ACCOUNTING PERIOD: 2022/1 (for header)

A ACCOUNTING PERIOD COVERED BY THIS STATEMENT:

January 1-June 30, 2022

	INSTR	RUCTIONS:	
B Owner	corpo In line 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 brate 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. 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/
	Х	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	Filing Period
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM:	*638
		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)	1
	INSTR	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these	
С		already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	(Number, street, rural route, apartment, or suite number)	
	-	(number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	1

E		NO. O	F			
_	CATEGORY OF SERVICE		SUBSCRIBERS			
Secondary	Residential:	COBCOLLIB	LITO	RATE		
Transmission	Service to first set		285	25.00		
Service: Sub-	Service to additional set(s)			25.00		
scribers and	FM radio (if separate rate)					
Rates	Motel, hotel					
Nates	Commercial		39	59.99		
	Converter		33	33.33		
	Residential					
	Non-residential					
		DL	2014			
	047500000050500005		OCK 1		//OF	DATE
F	CATEGORY OF SERVICE	RATE	-	GORY OF SER	RATE	
Г	Continuing Services:	40.05	instai	llation: Non-resi		
	• 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		
Transmissions:	Installation: Residential	64.05		• Fire protection		
Rates	• First set	64.95		Burglar protect	ion	
	Additional set(s)		Other	r services:		20.05
	• FM radio (if separate rate)			Reconnect		39.95
	Converter			Disconnect		20.00
				Outlet relocation		20.00
				Move to new a	ddress	39.95

BLOCK 1

M Channels	to its subscribers and (2) the ca The calculation of the calc	padcast stations	tivated channels, d	uring the accounting period.	t stations 17 207				
N	INDIVIDUAL TO BE CONTACT we can write or call about this s	TED IF FURTHER INFORMATION statement of account.)	ON IS NEEDED: (I	dentify an individual to whom					
Individual to Be Contacted									
for Further Information	Name	Marie Censoplano		Telephone	914-235-8313				
momadon	Address	4 International Dr Suite (Number, street, rura		or suite number)					
		Rye Brook, NY 10573							
		(City, town, state, zip	p)						
	Email (optional)	marie.censoplar	no@vyvebb.cor	n Fax (optional)	914-234-8363				
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • 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								
	• • -	an corporation or partnership) and that the owner is not a corporation		=	he cable system as identified				
	(Officer or partner) I am in line 1 of space B.	an officer (if a corporation) or a p	oartner (if a partne	ship) of the legal entity identi	fed as owner of the cable syste	m			
	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)]								
	I	111 30							
			n signature: rinted name:	Daniel J White					
		Title:	SVP Financi (Title of official posi	al Planning tion held in corporation or partne	rship)				
		Date:		02/26/2022					

2. B'castChannel 3. Type of

	Channel	3. Type of	•
1. Call Sign	Number	Station	6. Location of Station
KETS-PBS 2	2	Е	Little Rock, AR
KARK-NBC 4 HD	4	N	Little Rock, AR
KATV-ABC 7 HD	7	N	Little Rock, AR
KASN-CW 38			
HD	38	1	Pine Bluff, AR
KTHV-CBS 11			
HD	11	N	Little Rock, AR
KARZ-MNT 42			
HD	42	1	Little Rock, AR
KLRT-FOX 16			
HD	16	1	Little Rock, AR
KVTN-IND 25			
HD	25	1	Pine Bluff, AR
KETS-Create 2.2	2.2	E-M	Little Rock, AR
KETS-PBS Kids			
2.3	2.3	E-M	Little Rock, AR
KETS-World 2.4	2.4	E-M	Little Rock, AR
KARK-Laff 4.2	4.2	I-M	Little Rock, AR
KARZ-Bounce			
42.2	42.2	I-M	Little Rock, AR
KATV-Comet TV			
7.2	7.2	I-M	Little Rock, AR
KATV-Charge			
TV 7.3	7.3	I-M	Little Rock, AR
KLRT-Escape			
16.2	16.2	I-M	Little Rock, AR
KTHV-Antenna			
TV 11.2	11.2	I-M	Little Rock, AR

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	January 1-June 30, 2022							
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63889								
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM							
			6	6388920221					
				63889 2022/1					
	4 International Dr Suite 330								
	Rye Brook, NY 10573								
С	, 5		fy the business and operation of the system ur system, if different from the address given in s						
System	1 IDENTIFICATION OF CABLE SYSTEM:		<u>, , , , , , , , , , , , , , , , , , , </u>						
	MAILING ADDRESS OF CABLE SYSTEM:								
	2 (Number, street, rural route, apartment, or suite nu	mber)							
	(City, town, state, zip code)								
D	in FCC rules: "a separate and distinct co	ommunity or municipal entitiy (includ	"community" is the same as a "community un ing unincorporated commuinites within uninco 6(dd). The first community that list will serve as	rporated					
Area	of system identification hereafter known	as the "first community." Please us	e it as the first community on all future filings.						
Served	Note: Entities and properties such as ho the identified city.	tels, apartments, condiminiums, or i	mobile home parks should be reported in para	theses below					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First Community	Warren Bradley Cty	AR AR							
,	2.44.07 0.7	AIX							

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

Name	LEGAL NAME OF OWNER OF CABLE SYS Vyve Broadband A, LLC	TEM:		SYSTEM 638
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
continued)				
Area				
Served				

ACCOUNTING PERIOD: 2022/1 FORM SA3 PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63889 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 285 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 39 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	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		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63889 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: 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. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF NUMBER **STATION** KTHV-CBS 11 HD Ν Little Rock, AR 11 KARZ-MNT 42 HD 42 Little Rock, AR ı KLRT-FOX 16 HD 16 Little Rock, AR KVTN-IND 25 HD Pine Bluff, AR 25 KETS-Create 2.2 2.2 E-M Little Rock, AR KETS-PBS Kids 2.3 2.3 E-M Little Rock, AR KETS-World 2.4 2.4 E-M Little Rock, AR I-M KARK-Laff 4.2 4.2 Little Rock, AR 42.2 I-M Little Rock, AR KARZ-Bounce 42.2 KATV-Comet TV 7.2 7.2 I-M Little Rock, AR Little Rock, AR KATV-Charge TV 7.3 7.3 I-M KLRT-Escape 16.2 16.2 I-M Little Rock, AR KTHV-Antenna TV 11.2 11.2 I-M Little Rock, AR

FORM SA1-2. I LEGAL NAME O Vyve Broad l	F OWNER OF		YSTEM:					SYSTEM ID#	Name
DD1144 D1/ Z= :	NOMITTEE	DAD::							
	t every radio s	station ca	arried on a separate and discr enerally receivable" by your ca						Н
receivable if (1) on the basis of For detailed info Column 1: lo Column 3: If Signal, indicate Column 4: G	it is carried by monitoring, to commation about dentify the call State whether to the radio stat this by placing Give the station	y the sys be recei it the the sign of e the static ion's sign g a check n's locati	I-Band FM Carriage: Under of them whenever it is received at the headend, with the Copyright Office regulations each station carried. In is AM or FM. Inal was electronically process wark in the "S/D" column. In on (the community to which the community with which the	at i sy or se	the system's heavistem's FM anternation this point, see do by the cable sees that the station is licens	adend, and (2 enna, during copage (v) of the system as a second by the FCC) it can be ertain state genera	ne expected, ated intervals. al instructions. and discrete	Primary Transmitters: Radio
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	0 4 DL E 0) (0 T					1 014	01/07/17/02/01
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
	Vyve Broadband A, LL	<u> </u>						63889
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT • During the accounting per	fy every non- counting pe ng that mus CONCER iod, did you	nnetwork televis riod, under spe it be included in	ion program broadcast by a cific present and former FC this log, see page (v) of the TTUTE CARRIAGE	a distant statio C rules, regula e general instr	ations, or au uctions.	thorizations. For	or a further
Program Log	broadcast by a distant stat		root of this nos	no blank. If your answer is	"Voo." vou m	ust sample		⊠No
Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA itute progra ce, please a of every no distant stat gulations, o es like "mo Bulls." n was broad sign of the a dicast static adian static ath and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming	am on a separa attach addition- nnetwork telev- ion and that your authorization- vies" or "basked dcast live, enter station broadca on's location (thous, if any, the when your system a program carri- listed program carri-	Ite line. Use abbreviations al pages. ision program (substitute jur cable system substitute s. See page (v) of the gentiball." List specific program "Yes." Otherwise enter "lasting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for programing the accounting period	wherever posterogram) that ed for the program titles, for extending the station is lice station is lice station is ide program. Use cable system 15 p.m. to 6: amming that d; enter the le	ssible, if the during the gramming cons for furth cample, "I Lensed by the ntified). The numerals, and List the time when the constant	eir meaning is accounting of another stat er informatior ove Lucy" or the FCC or, in with the more mes accurate should be in was required e listed pro	tion n. nth
	S	UBSTITUT	E PROGRAM			JBSTITUTE OCCURRI	E CARRIAGE ED	7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6.	TIMES — TO	FOR DELETION
							_	
							_	
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FORM SA1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Vyve Broadband A, LLC	63889	Name
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 identifed 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)		K Gross Receipts
during the accounting period	57,247.00 f gross receipts)	
· · · · · · · · · · · · · · · · · · ·	r gross receipis)	
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.		L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00		
Line 1. Royalty fee for accounting period	52.00	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	F2 00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	52.00	
1. Base amount under statutory formula		
Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K		
5. Enter the amount from line 3	_	
6. Subtract line 5 from line 4		
7. Multiply line 6 by .005 (enter figure here)	_	
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
Enter the amount of gross receipts from space K		
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)	_	
6. Interest charge. Enter the amount from line 4, space Q, page 8		
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
FILING FEE AND TOTAL REMITTANCE DUE		
TILINOT EL AND TOTAL REMITTANGE DOL		
Filing Fee and Total 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Remittance Due 2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	'	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC 63889		
	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			
	1. Enter the total number of channels on which the cable system carried television broadcast stations		
	System samed tolerated statione		
	2. Enter the total number of activated channels		
	on which the cable system carried television broadcast stations		
	and nonbroadcast 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			
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313		
	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		
0	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 identified as owner of the cable system in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	63889	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Colowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission	pyright Act by adding the fol- e cable system for the basic ne system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the During the accounting period did the cable system exclude any amounts of gross receipts 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 learn for an explanation of interest assessment, see page (viii) of the general instructions.	ate payment or underpayment.	Q
Line 1 Enter the amount of late payment or underpayment	x	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	x 0.00274	
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 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 da	ay late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted list below the owner, address, first community served, ID number, and accounting period Owner		
Address		
ID number		
First community served Accounting period		
7.000draing poriod		

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.