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				
Α	ACCOUNTING PERIOD COVERE	N BY THIS STATEMENT.						
Accounting Period	July 1-December 31, 20							
B Owner	rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during th a single statement of account and royalty fe Check here if this is the system's firs	rrect information beside it. the cable system. If the owner is a sub ent corporation. ich the owner conducts the business of <i>e accounting period, only the owner on</i> <i>e payment covering the entire accounti</i> t filing. If not, enter the system's ID num	sidiary of another corporation, give the f the cable system. <i>the last day of the accounting period sh</i>	ull corpo-				
	LEGAL NAME OF OWNER/MAILING AD	JRESS OF CABLE SYSTEM						
				03072520222				
				030725 2022/2				
	4 International Dr Suite 330 Rye Brook, NY 10573							
С	INSTRUCTIONS: In line 1, give any bu names already appear in space B. In lin							
System	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:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							
D	Instructions: List each separate commin FCC rules: "a separate and distinct careas and including single, discrete unit	ommunity or municipal entitiy (inclu ncorporated areas)." 47 C.F.R. 76	ding unincorporated commuinites w 5.5(dd). The first community that list	vithin unincorporated will serve as a form				
Area Served	of system identification hereafter known Note: Entities and properties such as h the identified city.	-		-				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First	Preston Peninsula	TX						
Community	Pottsboro	TX						
			1					
form in order to pro numbers. By provid search reports prep	e: Section 111 of title 17 of the United States Code access your statement of account. PII is any personal ding PII, you are agreeing to the routine use of it to e pared for the public. The effects of not providing the fstatements of account, and it may affect the legal	information that can be used to identify or tr establish and maintain a public record, which PII requested is that it may delay processing	ace an individual, such as name, address an includes appearing in the Offce's public inde g of your statement of account and its placem	d telephone xes and in				

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					515		
	Vyve Broadband A, LLC	;							03072	
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary	about other services (including p	. , .					those exis	ting on the		
Transmission Service: Sub-	last day of the accounting period	`				,	hla svetor	broken		
scribers and	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in									
Rates	each category by counting the n			0 / 1						
	separately for the particular serv	ice at the rate	indicate	ed-not the nur	nber of se	ts receiving serv	/ice).	-		
	Rate: Give the standard rate c	-	-					-		
	unit in which it is generally billed category, but do not include disc					ard rate variation	is within a	particular rate		
	Block 1: In the left-hand block					condary transmis	ssion servi	ce that cable		
	systems most commonly provide	•		-		•				
	that applies to your system. Not	e: Where an ir	ndividua	l or organizatio	n is receiv	ing service that	falls unde	r different		
	categories, that person or entity						•			
	subscriber who pays extra for ca					d in the count ur	nder "Serv	ice to the		
	first set" and would be counted of Block 2: If your cable system					service that are	e different	from those		
	printed in block 1 (for example, t	Ű								
	with the number of subscribers a									
	sufficient.				1					
	BLC	DCK 1 NO. OF				BLOCK 2				
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RAT	
	Residential:						-			
	 Service to first set 		151	25.00						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		10	59.99					1	
	Converter									
	Residential									
	Non-residential								-	
									1	
	SERVICES OTHER THAN SEC				-					
F	In General: Space F calls for rat	•	,		-	• •				
•	not covered in space E, that is, t									
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the rate column.									
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	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.									
	, , ,	BLO						BLOCK 2		
	CATEGORY OF SERVICE	RATE	-	GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT	
	Continuing Services:			ation: Non-res						
	• Pay cable	19.95	• Mo	tel, hotel						
	• Pay cable—add'l channel		•Co	mmercial					1	
	Fire protection		• Pa	y cable						
	•Burglar protection			y cable-add'l cł	nannel				4	
	Installation: Residential			e protection					4	
	• First set	64.95		rglar protection						
	Additional set(s)			services:						
	• FM radio (if separate rate)			connect		39.95			4	
	Converter			connect					4	
				tlet relocation		20.00			4	
				ve to new addr					4	
					ess	39.95				

Name	LEGAL NAME OF O	WNER OF CABLE SYST	EM:	Sì	STEM II			
Hame	Vyve Broadba	nd A, LLC			03072			
	PRIMARY TRANSMITT	ERS: TELEVISION						
G	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							
Primary ransmitters:	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.							
Television				ons 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	d only on a substitute b	asis.					
		· · ·		ried both on a substitute basis and also on some other tions, see page (v) of the general instructions.				
	Column 1: List ea	ich station's call sign. D	o not report origina	tion program services such as HBO, ESPN, etc.				
				tion's broadcasts are carried in its own community. tem carried the station. Identify each multicast stream				
	associated with a stat	tion according to its over		on. For example, report multicast stream "WETA-2" as				
	the same on the form Column 3: Indicat		r the station is a ne	twork station, an independent station, or a noncommercial				
				//" (for network multicast), "I" (for independent), "I-M"				
		ticast), "E" (for noncom nese terms, see page (i), or "E-M" (for noncommercial educational multicast). structions.				
	Column 4: Give th	ne location of each stat	ion. For U.S. station	ns, list the community to which the station is licensed by th of the community with which the station is identifed.	e			
	FCC. For Mexican or	Canadian stations, if a	iny, give the hame o	or the community with which the station is identified.				
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL	OF	6. LOCATION OF STATION				
		NUMBER	STATION					
	KETA-PBS	13	E	OKLAHOMA CITY OK				
	KTEN-NBC	10	N	ADA OK				
	KTEN-CW	10.2	I-M	ADA OK				
	KTEN-ABC	10.3	N	ADA OK				
	KETA-World	13.2	I-M	OKLAHOMA CITY OK				
	KETA Create	13.3	E-M	OKLAHOMA CITY OK				
	KETA Kids	13.4	E-M	OKLAHOMA CITY OK				
	KXII (MyNet)	12.3	I-M	Sherman OK				
	KXII (CBS)	12	N	Sherman OK				
	KXII (Fox)	12.2	I-M	Sherman OK				

ACCOUNTING PERIOD: 2022/2

LEGAL NAME OF			YSTEM:				SYSTEM ID#	Name
/yve Broadb	band A, LL	C					030725	
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							H Primary	
eceivable if (1) n the basis of r or detailed info Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to prmation abou lentify the call tate whether t the radio stati this by placing vive the statior	y the syst be receivent t the the sign of e he statio ion's sign g a check h's locatio	tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anter n this point, see p ed by the cable sy e station is license	idend, and (2) nna, during ce bage (v) of the vstem as a sep ed by the FCC	it can b rtain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Transmitters Radio
			-			0/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:					SYSTEM ID# 030725
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm	fy every no	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former F	a distant stat CC rules, regu	lations, or authori		
Carriage: Special Statement and Program Log	1. SPECIAL STATEMEN • During the accounting per broadcast by a distant sta	CONCER	RNING SUBS ur cable syster	TITUTE CARRIAGE n carry, on a substitute b	asis, any non	network televisic	Yes	XNo
	 Note: If your answer is "No log in block 2. 2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red to not use general categor "NBA Basketball: 76ers vs. Column 2: If the programe Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the more first. Example: for May 7 gir 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 preffect on October 19, 1976. 	E PROGR/ titute progr ice, please of every no distant sta gulations, v ies like "mo Bulls." n was broa sign of the adcast stati adian stati th and day ve "5/7." es when th Example: er "R" if the and regulat ogramming	AMS am on a separ attach addition onnetwork tele tion and that y or authorization ovies" or "bask adcast live, ent station broadc ion's location (ons, if any, the v when your sy e substitute pr a program carri e listed program ions in effect d	ate line. Use abbreviation nal pages. vision program (substitute our cable system substitut ns. See page (v) of the ge letball." List specific progr er "Yes." Otherwise enter asting the substitute prog the community to which the ecommunity with which the stem carried the substitute ogram was carried by you ried by a system from 6:0 m was substituted for pro- luring the accounting period	ns wherever p e program) the ted for the pr eneral instruc- am titles, for "No." gram. he station is line te program. L ur cable syste 1:15 p.m. to o gramming that od; enter the	oossible, if their n at, during the ac ogramming of ar tions for further i example, "I Love dentified). Ise numerals, with the times 5:28:30 p.m. sho t your system wa letter "P" if the list	meaning i counting nother sta informatio e Lucy" of ECC or, in the the mo s accurate build be as require sted pro	is ation on. r onth ely ed
l	SI		E PROGRAM 3. STATION'S	1		EN SUBSTITUT	RED	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	Yes or No		4. STATION'S LOCATION	AND DAY	FROM —		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 030725	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Entra all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identifed in space E) during the accounting period. For a further explanation of how to compute this at page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service	K Gross Receipts
COPYRIGHT	ROYALTY FEE		_
Instructions: T	Complete 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 the 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	his 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	\$ 52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	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	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	.\$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	
	EFT Trace # or TRANSACTION ID #	Not 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 6.

	· · · · · · · · · · · · · · · · · · ·	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 030725
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	7
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	142
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information	Name Marie Censoplano Telephone	914-235-8313
	Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)	
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	3
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula 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) am the owner of the cable system as identifed in line 1 of space E 	
	 (Agent of owner other than corporation or partnership) and the duly authorized agent of the owner of the cable s 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 own 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 containe 	
	are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	
	Handwritten signature: Isl Daniel J White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 2/28/2023	

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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	Name
Vyve Broadband A, LLC		030725	
service of providing secondary transmissions of		basic Iude sub- 119."	P Special Statement Concerning
For more information on when to exclude these amount During the accounting period did the cable system exclu made by satellite carriers to satellite dish owners?			ross Receipts Exclusion
XNO			
YES. Enter the total here and list the satellite carrie	r(s) below		
Name Mailing Address	Name Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty pay For an explanation of interest assessment, see page (vi	1 5	payment.	Q
Line 1 Enter the amount of late payment or underpaym	nentxx		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the	sum here	_	
		davia	
Line 3 Multiply line 2 by the number of days late and en	x nter the sum here x 0.0	days 0274	
Line 4 Multiply line 3 by 0.00274** enter here and on li space L, (page 7)	•	- charge)	
* To view the interest rate chart click on <i>www.copyrig</i> contact the Licensing Division at (202) 707-8150 o	ght.gov/licensing/interest-rate.pdf. For further assistand r licensing@loc.gov.	ce please	
** This is the decimal equivalent of 1/365, which is the second s	ne interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statem list below the owner, address, first community served, I			
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 in	formation (PII) requested on	n 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 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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.