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 COVERED	BY THIS STATEMENT:							
Accounting Period	July 1-December 31, 202	22							
B Owner	incorrect information and print or type the cor Give the full legal name of the owner of trate title of the subsidiary, not that of the pare List any other name or names under whith there were different owners during the	rect information beside it. the cable system. If the owner is a sulent corporation. the the owner conducts the business of accounting period, only the owner one payment covering the entire account	the last day of the accounting period should submi	it 028743					
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband J, LLC								
			02	2874320222					
				028743 2022/2					
	Four International Drive, Su Rye Brook, NY 10573	uite 330							
С			ntify the business and operation of the system e system, if different from the address given in						
System	1 IDENTIFICATION OF CABLE SYSTEM:								
	MAILING ADDRESS OF CABLE SYSTEM: 2804B FM 51 South (Number, street, rural route, apartment, or suite number) Decatur TX 76234 (City, town, state, zip code)								
D	in FCC rules: "a separate and distinct co	ommunity or municipal entitiy (incl	A "community" is the same as a "community uding unincorporated communities within uning 5.5(dd). The first community that list will serve	corporated					
Area Served	areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. 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 Community	Jacksboro Bryson Graford Possum Kingdom Lake	TX TX TX TX	Note that Tornado destroyed area so no subs 6/30/22						

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.

Form SA1-2c Rev 04/2011

Additional set(s)

• Converter

• FM radio (if separate rate)

FORM SA3. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028743 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 1 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 68.99 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 First set Burglar protection 59.99 N/A

Other services:

Reconnect

 Disconnect Outlet relocation

· Move to new address

29.99

29.99

29.99

19.99

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 028743

Vyve Broadband J, LLC



Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) 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 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 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 identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KAZD 55 (Azteca)	55	N	Lake Dallas, TX
KDAF 33 (CW)	33	l	Dallas, TX
KDFI 27 (MyNet)	27	I	Dallas, TX
KDFW 4 (FOX)	4	I	Dallas, TX
KDTN 2 (Daystar)	2	I	Denton, TX
KDTX-TBN 45	45	I	Dallas, TX
KERA 13 (PBS)	13	E	Dallas, TX
KTVT 11 (CBS)	11	N	Dallas, TX
KTXA 21	21	I	Dallas, TX
KTXD 47 (IND)	47	I	Dallas, TX
WFAA (ABC)	8	N	Dallas, TX

FORM SA1-2. I	PAGE 4.								
LEGAL NAME O			YSTEM:					SYSTEM ID#	Name
Vyve Broadband J, LLC 028743									
PRIMARY TRA	ANSMITTERS:	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, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.								Primary Transmitters: Radio	
For detailed info Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C	ormation about dentify the call State whether t f the radio stati this by placing Give the station	t the the sign of e the statio ion's sign g a check n's location	Copyright Office regulations of each station carried. on is AM or FM. nal was electronically processe k mark in the "S/D" column. on (the community to which the the community with which the	ec	this point, see p d by the cable sy station is license	page (v) of the ystem as a se ed by the FCC	e genera parate a	I instructions.	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	1	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KSCS	FM	3/0	Arlington, TX	+	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	
KWKQ	FM	 -	Graham, TX	ŀ					
itwite.	1 101		Oranam, 1X	ŀ					
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	LEGAL MALE OF STREET	0 4 D. = -:::						01/0====		
Name	Vyve Broadband J, LL		IEM:				,	8YSTEM ID# 028743		
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 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.									
Carriage: Special Statement and Program Log	SPECIAL STATEMENT During the accounting per broadcast by a distant state. Note: If your answer is "Noteg in block 2. LOG OF SUBSTITUTE. Constall list such substitute.	riod, did you tion? ", leave the	ur cable syster rest of this pa	n carry, on a substitute bage blank. If your answer	is "Yes," you	must comp	Yes	X No ram		
	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 pr effect on October 19, 1976.				П	EN SUBST				
	SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S				CARRIAGE OCCURRED			7. REASON FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то —			
					-			··		
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Ė	ORM SA1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	
	Vyve Broadband J, LLC 028743	Namo
	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 identified 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. 326.00 IMPORTANT: You must complete a statement in space P concerning gross receipts (Amount of gross receipts)	
•	IMPORTANT: You must complete a statement in space P concerning gross receipts. OPYRIGHT 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 to be page (vi) of the general instructions for more information. 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-mon 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 \$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 from line 3 6. Subtract line 5 from line 4 5. Multiply line 6 by .005 (enter figure here)	L Copyright Royalty Fee
	8. Interest charge. Enter the amount from line 4, space Q, page 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	
F	FILING FEE AND TOTAL REMITTANCE DUE	
r i r g F	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)]
	EFT Trace # or TRANSACTION ID # Not Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC 028743
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 63
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 (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)]
O Certification	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.
O Certification	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

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC			028743	Name
SPECIAL STATEMENT CONCERNI The Satellite Home Viewer Act of 1988 amer lowing sentence: "In determining the total number of so service of providing secondary transo scribers and amounts collected from	nded Title 17, section 111(d)(1)(A) ubscribers and the gross amounts missions of primary broadcast tran), of the Copyright Act by adding the paid to the cable system for the ba asmitters, the system shall not include	sic de sub-	P Special Statement
For more information on when to exclude the		, ,		Concerning Gross Receipts Exclusion
During the accounting period did the cable s made by satellite carriers to satellite dish ow		oss receipts for secondary transmis	sions	Exclusion
X NO YES. Enter the total here and list the sa	tellite carrier(s) below	<u>\$</u>		
Name Mailing Address	Name Mailing Ad	dress		
INTEREST ASSESSMENTS	· ·			
You must complete this worksheet for those For an explanation of interest assessment, s	* * * *		yment.	Q
Line 1 Enter the amount of late payment or	underpayment			Interest Assessment
		x		
Line 2 Multiply line 1 by the interest rate* a	nd enter the sum here	<u> </u>	- days	
Line 3 Multiply line 2 by the number of days	s late and enter the sum here	<u>*</u>	days -	
		x 0.002	74	
Line 4 Multiply line 3 by 0.00274** enter he space L, (page 7)	re and on line 3, block 4,	\$	-	
		(interest ch	narge)	
* To view the interest rate chart click on contact the Licensing Division at (202)		est-rate.pdf. For further assistance	please	
** This is the decimal equivalent of 1/365	i, which is the interest assessmen	t for one day late.		
NOTE: If you are fling this worksheet coverir list below the owner, address, first community	•			
Owner				
Address				
ID number				
First community served				
Accounting period				

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