## 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.

DATE RECEIVED

02/28/23

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

\$

AMOUNT

ALLOCATION NUMBER

## SA1-2 Short Form

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 COVERE	D BY THIS STATEMENT:		
Accounting Period	July 1-December 31, 20	22		
<b>B</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 th a single statement of account and royalty fe	arrect information beside it. the cable system. If the owner is a su ent corporation. nich the owner conducts the business of <i>e accounting period, only the owner or</i> the payment covering the entire account	n the last day of the accounting period should sub	
	LEGAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM		
	Vyve Broadband A, LLC			
			*0	1436820222
				014368 2022/2
	4 International Dr Suite 330 Rye Brook, NY 10573			
С	INSTRUCTIONS: In line 1, give any bu		ntify the business and operation of the system	
System	IDENTIFICATION OF CABLE SYSTEM:		ne system, if different from the address given	пп зрасе D.
	MAILING ADDRESS OF CABLE SYSTEM:			
	2 (Number, street, rural route, apartment, or suite nu	mber)		
	(City, town, state, zip code)			
D	-		A "community" is the same as a "communit	-
U		, , ,	luding unincorporated commuinites within un '6.5(dd). The first community that list will ser	•
Area		•	use it as the first community on all future filir	•
Served	Note: Entities and properties such as he the identified city.	otels, apartments, condiminiums, o	or mobile home parks should be reported in p	paratheses below
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	ATCHISON ATCHISON COUNTY PORTION	KS KS		
Community	BUCHANAN COUNTY	KS		
	LANCASTER	KS		
	LEWIS & CLARK	KS		
	WESTERN PLATTE	KS		

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Vyve Broadband A, LLC									
	CITY OR TOWN	STATE		CITY OR TOWN	STATE					
-										
D										
ontinued)										
Area										
Served										
			=							
			=							
			=							

	LEGAL NAME OF OWNER OF C								SA3. PAGE			
Name			:					513	01436			
	Vyve Broadband A, LLC	;							01430			
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND RA	TES							
E	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 last day of the accounting period (June 30 or December 31, as the case may be).											
Transmission Service: Sub-	Number of Subscribers: Both	`				,	hla svetar	broken				
scribers and		•										
Rates	, ,	•	transmission service. In general, you can compute the number of subscribers in nber of billings in that category (the number of persons or organizations charged									
	separately for the particular serv							0				
	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.											
	<b>Block 1:</b> 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. <b>Note:</b> 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 ca	able service to	additior	nal sets would be	e include	d in the count ur	nder "Servi	ice 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, too with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service											
	sufficient.	and rates, in th	e ngnt-i	Hand DIOCK. A LW	o- or the	ee-word descript		Service is				
		DCK 1						٢2				
		NO. OF	:				2200.	NO. OF				
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	<ul> <li>Service to first set</li> </ul>		451	25.00								
	<ul> <li>Service to additional set(s)</li> </ul>											
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		86	25.00								
	Converter											
	Residential											
	Non-residential											
				······								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATES	3							
-						all your cable sy	stem's serv	vices that were				
F	In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were 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 ar											
Services	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the											
Other Than Secondary	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,											
ransmissions:	enter only the letters "PP" in the rate column. <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
	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) descrip											
		BLO	CK 1					BLOCK 2				
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RAT			
	Continuing Services:		Install	ation: Non-resi	dential							
	• Pay cable	19.95	• Mo	otel, hotel								
	• Pay cable—add'l channel		• Co	mmercial					1			
	Fire protection		• Pa	y cable								
	· ·			y cable-add'l cha	annel							
	•Burglar protection											
	•Burglar protection		• Fin									
	Installation: Residential	6A QF		e protection								
	Installation: Residential  • First set	64.95	• Bu	e protection rglar protection								
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>	64.95	• Bu Other	e protection rglar protection <b>services:</b>		20.05						
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	64.95	• Bu <b>Other</b> • Re	e protection rglar protection <b>services:</b> connect		39.95						
	Installation: Residential <ul> <li>First set</li> <li>Additional set(s)</li> </ul>	64.95	• Bu Other • Re • Dis	e protection rglar protection <b>services:</b> connect sconnect								
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	64.95	• Bu Other • Re • Dis • Ou	e protection rglar protection <b>services:</b> connect		39.95 20.00 39.95						

			OF CABLE SYSTEM	FORM SA1-2. PAGE 3								
Name		: SYSTEM ID# 014368										
	PRIMARY TRANSMITTERS: TELEVISION	Broadband A,		014000								
G	In General: In space G, identify every tele carried by your cable system during the a	ccounting period e	except (1) stations of	carried only on a part-time basis under								
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e)(2) and (4), o substitute program basis, as explained in	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 substitute program basis, as explained in the next paragraph										
Television	basis under specifc FCC rules, regulations	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute proceed basis under specific 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										
	• List the station here, and also in space I,	if the station was		substitute basis and also on some othe								
	Column Column	1: List each static 2: Give the numb	on's call sign. Do no per of the channel c	stitute basis stations, see page (v) of the general instructions ot report origination program services such as HBO, ESPN, etc. on which the station's broadcasts are carried in its own community								
	This may be different from the channel on associated with a station according to its of the same on the form.	over-thje-air design	nation. For examp	le, report multicast stream "WETA-2" as								
	educational station, by entering the letter ' (for independent multicast), "E" (for nonco For the meaning of these terms, see page	<b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncommerce 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										
	<b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is licensed I FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified											
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION								
	KCWE-CW 29	NUMBER 29	STATION	KANSAS CITY MO								
	KCWE-CW 29 KCWE-Justice 29.2	29 29.2	I I M	KANSAS CITY MO								
			I-M									
		9	N									
	KMBC-METV HD 9.2	9.2	I-M									
	KMCI-Bounce TV 25.2	25.2	I-M									
	KMCI-CourtTV Mystery 25.3	25.3	I-M	KANSAS CITY MO								
	KMCI-CourtTV 38.4	38.4	I-M	KANSAS CITY MO								
	KMCI-IND 25	25	I-M	KANSAS CITY MO								
	KPXE-ION 50	50	E-M	KANSAS CITY MO								
	KSHB-GRIT TV 36.2	36.2	I-M	TOPEKA KS								
	KSHB-LaffTV HD 36.3	36.3	I-M	TOPEKA KS								
	KSHB-NBC 36	36	N									
	KSMO-MNT 62	62	I-M	KANSAS CITY MO								
	KTWU-Enhance/PBS 11.3	11.3	E-M	KANSAS CITY MO								
	KTWU-MHz Worldview/PBS 11.2	11.2	E-M									
				TOPEKA KS								
	KTWU-PBS 11	11	E	TOPEKA KS TOPEKA KS								
		11	E									
			E									
			E									

## ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F EGAL NAME OF	OWNER OF O		YSTEM:					SYSTEM ID#	Name
/yve Broadk	band A, LL	ن ا						014368	
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally								H Primary	
eceivable if (1) n the basis of r or detailed info Column 1: Id Column 2: S Column 3: If	it is carried by monitoring, to prmation abou lentify the call tate whether t the radio stati	/ the syst be receiv t the the sign of e he statio ion's sigr	tem whenever it is received at ved at the headend, with the s Copyright Office regulations of each station carried. n is AM or FM. nal was electronically process mark in the "S/D" column.	t f sy or	the system's hea rstem's FM anter n this point, see p	dend, and (2) nna, during ce page (v) of the	it can b rtain sta genera	e expected, ted intervals. l instructions.	Transmitters Radio
Column 4: G	ive the statior	n's locatio	on (the community to which the the community with which the				C or, in tl	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1					
				1					
	·								
	·								
	·								
	·								

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:				SYSTEM ID# 014368			
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm	ify every no	nnetwork televi eriod, under spe	<i>sion program</i> broadcast by ecific present and former FC	a distant stati C rules, regu	lations, or authorizations.				
Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special					sis, any non	network television progr	am			
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?									
0 0	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	am			
	log in block 2.		Me							
	2. LOG OF SUBSTITUTE PROGRAMS 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 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976	•			1					
	0		E PROGRAM	4			7. REASON			
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	IAGE OCCURRED 6. TIMES FROM — TO	FOR DELETION			
		103 01 110	ONLE OIOIN							
							"			
						<u></u>				
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	·									

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	014368	Name
	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Entral all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions.         Gross receipts from subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service	K Gross Receipts
COPYRIGHT ROYALT	YFEE		
Instructions: To comput	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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 al instructions for more information.	63,800	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 accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$ 52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$ 52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula         \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$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		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance Due	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 f	or more information.	

		FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 014368						
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stati to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ons						
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	18						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	164						
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)							
for Further Information	Name Marie Censoplano Telephone 914-235-8313							
	Address <b>4 International Dr Suite 330</b> (Number, street, rural route, apartment, or suite number) <b>Rye Brook, NY 10573</b> (City, town, state, zip)							
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363							
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	ns,						
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	r						
	(Agent of owner other than corporation or partnership; I am the duly authorized agent of the owner of the cable syst in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	of the cable system						
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereby are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	erein						
	Handwritten signature: /s/ Daniel J White							
	Typed or printed name: <b>Daniel J White</b>							
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)							
	Date: 2/28/2023							

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:	
Vyve Broadband A, LLC 0143	368 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. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	P Special Statement Concerning Gross Receipts Exclusion
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	
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 days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) rec	uested on th

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.