## 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	July 1-December 31, 2022					
Period						
Bowner	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 ADI	DRESS OF CABLE SYSTEM				
	Vyve Broadband J, LLC					
			*00	)241620222*		
				002416 2022/2		
	Four International Drive, S	uite 330				
	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 SYSTEM:  2504 Westwood Rd  2 (Number, street, rural route, apartment, or sulte number)  Westlake, LA 70669  (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 defined		
D	in FCC rules: "a separate and distinct c	ommunity or municipal entitiy (inclu	ding unincorporated communities within unin	corporated		
	5 5 .	,	5.5(dd). The first community that list will serve			
Area Served	of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First	Lake Arthur	LA				
Community	Geuydan	LA				
	Roanoke	LA				
	Welsh	LA				

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

First set

• Converter

Additional set(s)

• FM radio (if separate rate)

FORM SA3. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002416 Vyve Broadband J, 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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission 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 each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 SUBSCRIBERS CATEGORY OF SERVICE **RATE** CATEGORY OF SERVICE SUBSCRIBERS **RATE** Residential: · Service to first set 152 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 25 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 2 CATEGORY OF SERVICE CATEGORY OF SERVICE RATE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential · Motel, hotel · Pay cable 19.95 T&M · Pay cable—add'l channel 15.95 Commercial T&M Fire protection Pav cable T&M N/A · Pay cable-add'l channel Burglar protection N/A т&м Installation: Residential · Fire protection N/A

Burglar protection

· Move to new address

Other services:

Reconnect

 Disconnect Outlet relocation N/A

29.99

29.99

29.99

59.99

19.99

**ACCOUNTING PERIOD: 2022/2** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002416 Vvve Broadband J. LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections **Primary** 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G-but do list it in space I (the Special Statement and Program Log)-if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 2 B'CAST 3 TYPE 6 LOCATION OF STATION 1. CALL

SIGN	CHANNEL NUMBER	OF STATION	6. LOCATION OF STATION
KADN 15 (FOX)	15	I	Lafayette
KADN 15 (FOX) HD	15.1	I	Lafayette
KADN 15.2 (KLAF) (NBC))	15.2	I-M	Lafayette
KADN 15.3 (KLAF) (NBC)) HD	15.3	I-M	Lafayette
KLFY 10 (CBS)	10	N	Lafayette
KLFY-HD 10 (CBS)	10.1	N	Lafayette
KLTL 18 (PBS)	18	E	Lake Charles
KLTL-HD 18 (PBS)	18.1	E	Lake Charles
KLTL-PBS Create 18.3	18.3	E-M	Lake Charles
KLTL-PBS Kids 18.2	18.2	E-M	Lake Charles
KL <mark>WB MeTV</mark>	50	I	Lafayette

FORM SA1-2. PAGE 4.									
LEGAL NAME O			YSTEM:					SYSTEM ID#	Name
Vyve Broadband J, LLC 002416									
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an							н		
									••
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 receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected,							Primary Transmitters:		
on the basis of	monitoring, to	be recei	ved at the headend, with the	sy	stem's FM ante	nna, during ce	rtain sta	ted intervals.	Radio
			Copyright Office regulations	or	this point, see	page (v) of the	e genera	I instructions.	
Column 2: S	tate whether t	he statio	each station carried. n is AM or FM.						
			nal was electronically process a mark in the "S/D" column.	se	d by the cable s	ystem as a se	parate a	nd discrete	
			on (the community to which the	he	station is licens	ed by the FC0	C or. in th	ne case of	
			the community with which the				,		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL GIGIT	AWIOITW	O/D	LOCATION OF GTATION	П	OALL GIOIN	AWI OI I WI	0/0	EGOATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				,	SYSTEM ID#	
Name	Vyve Broadband J, LLC						002416		
Substitute	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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations explanation of the programming that must be included in this log, see page (v) of the general instructions.								
Carriage:	1. SPECIAL STATEMENT	CONCER	RNING SUBS	TITUTE CARRIAGE					
Special	During the accounting per				asis, any non	network televi	ision progra	am	
Statement and Program Log	broadcast by a distant star		•	•	•			ХNо	
	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 In General: List each subsiclear. If you need more spa Column 1: Give the title 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 broat the case of Mexican or Can first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a gram was substituted for pr	E PROGRA titute prograce, please of every no distant sta gulations, of ies like "mo Bulls." In was broa sign of the adcast static addian static thand day we "5/7." es when th Example: a	AMS am on a separattach addition onnetwork teletion and that your authorization ovies" or "bask deast live, enterstation broaddon's location (fons, if any, the your syne substitute proaprogram carries listed program carries in effect d	ate line. Use abbreviational pages. vision program (substitut our cable system substitutes. See page (v) of the getball." List specific program "Yes." Otherwise entereasting the substitute prothe community to which the community with which the stem carried the substitute or carried the substitute or carried by your idea by a system from 6:00 m was substituted for prouring the accounting per	e program) the uted for the program itles, for "No." gram. the station is in the program. Lur cable systep1:15 p.m. to gramming the iod; enter the	possible, if the at, during the rogramming or tions for furthe example, "I Lo dentified). Use numerals, em. List the tin 6:28:30 p.m. sat your system letter "P" if the	ir meaning accounting f another st er informati ove Lucy" of e FCC or, in with the me nes accurates should be uses require elisted pro	is lation on. r onth tely	
	effect on October 19, 1976.  WHEN SUBSTITUTE								
	SI		E PROGRAM		CARRIAGE OCCURRED			7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN	VIES TO		
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	S'	YSTEM ID# 002416	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent 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.	ission service		K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	31	1,290.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	-	
Instructions:	ROYALTY FEE  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 \$2  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  If the general instructions for more information.	263,800		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	this 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	s	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	<u> </u>		
	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	
	o. Interest charge. Enter the amount norm line 4, space Q, page 0		0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)			
	Enter the amount of gross receipts from space K	•		
	2. Base amount under statutory formula	•		
	3. Subtract line 2 from line 1	•		
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	52.00	
Due	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	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	for more informa	ation.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  002416
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.  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  66
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)  Name Marie Censoplano Telephone 914-234-8313
Information	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)  Rye Brook, NY 10573 (City, town, state, zip)  Email (optional)  Fax (optional)
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 identified 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  [X] (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: 2/28/2023

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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 002416	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 A lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable s service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pursuance."	ystem for the basic m shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general During the accounting period did the cable system exclude any amounts of gross receipts for sec made by satellite carriers to satellite dish owners?		Concerning Gross Receipts Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
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 payr For an explanation of interest assessment, see page (viii) of the general instructions.	nent 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	-	
	xdays	
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. For fur contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ther assistance 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 Collist below the owner, address, first community served, ID number, and accounting period as given		
Owner Address		
ID number		
First community served		
Accounting period		

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