## 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,

				structions	
Α	ACCOUNTING PERIOD COVER	RED BY THIS STATEMENT:			
Accounting	July 1-December 31, 2				
Period					
В	Instructions: Your file has been establish	hed under the information given below.	If there are any changes, draw a line through the	e	
D Owner	rate title of the subsidiary, not that of the p	r of the cable system. If the owner is a parent corporation. which the owner conducts the busines:	subsidiary of another corporation, give the full co s of the cable system. r on the last day of the accounting period should		
	a single statement of account and royalty Check here if this is the system's t		<i>nunting period.</i> number assigned by the Licensing Division.	_	03266
	LEGAL NAME OF OWNER/MAILING A	ADDRESS OF CABLE SYSTEM			
	Vyve Broadband J, LLC				
				*0326692	20222
				032669	
				002000	LULLI
	Four International Drive,	Suite 330			
	Rye Brook, NY 10573				
С	, 0 ,		dentify the business and operation of the sy		
-			f the system, if different from the address gi	ven in space b.	
System	1				
	MAILING ADDRESS OF CABLE SYSTE				
	2 3213 Highway 25 Ease Su (Number, street, rural route, apartment, or suite	IITE 1 e number)			
	Tazewell, TN 37879				
	(City, town, state, zip code)				
D			m. A "community" is the same as a "comm	-	
U			ncluding unincorporated communities within		
A			76.5(dd). The first community that list will se use it as the first community on all future		í.
Area Served	•		s, or mobile home parks should be reported	0	below
	the identified city.		,		
	CITY OR TOWN	STATE	CITY OR TOWN	ST	ATE
First	New Tazewell	TN	Speedwell	Т	'N
Community	Arthur	TN	Tazewell	Т	'N
Community		TN			
Community	Cumberland Gap	TN			
Community	Harrogate	TN			
Community					

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Vyve Broadband J, LLC							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
P								
D								
continued)								
Area								
Served								
			-					
			-					
			-					
			-					
			-					
			-					
			-					
			-					
			-					
			-					
			H					

	1								SA3. PAGE
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	
	Vyve Broadband J, LLC								032669
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission 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 misseparately for the particular serv 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 cate first set" and would be counted o Block 2: If your cable system	pace E should on of television ay cable) in sp (June 30 or D blocks in space / transmission umber of billing ice at the rate i harged for eac (Example: "\$2 ounts allowed in space E, the to their subsc e: Where an in should be cour ble service to a nce again und has rate catego	cover a and ra ace F, ecembe ce E ca service s in tha ndicate h categ 20/mth" for adv e form dividua nted as additior er "Ser pries fo	all categories of dio broadcasts not here. All the er 31, as the ca ll for the numbe . In general, yo at category (the ed—not the num ory of service. ). Summarize a ance payment. ists the categor Give the numbe I or organization a subscriber in hal sets would b vice to additionar r secondary trai	secondar, by your sy a facts you se may be or of subso u can com number of set include bo ny standar ries of second ries of second ries of subso n is receivit each appl e included al set(s)."	stem to subscrib state must be the s). ribers to the cab pute the number f persons or orga s receiving servic th the amount of rd rate variations ondary transmiss oribers and rate for ing service that fa licable category. I in the count unc	ers. Give in ose existin of subscri- nizations of ce). the charge within a pa- sion service or each list alls under of Example: a ler "Service	nformation ng on the broken bers in charged e and the articular rate e that cable ed category different a residential e to the om those	
	printed in block 1 (for example, ti with the number of subscribers a sufficient.								
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRID	EKS	NATE	CAT	EGORT OF SEP	VICE	SUBSCRIBERS	NATE
	Service to first set		1,467	25.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		75	68.99					
	Converter								
	Residential     Non-residential								
	• Non-residential								
FSERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your not covered in space E, that is, those services that are not offered in combination with service for a single fee. There are two exceptions: you do not need to give rate inform furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate informa amount of the charge and the unit in which it is usually billed. If any rates are charged enter only the letters "PP" in the rate column.Block 1: Give the standard rate charged by the cable system for each of the applica Block 2: List any services that your cable system furnished or offered during the ac listed in block 1 and for which a separate charge was made or established. List these brief (two- or three-word) description and include the rate for each.							ndary trans erning (1) : I include be ble per-pro es listed. eriod that v	emission services oth the ogram basis, were not form of a	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE Continuing Services:	RATE		GORY OF SER ation: Non-res		RATE	CATEGO	ORY OF SERVICE	RATE
	• Pay cable	19.95		otel, hotel		Т&М			
	• Pay cable—add'l channel	15.95	۰Cc	mmercial		T&M			
	Fire protection	N/A	•Pa	y cable		T&M			
	•Burglar protection	N/A		y cable-add'l cł	nannel	T&M			
	Installation: Residential			e protection		N/A			
	• First set	59.99		rglar protection		N/A			
	Additional set(s)     EM radio (if concrete rate)	19.99 N/A		services:		20.00			
	<ul> <li>FM radio (if separate rate)</li> <li>Converter</li> </ul>	N/A		connect sconnect		29.99			
	- Conventer			itlet relocation		29.99			
			_	ove to new addr	ess	29.99			
		1	1010			-0.00			

	LEGAL NAME OF OWNE	R OF CABLE SYSTE	M:	SY	STEM ID#
Name	Vyve Broadband J	J, LLC			032669
	PRIMARY TRANSMITTERS	TELEVISION			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stati</b> basis under specifc FCC ru • Do not list the station her station was carried only • List the station here, and basis. For further inform <b>Column 1:</b> List each st <b>Column 2:</b> Give the nu This may be different from associated with a station at the same on the form. <b>Column 3:</b> Indicate in e educational station, by ent (for independent multicast) For the meaning of these the <b>Column 4:</b> Give the loce	em during the accou- in effect on June 24 (e)(2) and (4), or 76 as explained in the r <b>ons:</b> With respect to ules, regulations, or e in space G—but of on a substitute bas also in space I, if th nation concerning si ation's call sign. Do mber of the channe the channel on whi according to its over- each case whether t ering the letter "N" ( ), "E" (for noncomme rems, see page (iv) cation of each statio	nting period, exce 4, 1981, permitting 63 (referring to 76 next paragraph. 5 any distant static authorizations: 10 list it in space I sis. 10 station was carr ubstitute basis stat not report originat 1 on which the stat ch your cab;e syst thje-air designatio he station is a net for network), "N-M ercial educational) of the general ins n. For U.S. station	ng translator stations and low power television stations) ppt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections 6.61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other tions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. ion's broadcasts are carried in its own community. tem carried the station. Identify each multicast stream work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). tructions. s, list the community to which the station is licensed by the f the community with which the station is identifed.	2
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	WPXK-ION Plus 54.3	54.3	l I	Jellico	
	WPXK-Qubo 54.2	54.2	I	Jellico	
	WATE 6 (ABC)	6	N	Knoxville	
	WATE-Get tv 6.2	6.2	I-M	Knoxville	
	WATE-GET-TV	6	I-M	Knoxville	
	WATE-LAFF 6.3	6.3	I-M	Knoxville	
	WKOP 15 (PBS) HD	15	Е	Knoxville	
	WKOP 15.3 PBS Creat	15.3	E-M	Knoxville	
	WKOP 15.2 PBS Kids	15.2	E-M	Knoxville	
	WKNX 7 (IND) HD	7	I-M	Knoxville	
	WKNX 7.2 Daystar	7.2	I-M	Knoxville	
	WLFG 68 (IND)	68	I-M	Harlan	
	WPXK-ION 54 HD	54	I-M	Jellico	
	WTNZ 43 (FOX)	43	I-M	Knoxville	
	WTNZ 43.2 Bounce	43.2	I-M	Knoxville	
	WTNZ 43.3 GritTV	43.3	I-M	Knoxville	
	WVLR 48 (IND)	48	I-M	Knoxville	
	WBIR 10 (NBC) HD	10	N	Knoxville	
	WBIR 10.2 (MeTV)	10.2	I-M	Knoxville	
	WBIR 10.3 Justice N	10.3	I-M	Knoxville	

	LEGAL NAME OF OWNER	R OF CABLE SYSTE	M:		STEM ID
Name	Vyve Broadband J			•	03266
	PRIMARY TRANSMITTERS:				
G Primary Transmitters: Television	<ul> <li>carried by your cable syste</li> <li>FCC rules and regulations</li> <li>76.59(d)(2) and (4), 76.61(</li> <li>substitute program basis, a</li> <li>Substitute Basis Station</li> <li>basis under specific FCC rute</li> <li>Do not list the station here, and</li> <li>basis. For further inform</li> <li>Column 1: List each station and</li> <li>the same on the form.</li> <li>Column 3: Indicate in e</li> <li>educational station, by enter</li> <li>(for independent multicast)</li> <li>For the meaning of these to</li> <li>Column 4: Give the loc</li> </ul>	m during the account in effect on June 24 e)(2) and (4), or 76. as explained in the mons: With respect to ules, regulations, or e in space G—but d on a substitute bas also in space I, if the pation concerning su ation's call sign. Do mber of the channel the channel on whice coording to its over- each case whether the ering the letter "N" (for , "E" (for noncomme erms, see page (iv) ation of each station	nting period, except 4, 1981, permitting th 63 (referring to 76.6 next paragraph. 5 any distant stations authorizations: 10 list it in space I (th is. 10 e station was carried ubstitute basis station on treport origination on which the station ch your cab;e syster thje-air designation. 10 he station is a network for network), "N-M" ( ercial educational), co of the general instru- n. For U.S. stations,	translator stations and low power television stations) (1) stations carried only on a part-time basis under the carriage of certain network programs [sections 1(e)(2) and (4))]; and (2) certain stations carried on a s carried by your cable system on a substitute program the Special Statement and Program Log)—if the d both on a substitute basis and also on some other ns, see page (v) of the general instructions. In program services such as HBO, ESPN, etc. In's broadcasts are carried in its own community. In carried the station. Identify each multicast stream For example, report multicast stream "WETA-2" as pork station, an independent station, or a noncommercial (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). Its the community to which the station is licensed by the he community with which the station is identifed.	2
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	WBIR Quest	10.4	I-M	Knoxville	
	WBXX 20 (CW) °	20	I-M	Knoxville	
	WBXX Escape 20.2 °	20.2	I-M	Knoxville	
	WLMU 14 (LMU)	14	I-M	Harrogate	
	WPXK-ION 54 HD	54	I-M	Jellico	
	WVLT 8 (CBS) °	8	I-M	Knoxville	
	WVLT 8.2 (MyNet) HI	8.2	I-M	Knoxville	

## ACCOUNTING PERIOD: 2022/2

<ul> <li>Primary Primary Primary Primary Primary is carried by the system whenever it is received at the system's headend, and (2) it can be expected, the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete hal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of kican or Canadian stations, if any, the community with which the station is identified).</li> </ul>	Name	SYSTEM ID# 032669							EGAL NAME OF
<ul> <li>Primary Primary Primary Primary Primary is carried by the system whenever it is received at the system's headend, and (2) it can be expected, the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.</li> <li>Column 1: Identify the call sign of each station carried.</li> <li>Column 2: State whether the station is AM or FM.</li> <li>Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete hal, indicate this by placing a check mark in the "S/D" column.</li> <li>Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of kican or Canadian stations, if any, the community with which the station is identified).</li> </ul>	н						tation ca	every radio s	n General: List
ALL SIGN         AM or FM         SID         LOCATION OF STATION         CALL SIGN         AM or FM         SID         LOCATION OF STATION           Image: Side Side Side Side Side Side Side Side	Transmitte	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 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).							
		LOCATION OF STATION	S/D	AM or FM	CALL SIGN	TION OF STATION	S/D	AM or FM	CALL SIGN
Image: section of the section of th									
Image: Section of the section of th									
Image: section of the section of th									
Image: Section of the section of th									
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Image: Second									

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband J, LL		TEM:				ç	SYSTEM ID# 032669
I	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program</i> 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							
Substitute Carriage: Special Statement and Program Log	explanation of the programm <b>1. SPECIAL STATEMEN</b> • During the accounting per broadcast by a distant sta	CONCER iod, did you tion?	RNING SUBS	TITUTE CARRIAGE n carry, on a substitute b	asis, any noi	nnetwork televi	Yes	XNo
	<ul> <li>Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the log in block 2.</li> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> </ul>							
	<ul> <li>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.</li> <li>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.</li> </ul>							ation on.
	Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broad	Bulls." n was broa sign of the adcast stati	dcast live, ento station broadc on's location (i	er "Yes." Otherwise enter asting the substitute pro- the community to which t	<sup>-</sup> "No." gram. he station is	licensed by the	-	
	the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	nth and day ve "5/7." es when th	when your sy e substitute pr	stem carried the substitu ogram was carried by yo	te program. I ur cable syst	Jse numerals, em. List the tin	nes accurat	
	<b>Column 7:</b> Enter the lett 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	od; enter the	e letter "P" if the	e listed pro	
	SI	JBSTITUT	E PROGRAM	1		IEN SUBSTIT		7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		NES TO	FOR DELETION
					-			······
						-		
					-			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 032669	Name
	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identifed 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) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service	K Gross Receipts
Instructions: 1	ROYALTY FEE o 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 the general instructions for more information.	263,800	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 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		
	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 \$ 275,485.00		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	116.85	
	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	\$ 1,435.85	
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance		\$ 1,435.85	
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	\$ 1,455.85	
	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 t	for more information.	

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 032669
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast state to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	ations
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	17
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	166
N Individual to Be Contacted	<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.)	
for Further Information		14-234-8313
	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)	
0	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regular as explained in the general instructions.)	tions,
Certifcation	<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B;</li> </ul>	or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or	vstem as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as own in line 1 of space B.	er 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 contained 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>	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: 2/28/2023	

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	I SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I	Namo
Vyve Broadband J, LLC 03260	59 Name
<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:</li> <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> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?          X       NO         YES. Enter the total here and list the satellite carrier(s) below	_
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	
x 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) \$- (interest charge)	_
* 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) reque	sted 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.