## 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

C INS	orrect information and print or type the co Give the full legal name of the owner of e title of the subsidiary, not that of the par List any other name or names under wh if there were different owners during th single statement of account and royalty fe Check here if this is the system's firs EGAL NAME OF OWNER/MAILING ADD Vyve Broadband J, LLC	I under the information given below. If the rrect information beside it. the cable system. If the owner is a subsi- ent corporation. ich the owner conducts the business of th <i>e accounting period, only the owner on th</i> <i>e payment covering the entire accounting</i> t filing. If not, enter the system's ID number <b>DRESS OF CABLE SYSTEM</b>	e last day of the accounting period should submit period. er assigned by the Licensing Division. *029		02942 20222 2022/2				
B inco Owner rate	orrect information and print or type the co Give the full legal name of the owner of e title of the subsidiary, not that of the par List any other name or names under wh if there were different owners during th single statement of account and royalty fe Check here if this is the system's firs EGAL NAME OF OWNER/MAILING ADD Vyve Broadband J, LLC	rrect information beside it. the cable system. If the owner is a subsident corporation. high the owner conducts the business of the e accounting period, only the owner on the e payment covering the entire accounting t filing. If not, enter the system's ID number DRESS OF CABLE SYSTEM	diary of another corporation, give the full corpo- e cable system. e last day of the accounting period should submit period. er assigned by the Licensing Division.		0222				
	Vyve Broadband J, LLC Four International Drive, S Rye Brook, NY 10573								
	Four International Drive, S Rye Brook, NY 10573	uite 330							
	Rye Brook, NY 10573	uite 330							
	Rye Brook, NY 10573	uite 330	02	29423	2022/2				
	Rye Brook, NY 10573	uite 330							
	Rye Brook, NY 10573								
	STRUCTIONS: In line 1, give any bu								
	mee already appear in space B. In lir		y the business and operation of the system ur		se				
System 1	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.           IDENTIFICATION OF CABLE SYSTEM:								
2	MAILING ADDRESS OF CABLE SYSTEM: 1007 N. Madison Ave 2 (Number, street, rural route, apartment, or suite number)								
2	(City, town, state, zip code)	mber							
D in F	FCC rules: "a separate and distinct c	ommunity or municipal entitiy (includi	"community" is the same as a "community un ng unincorporated commuinites within uninco (dd). The first community that list will serve a	rporated					
Served No	-	-	e it as the first community on all future filings. nobile home parks should be reported in para	theses t	elow				
	CITY OR TOWN	STATE	CITY OR TOWN	ST/	ATE				
	ouglas mbrose	GA GA							
	roxton	GA							
	offee County	GA							
	ichols								

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

	1							FORM	SA3. PAGE 2
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							TEM ID#
	Vyve Broadband J, LLC								029423
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the nu separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity subscriber who pays extra for cat first set" and would be counted of Block 2: If your cable system I	pace E should on of television ay cable) in sp (June 30 or Du blocks in space v transmission umber of billing ice at the rate i harged for each (Example: "\$2 ounts allowed in space E, the to their subsci where an in should be cour ble service to a nce again und has rate catego	cover a and rad ace F, ecember ce E ca service gs in that ndicate h categ 20/mth" for adva e form I ribers. I dividua nted as addition er "Sen pries for	all categories of dio broadcasts not here. All the er 31, as the ca ll for the numbe . In general, yo at category (the d—not the num ory of service. I ). Summarize a ance payment. ists the categor Give the numbe I or organization a subscriber in al sets would b vice to additionar secondary trai	secondary by your system a facts you se may be ar of subsc u can component number of aber of sets include bot ny standar ries of second ar of subsc n is receiving each applie e included al set(s)."	stem to subscrit state must be the ribers to the cat pute the numbe f persons or org s receiving servit th the amount or rd rate variations ondary transmis ribers and rate f ng service that f icable category.	bers. Give hose existi ole system r of subscr anizations ice). f the charg s within a p sion servic for each lis falls under Example: der "Servic different fr	information ng on the , broken ribers in charged ge and the particular rate e that cable ted category different a residential ce to the rom those	
	printed in block 1 (for example, ti with the number of subscribers a sufficient.								
		DCK 1					BLOCI	K 2	
		NO. OF		D.4.75				NO. OF	<b>D</b> 4 <b>T</b> 5
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Service to first set		1,118	25.00					
	Service to additional set(s)		.,						
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		105	65.99					
	Converter								
	Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	Services       Services         Other Than       Secondary         Secondary       For a single fee. There are two exceptions: you do not need to give rate information concerning (1) services         furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basi 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.							smission services ooth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:     Pay cable	18.95		ation: Non-res	idential	T&M			
	• Pay cable—add'l channel	15.95		mmercial		T&M			
	Fire protection	N/A	_	y cable		T&M			
	•Burglar protection	N/A	•Pa	y cable-add'l cł	nannel	T&M			Į
	Installation: Residential			e protection		N/A			
	• First set	59.99		rglar protection		N/A			
	• Additional set(s)	19.99		services:					
	• FM radio (if separate rate)	N/A		connect		29.99			
	Converter			sconnect		20.00			
			_	itlet relocation ove to new addr	ess	29.99 29.99			

Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID				
Name	Vyve Broadband J, LL	C			02942				
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	<ul> <li>carried by your cable system du FCC rules and regulations in eff 76.59(d)(2) and (4), 76.61(e)(2) substitute program basis, as exp <b>Substitute Basis Stations:</b> basis under specifc FCC rules, it</li> <li>Do not list the station here in s station was carried only on a</li> <li>List the station here, and also basis. For further information <b>Column 1:</b> List each station<sup>1</sup>/<sub>2</sub> <b>Column 2:</b> Give the number This may be different from the c associated with a station accord the same on the form. <b>Column 3:</b> Indicate in each of educational station, by entering</li> </ul>	ring the accounting ect on June 24, 19 and (4), or 76.63 (r plained in the next   With respect to any regulations, or auth pace G—but do lis substitute basis in space I, if the sta concerning substit s call sign. Do not r of the channel on which yo ling to its over-thje- case whether the sta the letter "N" (for n (for noncommercia	g period except (1) 81, permitting the referring to 76.61( paragraph distant stations of orizations: t it in space I (the ation was carried to tute basis stations report origination p which the station's pur cab;e system of air designation. F ration is a network etwork), "N-M" (fo I educational), or "	anslator stations and low power television stations) a stations carried only on a part-time basis under carriage of certain network programs [section: e)(2) and (4))]; and (2) certain stations carried on a arried by your cable system on a substitute program Special Statement and Program Log)—if the both on a substitute basis and also on some othe , see page (v) of the general instructions brogram services such as HBO, ESPN, etc. broadcasts are carried in its own community carried the station. Identify each multicast strean for example, report multicast stream "WETA-2" as station, an independent station, or a noncommercia r network multicast), "I" (for independent), "I-M 'E-M" (for noncommercial educational multicast) ions					
	Column 4: Give the location	of each station. Fo	r U.S. stations, lis	t the community to which the station is licensed by th community with which the station is identifed	h				
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION					
	SIGN	CHANNEL NUMBER	OF STATION						
	WSWG-CBS	44	N	Albany					
	WSWG-MyNetworkTV	44.2	I-M	Albany					
	WXGA-Create	8.2	E-M	Waycross					
	WXGA-PBS	8	Е	Waycross					
	WXGA-PBS Knowledge	8.3	E-M	Waycross					
	WXGA-PBS Kids	8.4	E-M	Waycross					
	WFXL - FOX HD	31	I	Albany					
	WFXL - TBD	31.2	I-M	Albany					
	WALB-ABC 10.2 Albany	10.2	N	Albany					
	WALB-CW 10.4 Albany -	10.4	I-M	Albany					
	WALB-NBC 10	10.4	 N	Albany					
				Albany					

## ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F LEGAL NAME OF Vyve Broadl	FOWNER OF		YSTEM:					SYSTEM ID# 029423	Name
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.							Н		
eccivable if (1) n the basis of i or detailed info Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to ormation about dentify the call state whether to the radio stat this by placing Sive the station	y the sys be receivent t the the sign of e the statio ion's sign g a check n's locatio	I-Band FM Carriage: Under tem whenever it is received a ved at the headend, with the Copyright Office regulations each station carried. n is AM or FM. nal was electronically proces mark in the "S/D" column. on (the community to which th the community with which th	at so se	the system's hea ystem's FM anter n this point, see ed by the cable sy e station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC	) it can b ertain sta e genera parate a	e expected, ated intervals. Il instructions.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				-					
	·								
				-					
				-					
				-					
				-					
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				-					
		1	<u> </u>					+	

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband J, LL		TEM:					<b>SYSTEM ID#</b> 029423
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	fy every nor counting pe	nnetwork televis eriod, under spe	sion program broadcast by ccific present and former F	/ a distant sta CC rules, regu	lations, or auth		
Carriage: Special Statement and Program Log	SPECIAL STATEMENT     During the accounting per broadcast by a distant state	CONCER	RNING SUBS	TITUTE CARRIAGE		network televis		am X No
	Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE		MS					
	In General: List each subsicilear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re	ce, please of every no distant sta	attach addition onnetwork tele tion and that y	nal pages. vision program (substitut our cable system substitu	e program) th uted for the p	nat, during the a rogramming of	accounting another st	ation
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call	ies like "mo Bulls." n was broa sign of the	ovies" or "bask dcast live, ente station broado	etball." List specific progr er "Yes." Otherwise enter asting the substitute prog	am titles, for <sup>.</sup> "No." gram.	example, "I Lo	ve Lucy" o	r
	Column 4: Give the broat the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time	adian station hth and day ve "5/7."	ons, if any, the when your sy	community with which the substitu	ne station is i te program. l	dentified). Jse numerals, v	with the mo	onth
	to the nearest five minutes. stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a gram was substituted for pr effect on October 19, 1976.	Example: a er "R" if the and regulati ogramming	a program carr e listed prograr ions in effect d	ried by a system from 6:0 n was substituted for pro- uring the accounting peri	1:15 p.m. to gramming tha od; enter the	6:28:30 p.m. sl at your system letter "P" if the	hould be was requir listed pro	ed
	SI	JBSTITUT	E PROGRAM			EN SUBSTITU		7. REASON
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			FOR DELETION
					-			
					-			
					-			
					-			
					-			
						_		

Vvvo Broadband I	
LEGAL NAME OF OWNER OF O	CAI
FORM SA1-2. PAGE 6.	

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	N
	Vyve Broadband J, LLC	029423	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Entr all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (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)	ission service mount, see	K Gross Receipts
	during the accounting period	216,961.00 (Amount of gross receipts)	
		(Anount of gloss receipts)	
•	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 e general 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 t accounting period is \$52.00 Line 1. Royalty fee for accounting period		
	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 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 \$ 216,961.00		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K \$ 2	16,961.00	
	5. Enter the amount from line 3	46,839.00	
	6. Subtract line 5 from line 4	70,122.00	
	7. Multiply line 6 by .005 (enter figure here)	\$ 850.61	
	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	\$ 850.61	
	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)	\$ 850.61	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	.\$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 870.61	
	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 J, LLC	SYSTEM ID# 029423
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	11
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	157
N Individual to	<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.)	
Be Contacted for Further Information	Name Marie Censoplano Telephone	914-234-8313
	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	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regul as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	ations,
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space I	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or	system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as ow in line 1 of space B.	ner 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 container 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>	d herein
	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: 2/8/2023	

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.

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM SYSTEM	ID# Name
Vyve Broadband J, LLC 0294	23
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.     <ul> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul></li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     Name       Mailing Address     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	
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) required	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 Office'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.