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	rrect information beside it. the cable system. If the owner is a sub- ent corporation. inich the owner conducts the business of e accounting period, only the owner on the payment covering the entire accounting	the cable system. the last day of the accounting period should submit ing period.	060527
	LEGAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM		
	Vyve Broadband A, LLC			
			*0005	
			0605)2/20221
			060	527 2022/1
	4 International Dr. Cuita 220			
		siness or trade names used to identit	fy the business and operation of the system unless	these
С				
System	1 IDENTIFICATION OF CABLE SYSTEM:			
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite nu	imber)		
	(City town state zin code)			
		unity carved by the cable system. A	"community" is the same as a "community unit" as	e dofined
D	· ·			
	5 5 1	' '	• /	orm
Area Served		•	•	es below
	the identified city.	, , , , , , , , , , , , , , , , , , , ,		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	Peabody	NS NS		
	rate 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 royally fee payment covering the entire accounting period. Check here if this is the systems first filing, if not, enter the system's ID number assigned by the Licensing Division. O60527 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband A, LLC *060527 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 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. I IDENTIFICATION OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: MAILING ADDRESS OF CABLE SYSTEM: Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. 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			

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

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2022/1 (for header)

Accounting Period Covered by This STATEMENT:

January 1-June 30, 2022

	INSTR	RUCTIONS:	
B Owner	corpo In lin If the	the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full orate title of the subsidiary, not that of the parent corporation. e 2, list any other names under which the owner conducts the business of the cable system. ere were different owners during the accounting period, only the owner on the last day of the accounting period should submit gle statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	BARCODE DATA
	4		Ĭ
	'	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	*060!
	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:	-
- Cystem	1	DENTI IONION OF VALLE OF VIEW.	
		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 		25	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel					
	Commercial		10	59.99		
	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

	CHANNELS									
M	Instructions: You must give (1) the number of channels on whi	ich the cable syste	m carried television broadcas	t stations					
	to its subscribers and (2) the c	able system's total number of act	tivated channels, d	uring the accounting period.						
Channels										
	1. Enter the total number of channels on which the cable									
	system carried television br	oadcast stations			•					
	2. Enter the total number of ac	tivated channels								
	on which the cable system of	carried television broadcast statio	ons		54					
	and nonbroadcast services									
N	we can write or call about this	STED IF FURTHER INFORMATION	ON IS NEEDED: (Id	lentity an individual to whom						
Individual to	we can write or can about this	statement of account.)								
Be Contacted	Mana	Maria Canaanlana		Talankan a	044 005 0040					
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313					
	Address	4 International Dr Suite	330							
		(Number, street, rura		r suite number)						
		Rye Brook, NY 10573								
		(City, town, state, zip	p)							
	Email (optional)	marie.censoplar	no@vyvebb.cor	n Fax (optional)	914-234-8363					
	OF DIFFICATION (This statement	h . f	otani din communica		1.4					
0	as explained in the general instru	t of account must be certifed and	signed in accorda	nce with Copyright Office regu	liations,					
O Certifcation	·	tify that (Check one, but only one,	of the boxes)							
Certification	i, the undereigned, hereby con	any that (Oncor one, but only one,	, or the beace.)							
	(Owner other than corne	pration or partnership) I am the	owner of the cable	system as identified in line 1	of snace R: or					
	(Owner other than corpe	nation of partite ship, rain the	owner or the cable	system as identified in line 1	ог зрасс в, ог					
		an corporation or partnership)	-	-	he cable system as identified					
	In line 1 of space E	and that the owner is not a corpo	oration or partners	nip; or						
	(Officer or partner) I am	an officer (if a corporation) or a p	oartner (if a partner	ship) of the legal entity identi	fed as owner of the cable syste	m				
	in line 1 of space E	3.		•						
	11	h . f								
		t of account and hereby declare ι t to the best of my knowledge, inf								
	[18 U.S.C., Section 1001(1986	-	ormation, and bein	n, and are made in good fait						
	· ·									
		Handwritter	n signature:							
			rinted name:	Daniel J White						
		ryped or pr	inited Hallie.	Daniel J Wille						
		T:41a.	SVD Financi	al Planning						
		Title:	SVP Financia (Title of official positi	al Planning ion held in corporation or partne	rship)					
			(:=::r/					
		Date:		02/26/2022						

2. B'cast

Channel	3. Type of
Channel	5. Type of

1. Call Sign	Number	Station	6. Location of Station
KAKE-ABC 10	10	N	WICHITA KS
KPTS-PBS 8	8	Е	HUTCHINSON KS
KSNW-Justice Channel	15	I-M	WICHITA KS
KSNW-NBC 3	3	N	WICHITA KS
KWCH-CBS 12	12	N	HUTCHINSON KS
KSCW-CW 33	33	I-M	WICHITA KS
KWCH-Weather 12.2	12.2	I-M	HUTCHINSON KS

ACCOUNTING PERIOD: 2022/1 FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 060527 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: 25 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 10 59.99 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Services Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. **Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	C	CATEGORY OF SERVICE	RATE
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: 2022/1 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 060527 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 Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-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 KAKE-ABC 10 10 Ν WICHITA KS **KPTS-PBS 8** 8 Ε **HUTCHINSON KS KSNW-Justice Chan** 15 I-M **WICHITA KS** KSNW-NBC 3 3 Ν **WICHITA KS KWCH-CBS 12** 12 **HUTCHINSON KS** Ν KSCW-CW 33 33 I-M **WICHITA KS** KWCH-Weather 12.2 **HUTCHINSON KS** 12.2 I-M

50DM 044 0 5	NA 05 4						ACCOUNTI	NG PERIOD: 2022/1
FORM SA1-2. F LEGAL NAME OF		CABLE S'	YSTEM:				SYSTEM ID#	Name
Vyve Broadk							060527	
all-band basis w Special Instruc receivable if (1) on the basis of i	every radio sylphose signals etions Concernit is carried by monitoring, to	tation ca were "ge rning All the sys be recei	arried on a separate and discrementally receivable" by your candle. I-Band FM Carriage: Under Contem whenever it is received a lived at the headend, with the	able system durin Copyright Office r t the system's he system's FM ant	ng the accounting the gulations, and eadend, and (2 enna, during co	ng perio FM sign) it can b ertain sta	d. al is generally e expected, ated intervals.	Primary Transmitters: Radio
Column 1: Id Column 2: S Column 3: If	lentify the call tate whether t the radio stati	sign of e he statio ion's sigr	Copyright Office regulations of each station carried. In is AM or FM. In all was electronically process of mark in the "S/D" column.					
			on (the community to which the the community with which the			C or, in t	he case of	
0411 01041	A14 F14	0/0	LOGATION OF STATION	T CALL CICAL		0/0	LOCATION OF OTATION	
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 CVCT	тм.					OVOTELLID#		
Name	Vyve Broadband A, LL		□IVI.					SYSTEM ID#		
	Vyve Broadband A, LL							060527		
	SUBSTITUTE CARRIAG	F: SPECIA	LSTATEMEN	NT AND PROGRAM I OC	3					
ı	In General: In space I, ident					n that your o	rahle system c	arried on a		
-										
Substitute	explanation of the programm	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage:	1. SPECIAL STATEMEN	T CONCER	NING SUBST	TITUTE CARRIAGE						
Special Statement and	 During the accounting per 		r cable system	carry, on a substitute bas	sis, any nonne	etwork telev				
Program Log	proadcast by a distant station?									
	Note: If your answer is "No	", leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust comple	te the progran	n		
	log in block 2.									
	2. LOG OF SUBSTITUTI In General: List each subs			te line. Llee abbreviations	wherever no	seible if the	air meaning is			
	clear. If you need more spa				wilelevel pos	ssible, il tile	ii iiicaiiiig is			
	Column 1: Give the title	of every no	nnetwork televi	ision program (substitute p						
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor							l.		
	"NBA Basketball: 76ers vs.			asami Elet epeeme pregran		.ap.o,				
				r "Yes." Otherwise enter "I						
				asting the substitute progra ne community to which the		ensed by th	e FCC or in			
	the case of Mexican or Car						10 1 00 01, 111			
			when your sys	tem carried the substitute	program. Use	e numerals	, with the mon	th		
	first. Example: for May 7 gi		s cubatituta pro	gram was carried by your	cable system	List the ti	mos accurato	lv.		
	to the nearest five minutes.							, y		
	stated as "6:00-6:30 p.m."		-							
	Column 7: Enter the lett to delete under FCC rules a			was substituted for progra				d		
	gram was substituted for pi									
	effect on October 19, 1976		, ,	'			5			
					I WILLEN OF	IDOTITI ITI	- 04001400			
	g	SUBSTITUT	E PROGRAM			OCCURRI	E CARRIAGE =D	7. REASON		
		2. LIVE?	3. STATION'S		5. MONTH		TIMES	FOR DELETION		
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
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FORM SA1-2.		CVCTEM ID#	
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 060527	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission se (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. SIMPORTANT: You must complete a statement in space P concerning gross receipts.	rvice	K Gross Receipt
ODVDIOU			
nstructions • • •	T ROYALTY FEE: 1 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 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-mo accounting period is \$52.00	onth	
	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		
	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	
	0. Interest charge. Liner the amount from line 4, space Q, page 0	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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	
		00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u> </u>	
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
	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	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Co See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in		

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#		
Name	Vyve Broadband A, LLC	060527		
	CHANNELS			
М	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.			
Channels				
	Enter the total number of channels on which the cable	4		
	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	54		
	and nonstroaded services			
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)			
Individual to	The sain time of sain about time statement of account.			
Be Contacted				
for Further	Name Marie Censoplano Telephone 9	14-235-8313		
Information				
	Address 4 International Dr Suite 330			
	(Number, street, rural route, apartment, or suite number)			
	Rye Brook, NY 10573			
	(City, town, state, zip)			
	5 7/ 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
	Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363			
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations,			
0	as explained in the general instructions.)			
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)			
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space 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			
	In time 1 of space B and that the owner is not a corporation of partnership, of			
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.			
	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 heat of my knowledge information, and helief, and are made in good faith.			
	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)]			
	Quial 7 9116:40			
	Handwritten signature: /s/ Daniel J White			
	Typed or printed name: Daniel J White			
	.,,			
	TW. OVD Financial Diamina			
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)			
	, , , , , , , , , , , , , , , , , , , ,			
	Date: 0/22/22			
	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	060527	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	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		İ
space L, (page 7)	rest charge)	İ
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	o ,	1
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		İ
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright list below the owner, address, first community served, ID number, and accounting period as given in the o		
Owner Address		l
ID number		1
First community served		l
Accounting period		ı

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