A AC		
-	COUNTING PERIOD COVE	RED BY THIS STATEMENT
Accounting	January 1-June 30, 3	2022
Period		

В		Sive 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		orate title of the subsidiary, not that of the parent corporation.										
	In line 2, list any other 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.											
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM:											
		Vyve Broadband A, LLC										
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):											
			-									
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM:										
		4 International Dr Suite 330										
		(Number, street, rural route, apartment, or suite number)										
		Rye Brook, NY 10573										
		(City, town, state, zip)	_									
			-									
		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these										
С	names	s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.										
System		IDENTIFICATION OF CABLE SYSTEM:	-									
oyotom	1											
		MAILING ADDRESS OF CABLE SYSTEM:	-									
	2	(Number, street, rural route, apartment, or suite number)										
		(City, town, state, zip code)										

	NO. O	F			
CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Residential:					
<ul> <li>Service to first set</li> </ul>		33	25.00		
<ul> <li>Service to additional set(s)</li> </ul>					
<ul> <li>FM radio (if separate rate)</li> </ul>					
Motel, hotel					
Commercial		10	59.99		
Converter					
Residential					
Non-residential					
CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	• 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		<ul> <li>Burglar protect</li> </ul>	ion	
<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			Disconnect		-
			Outlet relocation	on	20.00
			<ul> <li>Move to new a</li> </ul>	ddress	39.95
	Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential • Non-residential CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	CATEGORY OF SERVICE SUBSCRIB Residential: · Service to first set · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial Converter · Residential · Non-residential · Non-residential CATEGORY OF SERVICE RATE Continuing Services: · Pay cable · Pay cable · Pay cable · Pay cable · Fire protection · Burglar protection · First set · Additional set(s) · FM radio (if separate rate)	CATEGORY OF SERVICE SUBSCRIBERS  Residential:	CATEGORY OF SERVICE     SUBSCRIBERS     RATE       Residential:	CATEGORY OF SERVICE     SUBSCRIBERS     RATE       Residential:     33     25.00       · Service to additional set(s)

INSTRUCTIONS:

Γ

M Channels	<ul> <li>to its subscribers and (2) the c</li> <li>1. Enter the total number of ch</li> <li>system carried television br</li> <li>2. Enter the total number of ac</li> <li>on which the cable system care</li> </ul>	roadcast stations	tivated channels, during the acco	ounting period.	st stations 				
N Individual to Be Contacted	INDIVIDUAL TO BE CONTAC we can write or call about this								
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313				
	Address	4 International Dr Suite (Number, street, rura	<b>330</b> al route, apartment, or suite number	)					
	Email (optional)	marie.censopla	no@vyvebb.com	Fax (optional	914-234-8363				
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)								
	(Owner other than corpo	oration or partnership) I am the	owner of the cable system as id	entifed in line 1	of space B; or				
	<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 identifed as owner of the cable system in line 1 of space B.</li> <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. [18 U.S.C., Section 1001(1986)]</li> </ul>								
			n signature: rinted name: <b>Daniel J V</b>	Vhite					
		Title:	SVP Financial Planning	3	ership)				
		Date:		8/27/2021					

Channel3. Type of1. Call SignNumberStation6. Location of StationKPCB17ISnyder, TXKTAB32NAbilene, TXKRBC9NAbilene, TX				2. B'cast	
KPCB17ISnyder, TXKTAB32NAbilene, TXKRBC9NAbilene, TX		of	3. Type of	Channel	
KTAB32NAbilene, TXKRBC9NAbilene, TX	itation	6. Location o	Station	Number	1. Call Sign
KRBC 9 N Abilene, TX		Snyder, TX	I.	17	KPCB
/		Abilene, TX	Ν	32	KTAB
		Abilene, TX	Ν	9	KRBC
KTAB-					KTAB-
Telemundo 32.2 I-M Abilene, TX		Abilene, TX	I-M	32.2	Telemundo
KTXS - ABC 12.1 N Abilene, TX		Abilene, TX	Ν	12.1	KTXS - ABC
KTXS - CW 12.2 I Abilene, TX		Abilene, TX	I	12.2	KTXS - CW
KXVA Fox 15 I Abilene, TX		Abilene, TX	I	15	KXVA Fox

## 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

/29/2022	\$	101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150	
	e e e e e e e e e e e e e e e e e e e		
DATE RECEIVED	AMOUNT	Licensing Division	
FOR COPYRIGHT	Library of Congress Copyright Office		

Accounting Period		January 1-June 30, 202	-							
Period B Owner	inco rate	tructions: Your file has been established prect information and print or type the co Give the full legal name of the owner of title of the subsidiary, not that of the part List any other name or names under wi If there were different owners during the ingle statement of account and royalty for	d under the information given below. prrect information beside it. t the cable system. If the owner is a served rent corporation. hich the owner conducts the business the accounting period, only the owner the payment covering the entire account st filing. If not, enter the system's ID r	on the last day of the accounting period should sub inting period. number assigned by the Licensing Division.						
				0						
					000604 2022					
		4 International Dr Suite 330 Rye Brook, NY 10573								
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.									
System	1	IDENTIFICATION OF CABLE SYSTEM:								
	2	MAILING ADDRESS OF CABLE SYSTEM (Number, street, rural route, apartment, or suite n (City, town, state, zip code)								
D	in F	• <b>tructions:</b> List each separate comm <sup>-</sup> CC rules: "a separate and distinct co	ommunity or municipal entitiy (incl	A "community" is the same as a "community u uding unincorporated communites within uninc 6.5(dd). The first community that list will serve	orporated					
Area Served	Not		•	use it as the first community on all future filings or mobile home parks should be reported in par						
<b>-</b>	14/	CITY OR TOWN	STATE TX	CITY OR TOWN	STATE					
First Community		nters								
m in order to pro mbers. By provi	ocess ding Pl pared	your statement of account. PII is any persona II, you are agreeing to the routine use of it to	I information that can be used to identify o establish and maintain a public record, wh e PII requested is that it may delay proces	the personally identifying information (PII) requested on thi or trace an individual, such as name, address and telephor nich includes appearing in the Offce's public indexes and ir sing of your statement of account and its placement in the	ne 1					

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:											
Name	Vyve Broadband A, LLC											
-	SECONDARY TRANSMISSION	SERVICE: SL	JBSCR	BERS AND RAT	ES							
E	In General: The information in s	•		Ũ		•						
<b>.</b> .	system, that is, the retransmissi											
Secondary	about other services (including p				2		those exis	ting on the				
Transmission 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 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). <b>Rate:</b> Give the standard rate charged for each category of service. Include both the amount of the charge and the											
	<b>Rate:</b> 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											
	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											
	<b>Block 2:</b> 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 a	,.										
	sufficient.											
	BLO	BLOCK	K 2 NO. OF	1								
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATI			
	Residential:											
	Service to first set		33	25.00								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		10	59.99								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES								
F	In General: Space F calls for ra	te (not subscri	ber) info	ormation with resp	pect to a	ll your cable sy	stem's serv	vices that were				
Г	not covered in space E, that is, t											
Services	service for a single fee. There as furnished at cost or (2) services	•		•			0.	,				
Other Than	amount of the charge and the ur											
Secondary	enter only the letters "PP" in the			2		laigea en a rai	and her b	regram zacie,				
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were no listed in block 1 and for which a separate charge was made or established. List these other services in the form o											
	brief (two- or three-word) descrip		,		ied. List	these other sei	vices in the	e lorm of a				
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERVI	CE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE			
	Continuing Services:			ation: Non-reside			UATEO					
	• Pay cable	19.95		otel, hotel								
	Pay cable—add'l channel	.0.00	1	mmercial								
	• Fire protection		_	y cable								
	•Burglar protection			y cable-add'l char	nnel		•••••					
	Installation: Residential			•								
		64.05		e protection								
	• First sot	64.95	•BU	rglar protection								
	• First set		041-									
	<ul> <li>Additional set(s)</li> </ul>			services:								
	• Additional set(s) • FM radio (if separate rate)		•Re	connect		39.95						
	<ul> <li>Additional set(s)</li> </ul>		• Re • Dis	connect sconnect								
	• Additional set(s) • FM radio (if separate rate)		• Re • Dis • Ou	connect		39.95 20.00 39.95						

	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	1:	SY	STEM ID#
Name	Vyve Broadband A	LLC			000604
	PRIMARY TRANSMITTERS:				
G Primary Transmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a Substitute Basis Stati basis under specifc FCC ru • Do not list the station her station was carried only • List the station here, and basis. For further inform Column 1: List each st Column 2: Give the nu This may be different from associated with a station a the same on the form. Column 3: Indicate in e educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the loc	lentify every television error during the accoun- in effect on June 24 (e)(2) and (4), or 76, as explained in the non- ons: With respect to ules, regulations, or re in space G—but do v on a substitute basis also in space I, if the nation concerning su ation's call sign. Do mber of the channel the channel on whice tecording to its over- each case whether the rering the letter "N" (for ), "E" (for noncomme terms, see page (iv) cation of each station	nting period, except i 4, 1981, permitting th 63 (referring to 76.67 next paragraph. 5 any distant stations authorizations: 10 list it in space I (th is. e station was carried ubstitute basis station not report origination on which the station ch your cab; e system thje-air designation. he station is a networ for network), "N-M" (f ercial educational), o of the general instru- n. For U.S. stations, I	translator stations and low power television stations) (1) stations carried only on a part-time basis under e carriage of certain network programs [sections I(e)(2) and (4))]; and (2) certain stations carried on a carried by your cable system on a substitute program e Special Statement and Program Log)—if the I both on a substitute basis and also on some other ns, see page (v) of the general instructions. n program services such as HBO, ESPN, etc. 's broadcasts are carried in its own community. o carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" as rk station, an independent station, or a noncommercial for network multicast), "I" (for independent), "I-M" r "E-M" (for noncommercial educational multicast). ctions. list the community to which the station is licensed by the re community with which the station is identifed.	Ð
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	

## ACCOUNTING PERIOD: 2022/1

FORM SA1-2. F	FOWNER OF (		YSTEM:				SYSTEM ID#	Name	
/yve Broadl	band A, LL	C					000604		
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM.									
Column 3: If gnal, indicate	the radio stat this by placing	ion's sigı g a checł	nal was electronically processe < mark in the "S/D" column.						
			on (the community to which th the community with which the			C or, in t	he case of		
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	LEGAL NAME OF OWNER OF O		EM:				SYSTEM ID# 000604				
 	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every non counting pe	network televisi riod, under spec	<i>ion program</i> broadcast by a cific present and former FCC	distant station C rules, regula	tions, or authorization					
Substitute Carriage:	explanation of the programmi				general instri	lctions.					
Special	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting peri</li> </ol>					twork tolovision pro	arom				
Statement and	broadcast by a distant stati	•	i cable system	carry, on a substitute bas	is, any nonne		-				
Program Log	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.										
				to line. I lee alalansisticas		ailala if Alaain maaanii	i-				
	<ul> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <li>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.</li> <li>Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>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).</li> </ul>										
				community with which the tem carried the substitute			month				
	first. Example: for May 7 giv	re "5/7."									
	Column 6: State the time to the nearest five minutes.			gram was carried by your ed by a system from 6:01:							
	stated as "6:00–6:30 p.m."					·					
	<b>Column 7:</b> Enter the letter to delete under FCC rules a			was substituted for progra							
	gram was substituted for pro										
	effect on October 19, 1976.										
						BSTITUTE CARRI					
			E PROGRAM			OCCURRED 6. TIMES	7. REASON FOR DELETION				
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	-	то				
						_					
						_					
						_					
						_					
						_					
						_					
						_					
						_					
						_					
						_					
						_					

FORM SA1-2. PAGE 6.					
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name			
Vyve Broadband A, LLC	000604				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)					
during the accounting period.	<b>\$ 7,506.00</b>				
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)				
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.					
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS					
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his 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)				
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 \$52)	7,600)				
1. Enter the amount of gross receipts from space K	_				
2. Base amount under statutory formula \$ 263,800.00	_				
3. Subtract line 2 from line 1	_				
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 DUE				
F					
II     I. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00				
g F 2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 15.00				
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00				
EFT Trace # or TRANSACTION ID #	Not Available				
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab f	or more information.				

		FORM SA1-2. PAGE 7					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 000604					
M Channels	CHANNELS nstructions: You must give (1) the number of channels on which the cable system carried television broadcast stations o 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	7					
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	44					
N Individual to	<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.)						
Be Contacted 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 regulations, 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 B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.						
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]						
	Handwritten signature: /s/ Daniel J White						
	Typed or printed name: <b>Daniel J White</b>						
	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

F	ORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID:	Namo		
Vyve Broadband A, LLC 000604			
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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.			
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?          X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$			
Name Mailing Address Mailing Address			
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 Assessment		
Line 2       Multiply line 1 by the interest rate* and enter the sum here       -         x	-		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,			
space L, (page 7)	-		
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.			
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.			
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.			
Owner Address			
ID number First community served Accounting paried			
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.