## 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				
02/28/23	\$ 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 COVERE	D BY THIS STATEMENT:						
Accounting Period	July 1-December 31, 20	22						
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.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Vyve Broadband A, LLC							
			*01	150262	20222*			
				015026	2022/2			
	4 International Dr Suite 330							
	Rye Brook, NY 10573							
С	INSTRUCTIONS: In line 1, give any bu		tify the business and operation of the system					
		ne 2, give the mailing address of the	e system, if different from the address given i	n space B	-			
System	n 1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite nu	mber)						
	(City, town, state, zip code)							
_	Instructions: List each separate comm	nunity served by the cable system.	A "community" is the same as a "community	unit" as d	efined			
D	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	, , , , ,	ding unincorporated commuinites within unin .5(dd). The first community that list will serve					
Area	0 0 1	• •	ise it as the first community on all future filing					
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.							
	CITY OR TOWN	STATE	CITY OR TOWN	ST	ATE			
First Community	MENA POLK COUNTY	AR AR						
,	I OLK GOOKI I							
		-	-	<b>†</b>				

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

D (continued) Area Served	Vyve Broadband A, LLC CITY OR TOWN	STATE	CITY OR TOWN	01502
(continued)  Area		STATE	CITY OR TOWN	CTATE
(continued)  Area				STATE
(continued)  Area				
Area				
Served				

Additional set(s)

Converter

• FM radio (if separate rate)

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 015026 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). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers 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 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 210 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 42 65.99 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 Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential · Motel, hotel · Pay cable 19.95 • Pay cable—add'l channel Commercial Fire protection • Pay cable Burglar protection Pay cable-add'l channel Installation: Residential Fire protection First set Burglar protection 64.95

Other services:

Reconnect

Disconnect

Outlet relocation

· Move to new address

39.95

20.00

39.95

FORM SA1-2. PAGE 3 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 015026 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 unde FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [section Primary 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on Transmitters: substitute program basis, as explained in the next paragraph Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute prograr pasis 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 th 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 strea associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" a 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-N (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 identified 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1 CALL SIGN CHANNEL OF NUMBER STATION KARK-Escape 211 Ν LITTLE ROCK, AR KARK-Grit 210 N LITTLE ROCK, AR KARK-Laff 209 Ν LITTLE ROCK, AR KARK-NBC 4 N 4 LITTLE ROCK, AR KARZ-Bounce 42.2 42.2 I-M LITTLE ROCK, AR **KARZ-MNT 42** 42 ı LITTLE ROCK, AR KASN-CW 38 38 ı PINE BLUFF, AR **KETG-PBS 9** 9 LITTLE ROCK, AR KETS-Create 2.2 2.2 E-M LITTLE ROCK, AR KETS-PBS 2 HD 2 Ε 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 KLRT-Escape 16.2 16.2 I-M LITTLE ROCK, AR KLRT-FOX 16 16 LITTLE ROCK, AR 49 KMYA-MeTV 49 CAMDEN, AR **KVTN-IND 25 HD** 25 PINE BLUFF, AR

FORM SA1-2. F	PAGE 4.								
LEGAL NAME OF	FOWNER OF C	CABLE S	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						015026	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discre	<b>≙</b> t	e hasis and list t	those FM stati	ons carr	ied on an	Н
			enerally receivable" by your ca						• • •
	_	_							
			I-Band FM Carriage: Under (						Primary
			tem whenever it is received a						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of	or	n this point, see p	page (v) of the	e genera	l instructions.	
		-	each station carried.						
			n is AM or FM.					1.8	
			nal was electronically process	e	d by the cable sy	ystem as a se <sub>l</sub>	parate a	nd discrete	
			mark in the "S/D" column.		_4_4: :_ !! !!		S ! 41		
			on (the community to which th the community with which the				, OI, III U	le case of	
Wexican or Can	iauiaii stations	o, ii airy,	the community with which the		station is identifie	a).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
O/ IEE OIOI1	7 1111 01 1 111	GIB	200/1101/01/01/01/01/		O/ LEE OIOIT	7 1101 01 1 101	O/B	Econtricit of chiller	
				1					

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				Ç	SYSTEM ID#	
Name	Vyve Broadband A, LLC								
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	)G				
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program 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 explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Substitute Carriage:					e generai inst	ructions.			
Special	<ul><li>1. SPECIAL STATEMEN</li><li>During the accounting pe</li></ul>				esis anv noni	network tele	vision progra	am	
Statement and Program Log	broadcast by a distant sta		ir carry, orr a capolitate be	Yes X No					
i rogram Log	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program								
	log in block 2.								
	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 period, was broadcast by a			vision program (substitute					
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ge	neral instruct	tions for furt	her informati	on.	
	Do not use general catego		ovies" or "bask	etball." List specific progra	am titles, for	example, "I	Love Lucy" o	r	
	"NBA Basketball: 76ers vs. Column 2: If the progra		idcast live, ent	er "Yes." Otherwise enter	"No."				
				asting the substitute prog			h - <b>500</b> !		
	the case of Mexican or Car			the community to which the community with which the			ne FCC or, II	1	
	Column 5: Give the mo	nth and day		stem carried the substitut			s, with the m	onth	
	first. Example: for May 7 gi  Column 6: State the time		e substitute pr	ogram was carried by you	ır cable svste	m. List the	times accura	telv	
	to the nearest five minutes							,	
	stated as "6:00–6:30 p.m."	ter "R" if the	listed program	n was substituted for prog	ramming tha	t vour syste	m was requi	red	
	to delete under FCC rules	and regulat	ions in effect d	uring the accounting period	od; enter the	letter "P" if t	he listed pro		
	gram was substituted for p effect on October 19, 1976		g that your sys	tem was permitted to dele	te under FC0	C rules and	regulations ir	1	
	effect off October 19, 1970	•			1.1			T	
	e e	I IDOTITI IT	E PROGRAM	•		EN SUBSTI IAGE OCC		7. REASON	
		2. LIVE?	3. STATION'S		5. MONTH	1	TIMES	FOR DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	_ то		
								·	
						-	_		
							_		
							_		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC	S	7STEM ID# 015026	Name
	GROSS RECEIPTS		- 10320	
	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transr (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	mission service		K Gross Receip
	during the accounting period.	\$ 44	,978.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	ss receipts)	
struction  • • • •	HT ROYALTY FEE  ns: 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 9.  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 (ii) of the general instructions for more information.	\$263,80(		L Copyright Royalty Fe
	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 taccounting period is \$52.00	his six-month		
	Line 1. Royalty fee for accounting period	\$	52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)			
	1. Base amount under statutory formula			
	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)	)		
	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			
	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			
ing Fee				
nd Total emittan	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	52.00	
e 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	
	EFT Trace # or TRANSACTION ID #	Not Availa	ble	
	Important: Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC  015026						
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.						
- Gridimeis	1. Enter the total number of channels on which the cable system carried television broadcast stations						
	2. Enter the total number of activated channels     on which the cable system carried television broadcast stations     and nonbroadcast services						
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)						
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: Isl Daniel J White						
	Typed or printed name: Daniel J White						
	Title: SVP Financial Planning  (Title of official position held in corporation or partnership)						
	Date: 2/28/2023						

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	015026	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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the beservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclused scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 2.	asic ude sub-	P Special Statement
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 transmi made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below.	ssions	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpater and explanation of interest assessment, see page (viii) of the general instructions.	ayment.	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	-	
xx	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.00%	274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
space L, (page 7)	harge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please	
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original		
Owner Address		
ID number		
First community served		
Accounting period		

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