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

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the

SA1-2 Short Form

Return to: Library of Congress

Copyright Office

Licensing Division 101 Independence Ave. SE *Washington, DC 20557-6400* (202) 707-8150

end of this for	m [p	ages (i)-(vii)].		ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions				
A Accounting	AC	COUNTING PERIOD COVERE July 1-December 31, 20							
Period									
B Owner	inco rate	prect information and print or type the c Give the full legal name of the owner of title of the subsidiary, not that of the pa List any other name or names under w If there were different owners during the ingle statement of account and royalty for	orrect information beside it. of the cable system. If the owner is a sur- rent corporation. which the owner conducts the business of the accounting period, only the owner of the payment covering the entire account	n the last day of the accounting period si	full corpo-				
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband J, LLC								
					*03049220222				
					030492 2022/2				
		Four International Drive, S	Suite 330						
		Rye Brook, NY 10573							
С				ntify the business and operation of t	-				
_	nar		ine 2, give the mailing address of th	ne system, if different from the addre	ess given in space B.				
System	1	IDENTIFICATION OF CABLE SYSTEM:							
		MAILING ADDRESS OF CABLE SYSTEM 1501 West Mississippi	1:						
	2	(Number, street, rural route, apartment, or suite n	number)						
		Durant, OK 74701							
	-	(City, town, state, zip code)							
D	in F	CC rules: "a separate and distinct	community or municipal entitiy (incl	A "community" is the same as a "co luding unincorporated communities v	within unincorporated				
Area		0 0 1	. ,	'6.5(dd). The first community that lis use it as the first community on all f					
Served	No	-	-	or mobile home parks should be rep	-				
	_	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First		rant	OK	Calera	OK				
Community		mstrong kchito	ОК ОК	Cartwright	OK OK				
		yan County	OK	Colbert Tishomingo	OK				
		incumbe Creek	OK	Ravia	OK OK				
		ngston/Caddo	OK	Coalgate	OK				
	<u>יישיטי</u>	๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛	๚๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛๛	┙┫╺┙┙┙┙┙┙┙┙┙					
form in order to pro numbers. By provi search reports pre	ocess ding P pared	your statement of account. PII is any persona II, you are agreeing to the routine use of it to	al information that can be used to identify or establish and maintain a public record, whic e PII requested is that it may delay processi	e personally identifying information (PII) reque trace an individual, such as name, address an chincludes appearing in the Offce's public ind ng of your statement of account and its placer	nd telephone exes and in				

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

	1								SA3. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	
	Vyve Broadband J, LLC								030492
E Secondary Transmission Service: Sub- scribers and Rates	 n 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 								
	printed in block 1 (for example, ti with the number of subscribers a sufficient.								
		OCK 1					BLOCK	(2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	JUBJURID	EKS	NATE	CAT	EGORT OF SEP	VICE	SUBSCRIBERS	KATE
	Service to first set		1,244	25.00					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		216	68.99					
	Converter Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	 Services Services 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 basis, 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. 							emission services oth the ogram basis, were not form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATECO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:	IVALE		ation: Non-res		IVALE	UNIEGO	SIT OF SERVICE	DATE
	• Pay cable	19.95	• Mo	otel, hotel		T&M			
	• Pay cable—add'l channel	15.95	۰Co	ommercial		T&M			
	• Fire protection	N/A		y cable		T&M			
	•Burglar protection	N/A		y cable-add'l cl	nannel	T&M			
	Installation: Residential First set 	59.99		e protection		N/A			
	Additional set(s)	59.99 19.99		rglar protection services:		N/A			
	• FM radio (if separate rate)	19.99 N/A		econnect		29.99			
	Converter			sconnect					
				itlet relocation		29.99			
			_	ove to new addr	ess	29.99			
									-

Nama	LEGAL NAME OF OWNE	R OF CABLE SYSTEI	M:	SY	STEM ID#					
Name	Vyve Broadband J, LLC 03									
	PRIMARY TRANSMITTERS	TELEVISION								
G 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 specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the 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's broadcasts are carried in its own community. This may be different from the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cable system carried the 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), 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, an independent multicast is carried and the station, if any, give the name of the community with which the station is identifed. 									
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
	KETA 13 (PBS)	13	Е	OKLAHOMA CITY OK						
	KETA 13 Create	13.1	E-M	OKLAHOMA CITY OK						
	KETA 13 Kids	13.3	E-M	OKLAHOMA CITY OK						
	KETA-World 13.2	13.2	E-M	OKLAHOMA CITY OK						
	KTEN (ABC)	10.2	N	SHERMAN TX						
	KTEN (CW)	10.1	I-M	SHERMAN TX						
	KTEN 10 (NBC)	10	N	SHERMAN TX						
	KWTV-News 9 Now 9.2	9	I-M	OKLAHOMA CITY OK						
	KXII (MyNet)	7.3	I-M	SHERMAN TX						
	KXII 12 (CBS)	7	N	SHERMAN TX						
	KXII 13 (Fox)	7.2	I-M	SHERMAN TX						
			ļ							

ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F LEGAL NAME OF Vyve Broadt	OWNER OF (YSTEM:					SYSTEM ID# 030492	Name
n General: List	t every radio s	tation ca							н
 PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the 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). 								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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FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF		TEM:						SYSTEM ID# 030492	
					• •					
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	 During the accounting per broadcast by a distant stat 	iod, did you			asi	s, any noni	network tele		am XNo	
	Note: If your answer is "No log in block 2.	", leave the	rest of this pa	ige blank. If your answer	is "	'Yes," you	must comple	ete the progr	am	
	 LOG OF SUBSTITUTE In General: List each substiclear. If you need more spaticlear. If you need more spatial 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 programing the programing column 3: Give the call Column 4: Give the broad column 4: Gi	titute progra ice, please of every no distant sta gulations, o ies like "mo Bulls." n was broa sign of the	am on a separ attach additior onnetwork tele tion and that y or authorization ovies" or "bask dcast live, ento station broadc	nal pages. vision program (substitut our cable system substitu ns. See page (v) of the g etball." List specific prog er "Yes." Otherwise enter asting the substitute prog	e p uteo ene ram r "N gra	orogram) the d for the pr eral instruct n titles, for lo." m.	at, during th ogramming tions for furtl example, "I I	e accounting of another st her informati Love Lucy" o) tation on. or	
	the case of Mexican or Can Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett	adian station th and day ve "5/7." es when th Example:	ons, if any, the when your sy e substitute pr a program carr	e community with which the stem carried the substitu ogram was carried by yo ried by a system from 6:0	he s ite p our c 01:1	station is id program. U cable syste 15 p.m. to 6	lentified). se numerals m. List the t 5:28:30 p.m.	, with the m mes accura should be	onth tely	
	to delete under FCC rules a gram was substituted for pr effect on October 19, 1976.	and regulati ogramming	ions in effect d	uring the accounting per	iod	; enter the	letter "P" if t	ne listed pro		
	SI	JBSTITUT	E PROGRAM	1			EN SUBSTI IAGE OCC		7. REASON	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION		5. MONTH AND DAY	6. T FROM –	IMES - TO	FOR DELETION	
								-		
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FORM	SA1-2	PAGE	6

FORM SA1-2.	AGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 030492	Name				
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	service	K Gross Receipts				
		nount of gross receipts)					
COPYRIGHT 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 See 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 accounting period is \$52.00	(-mon					
	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 \$ 260,555.00						
	3. Subtract line 2 from line 1 \$ 3,245.00						
	4. Enter the amount of gross receipts from space K \$ 260,5	55.00					
		45.00					
	6. Subtract line 5 from line 4						
	7. Multiply line 6 by .005 (enter figure here)	1,286.55					
	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	1,286.55					
	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) \$ 1,3	19.00					
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	1,286.55					
Due	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	1,306.55					
	EFT Trace # or TRANSACTION ID # No	ot Available					
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	re information.					

Nama			FORM SA1-2. PAGE 7
M 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 is also in which the cable system carried television broadcast stations 11 I. Enter the total number of admends on which the cable system carried television broadcast stations 11 I. Enter the total number of admends on which the cable system carried television broadcast stations 152 N Instructions: You must give (1) the number of admends tations 152 N Instructions: You must give (1) the number of admends tations 152 N Instructions: You must give (1) the number of admends tations 152 N Instructions: You must give (1) the number of admends tations 152 N Instructions: You must give (1) the number of admends tations 152 N Instructions: on which the cable system carried television broadcast stations 152 N Instructions: One of the cable system carried television broadcast stations 152 N Instruction: The original patients: (The Charles System Carried television broadcast stations 152 N Instruction: (The statement of account.) Instruction: (The statement of account.) Instruction: (The statement of account must be carlied and signed in accordance with Copyright Offce reguilations. Sectrifi	Name		SYSTEM ID# 030492
1. Enter the total number of channels on which the cable system candid television broadcast stations and nonbroadcast stations and nonbroadcast stations and nonbroadcast services. 11 2. Enter the total number of activated channels on which the cable system candid television broadcast stations and nonbroadcast services. 152 N Individual to be can write or call about this statement of account.) 152 Name Marie Consoplano Telephone 914-234-8313 Information Name Marie Consoplano Telephone 914-234-8313 Information Reg Brook, NY 10873 (Chin the statement of account must be celled and signed in accordance with Copyright Offce regulations, as explained in the general instructions.) PC Cortification -1 here dentarianged, hereby certify that (Check one, but only one, of the boxes.) -1 have can be off the cover of the cable system as identified in line 1 of space B; or -1 (Officer or partner) I am an officer (if a coronation or partnership) I am the duly authorized agent of the cover of the cable system as identified in line 1 of space B; or -1 have examined the statement of account in the best of my knowledge, information, and belief, and many of issue that all attaments of fact contained heren me the nongenation or partnership) I am the duly authorized agent of the cover of the cable system as identified in line 1 of space B; or -1 (Officer or partner) I am an officer (if a coronation or a partner (if a partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B;		Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
on which the cable system carried television broadcast stations and nonbroadcast services 152 N Individual to Be Contacted for Further information Name Marie Censoplano Telephone 914-234-8313 Address Four International Drive, Suite 330 (Namete, steel, used table) Telephone 914-234-8313 Address Four International Drive, Suite 330 (Namete, steel, used table) Factors (Section 200) Period Period, NT 0673 (Certification Factors (Section 200) Certification • Reperiod, NT 10673 (Certification) Fac (optional) • I, the undersigned, hereby certify that (Check one, but only one, of the baxes.) • Telephone 914-234-8313 (Certification) • I, the undersigned, hereby certify that (Check one, but only one, of the cable system as identified in line 1 of space 8; or • Querior other than corporation or partnership) am the owner of the cable system as identified in line 1 of space 8. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, comparison or partnership) am the duig authorized agent of the contained herein are true, compare 8. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, compare 8. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, compare 8. <td< th=""><th>Cnanneis</th><th></th><th>11</th></td<>	Cnanneis		11
Individual to Be Contacted for Further Information Name Marie Censoplano Telephone 914-234-8313 Address Four International Drive, Suite 330 (Numer, stee, runal route, spartment, or suite number) Particle 234-8313 Address Four International Drive, Suite 330 (Numer, stee, runal route, spartment, or suite number) Particle 234-8313 Rye Brook, NY 10573 (Univer, stee, zp) Email (optional) Fax (optional) Email (optional) Fax (optional) Image: Stee 200 O Certification • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 1, the undersigned, hereby certify that (Check one, but only one, of the cable system as identified in line 1 of space B; or • 1, depend of owner other than corporation or partnership) 1 am the owner of the cable system as identified in line 1 of space B; or • 1, depend of owner other than corporation or partnership) of the legal entity identified as owner of the cable system as identified in line 1 of space B; and that the owner is not a corporation or partnership; or • 1, 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 knowidge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] • 1 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 knowidge, information,		on which the cable system carried television broadcast stations	152
for Further Information Name Marie Censoplano Telephone 914-234-8313 Address Four International Drive, Suite 330 (Number, iffeet, rual route, apartment, or suite number) Rye Brook, NY 10573 (Cltp, town, state, zp) Email (optional) Fax (optional) Fax (optional) Certification CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Comparison or partnership) am the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the ratio corporation or partnership) am the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the ratio corporation or partnership) and the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the ratio 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)] Image: 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)] Image: 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)] Image: Complete, and correct to the best of my knowledge, information, and belief, and	Individual to		
(Number, street, rural roade, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, ze) Email (optional) Fax (optional) Certification Email (optional) Fax (optional) Fax (optional) Certification Certification (This statement of account must be certified and signed in accordance with Copyright Offce regulations, as explained in the general instructions.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) Image: Comparison of partnership) are the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the than corporation or partnership) are the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or Image: Comparison of the than corporation or partnership) are the duly authorized agent of the cable system as identified in line 1 of space B; and that the owner is not a corporation or partnership; or Image: Comparison of the cable approximation or 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. Its US.C., Section 1001(1986)] Title: SVP - Financial Planning Title: SVP - Financial Planning (Title of official posillon held in corporation or partnership) </td <th>for Further</th> <td>Name Marie Censoplano Telephone S</td> <td>914-234-8313</td>	for Further	Name Marie Censoplano Telephone S	914-234-8313
(City, town, state, zip) Email (optional) Fax (optional) CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce 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 • (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 • 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)] Memory 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)			
Certification Certification Certification • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership)1 am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership)1 am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or (Officer or partner) 1 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)] Typed or printed name: Daniel J. White Typed or printed name: Daniel J. White Title: SVP - Financial Planning (The of official position held in corporation or partnership)			
O as explained in the general instructions.) • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.) • 0 • 1, the undersigned, hereby certify that (Check one, but only one, of the cable system as identified in line 1 of space B; or • (Agent of 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 identifed 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)] Imadviritten 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)		Email (optional) Fax (optional)	
 (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 identifed 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) 	0		ations,
 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 identifed 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) 	Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
in line 1 of space B and that the owner is not a corporation or partnership; or Image: Construction of space B and that the owner is not 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. Image:		(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space E	; or
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)			ystem as identified
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Typed or printed name: Daniel J. White Title: SVP - Financial Planning (Title of official position held in corporation or partnership)		are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	1 herein
Title: SVP - Financial Planning (Title of official position held in corporation or partnership)		Handwritten signature: /s/ Daniel J White	
(Title of official position held in corporation or partnership)		Typed or printed name: Daniel J. White	
Date: 2/28/2023			
		Date: 2/28/2023	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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.

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID	# Name
Vyve Broadband J, LLC 03049	2 Name
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	-
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
days	-
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	
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