THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
02/28/23	\$ ALLOCATION NUMBER

Return to: Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:			
Accounting Period		July 1-December 31, 20	22			
Period						
B Owner	missing the manufacture of type the contest me maken because it.					
	LE	GAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM			
		Vyve Broadband A, LLC				
				00	39172	20222
					003917	2022/2
		4 International Dr Suite 330				
		Rye Brook, NY 10573				
С				ntify the business and operation of the system e system, if different from the address given i		
System		IDENTIFICATION OF CABLE SYSTEM:				
Cyclo	1					
		MAILING ADDRESS OF CABLE SYSTEM:				
	2	(Number, street, rural route, apartment, or suite nu	mber\			
	_	(Number, sireet, fural foute, apartment, or suite nu	ilibel)			
		(City, town, state, zip code)				
D		·		A "community" is the same as a "community		
U		•	, , , , ,	uding unincorporated communities within unin		
Area		0 0 1	. ,	 5.5(dd). The first community that list will serveuse it as the first community on all future filing 		n
Served				or mobile home parks should be reported in pa		below
		identified city.	, , , , , , , , , , , , , , , , , , , ,			
		CITY OR TOWN	STATE	CITY OR TOWN		ATE
First Community		GEHEE TCHELVILLE	AR AR	CHICOT COUNTY	,	AR
Community		KE VILLAGE	AR AR			
		IMAS	AR	H		
	DE	SHA COUNTY	AR			
	DE	RMOTT	AR		ļ	
				LI		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

Name	Vyve Broadband A, LLC	STEM:		SYSTEM 1 0039
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
_				
D				
ontinued)				
Area				
Served				

Additional set(s)

Converter

• FM radio (if separate rate)

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 003917 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 473 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 63 65.99 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential · Motel, hotel · Pay cable 19.95 • Pay cable—add'l channel Commercial Fire protection • Pay cable Burglar protection Pay cable-add'l channel Installation: Residential Fire protection First set Burglar protection 64.95

Other services:

Reconnect

Disconnect

Outlet relocation

· Move to new address

39.95

20.00

39.95

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 003917

Vyve Broadband A, LLC



Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
 - **Column 1:** List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.
 - Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KETS-PBS	2	E	LITTLE ROCK AR
KARZ-MNT	42	I	LITTLE ROCK AR
KLRT-FOX	16	I	LITTLE ROCK AR
KARK-NBC	4	N	LITTLE ROCK AR
KASN-CW	38	l	PINE BLUFF AR
KVTN-IND	25	I	PINE BLUFF AR
KARZ-Bounce	42.2	I-M	LITTLE ROCK AR
KARK-Laff	4.2	I-M	LITTLE ROCK AR
KARK-Grit TV	4.3	I-M	LITTLE ROCK AR
KLRT-Escape	16.2	I-M	LITTLE ROCK AR
KETS-Create	2.2	I-M	LITTLE ROCK AR
KETS-PBS Kids	2.3	E-M	LITTLE ROCK AR
KETS-World	2.4	I-M	LITTLE ROCK AR

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	F OWNER OF (CABLE S'	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						003917	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: Lis	t every radio s	tation ca	rried on a separate and discre	et	te basis and list	those FM stati	ons carr	ried on an	Н
all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
Special Instruc	stions Conso	rning All	Pand EM Carriago: Undor (۰,	onvright Office r	agulations an	EM sign	nal is gaparally	Drimon
receivable if (1)	it is carried by	the sys	I-Band FM Carriage: Under 0 tem whenever it is received a ved at the headend, with the s	t 1	the system's hea	adend, and (2)) it can b	e expected,	Primary Transmitters: Radio
			Copyright Office regulations of						
		-	each station carried. n is AM or FM.						
			nal was electronically process	е	d by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.			500			
			on (the community to which th the community with which the				or, in ti	ne case of	
Mexical of Call	iauiaii Stations	o, ii aiiy,	the community with which the	: 3	station is identifie	su).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	ļ								
				l					
	t	1		1		 		 	

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				,	SYSTEM ID#		
Name	Vyve Broadband A, LL	.C						003917		
I	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ad	fy every no	nnetwork televi	sion program broadcast by ecific present and former F	/ a distant stati CC rules, regu	lations, or author				
Substitute Carriage: Special Statement and Program Log	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo									
	Note: If your answer is "No log in block 2.			ge blank. If your answer	is "Yes," you	must complete	the progr	am		
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another stander certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information on to use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month of state that the substitute program was carried by your cable system. List the times accurated to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system and regulations in						tation on. or onth tely			
	effect on October 19, 1976				1 1	EN SUBSTITU				
	1. TITLE OF PROGRAM	SUBSTITUTE PROC 1. TITLE OF PROGRAM 2. LIVE? 3. STAT			5. MONTH			7. REASON FOR DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — — — — — — — — — — — — — — — — — — —	TO			

	. PAGE 6. SAL NAME OF OWNER OF CABLE SYSTEM: VVE Broadband A, LLC		TEM ID# 003917	Name
Ins all (as	ROSS RECEIPTS structions: The figure you give in this space determines the form you fle and the amount you pay. En amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transis identified in space E) during the accounting period. For a further explanation of how to compute this ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	mission service		K Gross Receipts
	during the accounting period.	\$ 91,24		
IMI	PORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross re	eceipts)	
Instruction: Co Us Us Us	AT ROYALTY FEE s: To compute the royalty fee you owe implete block 1, block 2, or block 3. e block 1 if the amount of gross receipts in space K is \$137,100 or less e block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to be block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information.	\$263,800		Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS			
	structions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t counting period is \$52.00	his six-month		
Lin	e 1. Royalty fee for accounting period	\$ 5	52.00	
Lin	e 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
l im	e 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 5	52.00	
LIII	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		02.00	
4.5		<u>'</u>		
	Base amount under statutory formula			
3. 5	Subtract line 2 from line 1	•		
	Enter the amount of gross receipts from space K			
	Enter the amount from line 3			
	Subtract line 5 from line 4			
7.1	Multiply line 6 by .005 (enter figure here)			
8. I	Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
9. 1	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	0)		
1. 1	Enter the amount of gross receipts from space K	•		
2. E	Base amount under statutory formula	•		
3. 9	Subtract line 2 from line 1	•		
4. 1	Multiply line 3 by .01			
5. F	Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00		
6. I	Interest charge. Enter the amount from line 4, space Q, page 8	0.00		
7. 1	TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing				
Fee and Total	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 5	52.00	
Remitta nce Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 1	5.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00	
	EFT Trace # or TRANSACTION ID #	Not Available		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Regi See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC 003917
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels on which the cable system carried television broadcast stations 155
	and nonbroadcast services
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
O Certifcation	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 identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	Handwritten signature: Is/ 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

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 003917	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUST The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to service of providing secondary transmissions of primary broadcast transmitted scribers and amounts collected from subscribers receiving secondary transmissions."	to the cable system for the basic ers, the system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) During the accounting period did the cable system exclude any amounts of gross remade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below.	eceipts for secondary transmissions	Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result For an explanation of interest assessment, see page (viii) of the general instructions		Q
Line 1 Enter the amount of late payment or underpayment	x	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		
	x 0.00274	
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 contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	te.pdf. For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for o	one day late.	
NOTE: If you are fling this worksheet covering a statement of account already subm list below the owner, address, first community served, ID number, and accounting po		
Owner Address		
ID number		
First community served		
Accounting period		

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