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

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ (202) 707-8150 General instructions are at the 8/29/2022 end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

| Accounting Period | | January 1-June 30, 20 | 1 7 7 | | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | | |
|----------------------|---|---|--|---|--|--|--|--|--|--|--|--|--|
| | | January 1-June 30, 2022 | | | | | | | | | | | |
| B Owner | inco rate | prect information and print or type the Give the full legal name of the owner title of the subsidiary, not that of the p List any other name or names under If there were different owners during ingle statement of account and royalty | correct information beside it. of the cable system. If the owner is a su parent corporation. which the owner conducts the business of the accounting period, only the owner or of the apyment covering the entire account | n the last day of the accounting period should subr | | | | | | | | | |
| | LE | GAL NAME OF OWNER/MAILING A | DDRESS OF CABLE SYSTEM | | | | | | | | | | |
| | | Vyve Broadband A, LLC | | | | | | | | | | | |
| | | | | *0 | 634962022 | | | | | | | | |
| | | | | | 063496 2022 | | | | | | | | |
| | | 4 International Dr Suite 33 | 30 | | | | | | | | | | |
| | | Rye Brook, NY 10573 | | | | | | | | | | | |
| С | 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. | | | | | | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | | | | | | |
| | - | MAILING ADDRESS OF CABLE SYSTE | ·M· | | | | | | | | | | |
| | 2 | (Number, street, rural route, apartment, or suite | | | | | | | | | | | |
| | - | (City, town, state, zip code) | | | | | | | | | | | |
| _ | Inst | | munity served by the cable system. | A "community" is the same as a "community u | nit" as defined | | | | | | | | |
| | | • | | ding unincorporated communities within uninco | | | | | | | | | |
| | areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). 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 filings. | | | | | | | | | | | | |
| | | e: Entities and properties such as identified city. | hotels, apartments, condiminiums, or | mobile home parks should be reported in para | atheses below | | | | | | | | |
| | | CITY OR TOWN | STATE | CITY OR TOWN | STATE | | | | | | | | |
| First Community | Ge | ronimo | OK | | | | | | | | | | |
| oonnunty | | | | | | | | | | | | | |
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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 | | e 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 |
| | u oni | | 6 Filing Period |
| | 1 | LEGAL NAME OF OWNER OF CABLE SYSTEM: | *063 |
| | | 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) | _ |
| | INCTO | UCTIONS: 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 | | | |
| System | 1 | IDENTIFICATION OF CABLE SYSTEM: | |
| | I | | |
| | | MAILING ADDRESS OF CABLE SYSTEM: | |
| | 2 | (Number, street, rural route, apartment, or suite number) | |
| | 2 | (number, surea, ruran route, apartment, or suite number) | |
| | | (City, town, state, zip code) | |

| | BLOO | CK 1 | | | | |
|----------------|--|----------|--------|-------------------------------------|-----------|------|
| E | | NO. O | F | | | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | | |
| Secondary | Residential: | | | | | |
| Transmission | Service to first set | | 10 | 25.00 | | |
| Service: Sub- | Service to additional set(s) | | | | | |
| scribers and | FM radio (if separate rate) | | | | | |
| Rates | Motel, hotel | | | | | |
| | Commercial | | - | 39.90 | | |
| | Converter | | | | | |
| | Residential | | | | | |
| | Non-residential | | | | | |
| | | | | | | |
| | | | | | | |
| | | BL | DCK 1 | | | |
| | CATEGORY OF SERVICE RATE CATEGORY OF SERVICE | | | /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 | | |
| | Additional set(s) | - | Other | ther services: | | |
| | FM radio (if separate rate) | - | | Reconnect | | 39.9 |
| | Converter | - | | Disconnect | | |
| | | | | Outlet relocation | n | 20.0 |
| | | | | Move to new a | ddress | 39.9 |
| | | | 1 | | | |

| M Channels | to its subscribers and (2) the o | roadcast stations | ivated channels, during the acco | | st stations | | | | | |
|------------------------------------|--|---|--|-----------------|---------------|--|--|--|--|--|
| | on which the cable system | on which the cable system carried television broadcast stations and nonbroadcast services | | | | | | | | |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTAC we can write or call about this | CTED IF FURTHER INFORMATION statement of account.) | DN IS NEEDED: (Identify an indiv | vidual to whom | | | | | | |
| for Further Information | Name | Marie Censoplano | | Telephone | 914-235-8313 | | | | | |
| mornation | Address | | | | | | | | | |
| | Rye Brook, NY 10573 (City, town, state, zip) | | | | | | | | | |
| | Email (optional) | marie.censopla | no@vyvebb.com | Fax (optional |)914-234-8363 | | | | | |
| O Certifcation | as explained in the general instru | nt of account must be certifed and uctions.) rtify that (Check one, but only one | | right Offce reg | ulations, | | | | | |
| | (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)] | | | | | | | | | |
| | | | | | | | | | | |
| | | | n signature: rinted name: Daniel J V | Vhite | | | | | | |
| | | Title: | SVP Financial Planning (Title of official position held in corp | | ership) | | | | | |
| | | Date: | · | 8/27/2021 | | | | | | |

| | 2. B'cast | | |
|--|--------------------------|---------------------------|---|
| | Channel | 3. Type of | |
| 1. Call Sign | Number | Station | 6. Location of Station |
| KAUZ-CBS | 6 | Ν | WITCHITA FALLS TX |
| KAUZ-CW | 8 | Ν | WITCHITA FALLS TX |
| KETA-OETA PBS | 13 | Е | OKLAHOMA CITY OK |
| KFDX-NBC | 3 | Ν | WITCHITA FALLS TX |
| KJBO-MyNetwork TV | 4 | I-M | WITCHITA FALLS TX |
| KJTL-FOX | 12 | I. | WITCHITA FALLS TX |
| KSWO-ABC | 7 | Ν | Lawton OK |
| KSWO-ME-TV 7.3 Lawton, OK | 7.3 | I-M | Lawton OK |
| KSWO-Telemundo 7.2 Lawton, OK | 7.2 | I-M | Lawton OK |
| KFDX-NBC KJBO-MyNetwork TV KJTL-FOX KSWO-ABC KSWO-ME-TV 7.3 Lawton, OK | 3 4 12 7 7.3 | N I-M I N I-M | WITCHITA FALLS TX WITCHITA FALLS TX WITCHITA FALLS TX Lawton OK Lawton OK |

ACCOUNTING PERIOD: 2022/1

| Name | LEGAL NAME OF OWNER OF CABLE SY | /STEM: | | SYSTEM I |
|------------|---------------------------------|--------|--------------|----------|
| | Vyve Broadband A, LLC | | | 06349 |
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE |
| П | | | | |
| D | | | | |
| continued) | | | | |
| Area | | | | |
| Served | | | | |
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| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM: | | | | | | SYS | | | | |
|---------------------------|---|--|---|--|---|------------------|-----------------------|------------------------|-------|--|--|--|
| Name | Vyve Broadband A, LLC | | | | | | | | 06349 | | | |
| Е | SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES | | | | | | | | | | | |
| E | In General: The information in space E should cover all categories of secondary transmission service of the cable | | | | | | | | | | | |
| Secondary | system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information | | | | | | | | | | | |
| Secondary Transmission | about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the | | | | | | | | | | | |
| Service: Sub- | last day of the accounting period (June 30 or December 31, as the case may be). 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). | | | | | | | | | | | |
| | | | | | | | | ac and the | | | | |
| | Rate: Give the standard rate c unit in which it is generally billed | - | - | • | | | | - | | | | |
| | ÷ . | · · | | , | iy stanua | | is within a | | | | | |
| | 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 | | | | | | | | | | | |
| | 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 a | | | | | • | , | - | | | | |
| | sufficient. | | | | | | | | | | | |
| | BLOCK 1 | | | | | | | BLOCK 2 | | | | |
| | NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVI | | | | | RVICE | NO. OF SUBSCRIBERS | RAT | | | | |
| | Residential: | | | | - | | - | | | | | |
| | Service to first set | | 10 | 25.00 | | | | | | | | |
| | Service to additional set(s) | | | | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | | | | |
| | Motel, hotel | | | | | | | | | | | |
| | Commercial | | | 39.90 | | | | | | | | |
| | Converter | | | 00.00 | | | | | | | | |
| | Residential | | | | | | | | | | | |
| | Non-residential | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | NSMIS | SIONS: RATES | | | | | | | | |
| - | In General: Space F calls for rate | | | | | II your cable sy | stem's ser | vices that were | | | | |
| F | not covered in space E, that is, t | | | | | | | | | | | |
| Comisso | service for a single fee. There an furnished at cost or (2) services | | | | | | | | | | | |
| Services Other Than | amount of the charge and the ur | | | | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | usualiy | blica. Il ally la | | larged on a var | | rogram basis, | | | | |
| • | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. | | | | | | | | | | | |
| ransmissions: | Block 2: List any services that your cable system furnished or offered during the accounting period that were not | | | | | | | | | | | |
| ransmissions: Rates | Block 2: List any services that | | | | ed during | | | | | | | |
| ransmissions: Rates | Block 2: List any services that listed in block 1 and for which a | separate charg | je was i | made or establis | ed during | | | | | | | |
| | Block 2: List any services that | separate charg | je was i | made or establis | ed during | | | | | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip | separate chargotion and includ | je was l le the ra CK 1 | made or establis ate for each. | ed during hed. List | these other ser | vices in th | e form of a BLOCK 2 | | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE | separate chargotion and includ | e was l le the r CK 1 CATEC | made or establis ate for each. GORY OF SERV | ed during hed. List ICE | | vices in th | e form of a | RAT | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: | separate charg tion and includ BLO RATE | e was i de the r CK 1 CATEC Install | made or establis ate for each. GORY OF SERV ation: Non-resi | ed during hed. List ICE | these other ser | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable | separate chargotion and includ | ge was i de the ra CK 1 CATEC Install • Mo | made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel | ed during hed. List ICE | these other ser | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel | separate charg tion and includ BLO RATE | de the ra CK 1 CATEC Install • Mo • Co | made or establis ate for each. GORY OF SERV ation: Non-resi itel, hotel mmercial | ed during hed. List ICE | these other ser | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection | separate charg tion and includ BLO RATE | Je was l de the ra CK 1 CATEC Install • Mo • Co • Pa | made or establis ate for each. GORY OF SERV ation: Non-resi Itel, hotel mmercial y cable | ed during hed. List /ICE dential | these other ser | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection | separate charg tion and includ BLO RATE | CK 1 CATEC Install • Mo • Co • Pa • Pa | made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable-add'l cha | ed during hed. List /ICE dential | these other ser | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential | separate charge otion and includ BLOO RATE 19.95 | Je was li de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin | made or establis ate for each. GORY OF SERV ation: Non-resi itel, hotel mmercial y cable y cable e protection | ed during hed. List /ICE dential | these other ser | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set | separate charg tion and includ BLO RATE | je was l de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu | made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable-add'I cha e protection rglar protection | ed during hed. List /ICE dential | these other ser | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) | separate charge otion and includ BLOO RATE 19.95 | ge was i de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other | made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection services: | ed during hed. List /ICE dential | RATE | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set | separate charge otion and includ BLOO RATE 19.95 | ge was i de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other | made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable-add'I cha e protection rglar protection | ed during hed. List /ICE dential | these other ser | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) | separate charge otion and includ BLOO RATE 19.95 | ge was i de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu Other • Re | made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection services: | ed during hed. List /ICE dential | RATE | vices in th | e form of a BLOCK 2 | RATI | | | |
| | Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | separate charge otion and includ BLOO RATE 19.95 | ge was i de the r CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu • Bu • Other • Re • Dis | made or establis ate for each. GORY OF SERV ation: Non-resi tel, hotel mmercial y cable y cable-add'l cha e protection rglar protection services: connect | ed during hed. List /ICE dential | RATE | vices in th | e form of a BLOCK 2 | RAT | | | |

LEGAL NAME OF OWNER OF CABLE SYSTEM:

| Name | LEGAL NAME OF OWNE | R OF CABLE SYSTE | M: | | SYSTEM ID# |
|-------------------------------|--|--|---|---|------------|
| | Vyve Broadband | A, LLC | | | 063496 |
| | PRIMARY TRANSMITTERS | : TELEVISION | | | |
| G Primary Transmitters: | carried by your cable syst FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, | em during the accoust in effect on June 2 (e)(2) and (4), or 76 as explained in the | unting period, exce 4, 1981, permitting .63 (referring to 76 next paragraph. | g translator stations and low power television stations) of (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ns carried by your cable system on a substitute progra | I |
| Television | basis under specifc FCC | • | | ns carried by your cable system on a substitute progra | |
| | | re in space G—but | do list it in space l | the Special Statement and Program Log)—if the | |
| | List the station here, and basis. For further inform Column 1: List each s | d also in space I, if th mation concerning s tation's call sign. Do | ne station was carr ubstitute basis stat not report originat | ed both on a substitute basis and also on some other ions, see page (v) of the general instructions. on program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. | |
| | This may be different from associated with a station the same on the form. | n the channel on whi according to its over | ch your cab;e syste -thje-air designatio | em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as vork station, an independent station, or a noncommerc | ial |
| | (for independent multicas For the meaning of these Column 4: Give the lo | t), "E" (for noncomm terms, see page (iv) cation of each statio | ercial educational)) of the general inst n. For U.S. station | " (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the community with which the station is identifed. | the |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION | |
| | KAUZ-CBS | 6 | N | WITCHITA FALLS TX | |
| | KAUZ-CW | 8 | N | WITCHITA FALLS TX | |

| KAUZ-CBS | 6 | N | WITCHITA FALLS TX |
|------------------------|-----|-----|-------------------|
| KAUZ-CW | 8 | N | WITCHITA FALLS TX |
| KETA-OETA PBS | 13 | Е | OKLAHOMA CITY OK |
| KFDX-NBC | 3 | N | WITCHITA FALLS TX |
| KJBO-MyNetwork TV | 4 | I-M | WITCHITA FALLS TX |
| KJTL-FOX | 12 | I | WITCHITA FALLS TX |
| KSWO-ABC | 7 | N | Lawton OK |
| KSWO-ME-TV 7.3 Lawton, | 7.3 | I-M | Lawton OK |
| KSWO-Telemundo 7.2 Law | 7.2 | I-M | Lawton OK |
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ACCOUNTING PERIOD: 2022/1

| ORM SA1-2. F EGAL NAME OF /yve Broadl | F OWNER OF (| | YSTEM: | | | | SYSTEM ID# 063496 | Name |
|--|--|--|--|--|--|--|---|---------------------------------|
| , | | | | | | | 000490 | |
| | t every radio s | tation ca | rried on a separate and discre enerally receivable" by your ca | | | | | н |
| ceivable if (1) of the basis of or detailed info Column 1: lo Column 2: S Column 3: If gnal, indicate Column 4: G | it is carried by monitoring, to prmation about dentify the call state whether t the radio statis this by placing Sive the station | / the sys be recei t the the sign of e he statio ion's sign a check h's locatio | -Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the | the system's hea system's FM anter on this point, see ed by the cable sy e station is licens | adend, and (2) nna, during ce page (v) of the ystem as a se red by the FCC |) it can b ertain sta e genera parate a | e expected, ated intervals. Il instructions. nd discrete | Primary Transmitter Radio |
| | | , ii ariy, i | | | | • | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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FORM SA1-2. PAGE 5.

| Name | LEGAL NAME OF OWNER OF O | | EM: | | | | RM SA1-2. PAGE 5. SYSTEM ID# 063496 | |
|-------------------------|--|---------------|---------------------------|-----------------------------|--|----------------------------|---|--|
| l | 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 carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further | | | | | | | |
| Substitute Carriage: | explanation of the programming that must be included in this log, see page (v) of the general instructions. | | | | | | | |
| Special | broadcast by a distant station? YesNo 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 | | | | | | | |
| Statement and | | | | | | | | |
| Program Log | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | 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: 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 giv Column 6: State the time | | e substitute pro | gram was carried by your | cable system | . List the times accura | tely | |
| | to the nearest five minutes. | | | | | | | |
| | stated as "6:00–6:30 p.m." Column 7: Enter the lette | er "R" if the | listed program | was substituted for progra | amming that y | vour system was requi | red | |
| | to delete under FCC rules a | nd regulation | ons in effect du | iring the accounting period | ; enter the le | tter "P" if the listed pro | | |
| | gram was substituted for pro effect on October 19, 1976. | ogramming | that your syste | em was permitted to delete | e under FCC | rules and regulations in | n | |
| | | | | | | | | |
| | | | | | | IBSTITUTE CARRIAC | | |
| | | 2. LIVE? | E PROGRAM 3. STATION'S | | OCCURRED 7. REASON 5. MONTH 6. TIMES | | | |
| | 1. TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — TO | | |
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| FORM SA1-2. PAGE 6. | | |
|--|---|-------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC | SYSTEM ID# 063496 | Name |
| | 000400 | |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissis (as identified in space E) during the accounting period. For a further explanation of how to compute this amou page (vii) of the general instructions. | ion service | K Gross Receipts |
| Gross receipts from subscribers for secondary transmission service(s) | | |
| during the accounting period | \$ 1,739.00 (Amount of gross receipts) | |
| COPYRIGHT ROYALTY FEE nstructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 ee page (vi) of the general instructions for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS | ,800 | L Copyright Royalty Fee |
| | aiv month | |
| Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00 | six-month | |
| Line 1. Royalty fee for accounting period | \$ 52.00 | |
| Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | |
| Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 | ¢ 52.00 | |
| BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) | \$ 52.00 | |
| 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 |) | |
| 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 | | |
| | 1,319.00 | |
| 6. Interest charge. Enter the amount from line 4, space Q, page 8 | 0.00 | |
| | 0.00 | |
| 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | | |
| FILING FEE AND TOTAL REMITTANCE DUE | | |
| lling | | |
| Fee | ¢ 52.00 | |
| 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | \$ 52.00 | |
| 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 for | more information. | |

| | | FORM SA1-2. PAGE 7 | | | | | |
|------------------------------------|--|----------------------|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC | SYSTEM ID# 063496 | | | | | |
| 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. | | | | | | |
| Chaineis | 1. Enter the total number of channels on which the cable 6 system carried television broadcast stations 6 | | | | | | |
| | 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services | 67 | | | | | |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.) | | | | | | |
| for Further Information | NameMarie CensoplanoTelephone914-235-8313 | | | | | | |
| | Address 4 International Dr Suite 330 | | | | | | |
| | (Number, street, rural route, apartment, or suite number) | | | | | | |
| | City, town, state, zip) | | | | | | |
| | Email (optional) marie.censoplano@vyvebb.com Fax (optional 914-234-8363 | | | | | | |
| ο | CERTIFICATION (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: Daniel J White | | | | | | |
| | 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# | Name |
|---|--|
| Vyve Broadband A, LLC 063496 | 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 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. | P Special Statement Concerning Gross Receipts Exclusion |
| 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 | |
| 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 Assessment |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here - x - x | |
| 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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