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which t 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	
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	LEGAL NAME OF OWNER OF	CABLE SYST	FM·				1014	SYSTEM ID#
Name	Vyve Broadband A, LL						,	005814
								003017
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every nor counting pe ing that mus	nnetwork televis riod, under spec t be included in	ion program broadcast by a cific present and former FC this log, see page (v) of the	a distant statio C rules, regula	ations, or autho	,	
Carriage: Special Statement and Program Log	SPECIAL STATEMENT During the accounting per broadcast by a distant stat Note: If your answer is "No' log in block 2. LOG OF SUBSTITUTE	iod, did you ion? ', leave the	r cable system	carry, on a substitute bas	-		☐ Yes	XNo
	In General: List each substiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ce, please a ce, please a ce, please a cofevery no distant statigulations, o dies like "mo Bulls." In was broad sign of the addant static adian static ath and day we "5/7." Les when the Example: a cer "R" if the and regulation ogramming	am on a separa attach addition. nnetwork telev ion and that your authorization: vies" or "basked dcast live, ente station broadca on's location (the ons, if any, the when your sys a substitute pro a program carri listed program ons in effect du	al pages. ision program (substitute pur cable system substitute s. See page (v) of the gentball." List specific program "Yes." Otherwise enter "lasting 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	orogram) that ed for the program titles, for extending the station is lice station is ide program. Use cable system 15 p.m. to 6: amming that the editor the le	, during the acgramming of a cons for further is cample, "I Love ensed by the Fintified). The numerals, with the time 28:30 p.m. show ther "P" if the li	counting nother stat information e Lucy" or FCC or, in ith the mon s accuratel buld be as required sted pro	th y
	S 1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	JBSTITUTE C OCCURRED 6. TIN	MES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	ТО	
						<u> </u>		
		 					••••••	
						<u> </u>		
					1			
		 	 			 		

FORM SA1-	2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 005814	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 servicas 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)	ice	K Gross Receipts
	during the accounting period. \$ IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amour	14,249.00 at of gross receipts)	
Instruction	HT ROYALTY FEE ns: 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 ij of the general instructions for more information.		Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	32.00	
	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		
	<u> </u>		
	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)	00_	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	00_	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total 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	005814		
	CHANNELS			
М	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations			
141	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tations		
Channels	(a to debot bate and (2) are said by stant a said name of a said and a said a s			
	Enter the total number of channels on which the cable	8		
	system carried television broadcast stations			
	O Fata-th- tatal number of activisted shappels			
ı	Enter the total number of activated channels on which the cable system carried television broadcast stations			
i	and nonbroadcast services	143		
·		_		
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom			
14	we can write or call about this statement of account.)			
Individual to				
Be Contacted				
for Further	Name Marie Censoplano Telephone 9	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)			
	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 regulations,			
0	as explained in the general instructions.)			
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)			
••••••	i, the undereigned, neresty certary that Cheek one, set only one, or the sexect,			
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or			
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified			
	in line 1 of space B and that the owner is not a corporation or partnership; or			
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system			
	in line 1 of space B.			
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein			
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.			
I	[18 U.S.C., Section 1001(1986)]			
I				
I	Handwritten signature: /s/ Daniel J White			
I				
	Typed or printed name: Daniel J White			
	Typod of printed famile.			
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)			
I	(Title of allocal position for all surposition of parameter)			
I	Data: 9/22/22			
1	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	005814	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 instruct During the accounting period did the cable system exclude any amounts of gross receipts for secondary tr 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 u For an explanation 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	l
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274	l
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		ı
space L, (page 7)	rest charge)	ı
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	o ,	ı
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		ı
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		ı
ID number		1
First community served		1
Accounting period		1

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