## 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

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

FOR COPYRIGHT OFFICE USE ONLY

AMOUNT

## SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

General instructions are at the end of this form [pages (i)-(vii)].       D2/28/23       ALLOCATION NUMBER       Pro covint elevens, end pain of the general instructions         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT:       July 1-DeCember 31, 2022       Pro covint elevens, end pain of the general instructions         B       Instructions: Your fle has been established under the information grown below. If hare are any changes, draw a line through the covered information and print or type the correct information grown below. If hare are any changes, draw a line through the cover and the the basis to cover the accounting period should subout a signed balance of accounting period should subout a sisperiod should subout a signed balance of acco				00/00/00	\$		Washington, DC 20557- (202) 707-8150				
Accounting Period         July 1-December 31, 2022           B         Instructions: Your life has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct Information below. If there are any changes, draw a line through the incorrect information and print or type the correct Information below. If there were is a subaliary of another corporation, give the full corpo- rate like of the subacidary, not that of the parent comparison. If the owner is a subaliary of another corporation, give the full corpo- rate like of the subacidary of another ocoporation. If there were different owners during the accounting period, only the owner on the list day of the accounting period. Subord 3 and/or Statement on annee under which the cover conducts the business of the cable system. If there were different owners during the accounting period. Subord 3 and/or Statement of Account and or parks the system is 10 number assigned by the Loensing Divison.				02/20/23		ALLOCATION NUMBER	see page ii of the genera	al			
B       Incorrect information haskie it.         Cive the full leginal mode full work of the cashe system. If the work is a subsidiary of another corporation, give the full corporate it is other name or names under wich the work or is a subsidiary of another corporation, give the full corporate it is other name or names under wich the work or is a subsidiary of another corporation, give the full corporation.         It is any other name or names under wich the work is a subsidiary of another corporation, give the full corporation.	Accounting										
Vyve Broadband A, LLC       *00060420222         000604 2022/2       000604 2022/2         4 International Dr Suite 330 Rye Brook, NY 10573       0         Rye Brook, NY 10573       NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.         1       IDENTIFICATION OF CABLE SYSTEM:         2       Number: strink rund route, apartment or subnemely         0       Crown state, read on apartment or subnemely         1       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated community unit" as defined areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(d). The first community unit is will serve as a form of system indentification hereafter known as the "first community". Plaese use it as the first community that list will serve as a form of system indentification hereafter known as the "first community". The secure use it as the first community or trained areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(d).         First Community       Citry OR TOWN       STATE         Citry OR TOWN       STATE       Citry OR TOWN         State       TX       Litry on town		incorrect Give rate title List <i>If th</i> a single	information and print or type the co e the full legal name of the owner of of the subsidiary, not that of the pa any other name or names under w ever were different owners during the statement of account and royalty for check here if this is the system's first	prrect information beside it. f the cable system. If the owner is rent corporation. hich the owner conducts the busine <i>he accounting period, only the own</i> <i>be payment covering the entire acc</i> st filing. If not, enter the system's I	a subsidiary ss of the cat er on the last counting perio	of another corporation, give the ole system. I day of the accounting period s od.	full corpo-	060			
C       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.         System       1       IDENTIFICATION OF CABLE SYSTEM:         2       INITED CONFIGURATION OF CABLE SYSTEM:         3       In FSC rules, steet, rural route, apartment, or sulle number)         City, town, stells, zip code)       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.         Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.         CITY OR TOWN       STATE         Community       ITY OR TOWN         State       TX				)							
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.         System       1       DENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       Nimber; street, rural route, apatment; or suite number)         (City, town, state, 2p code)         1       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated community within unincorporated areas)." 47 C.F.R. 76.5(dd). The first community on all future filings.         Area       Served         Served       CITY OR TOWN         First       CITY OR TOWN         State:       TX         Vinters       TX				isiness or trade names used to	identifv the	business and operation of	the system unless these				
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2       (Number, street, rural route, apartment, or suite number)         (City, town, state, zp code)         D         Area         Served         First         Community         First         Community         Uniters         Trx         Winters         Trx         Variation         Community         Trx	System	1	TIFICATION OF CABLE SYSTEM:								
City, town, state, zp code)         D       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.         First Community       CITY OR TOWN       STATE       CITY OR TOWN       STATE         Winters       TX       Image: Community of the second data data data data data data data da		MAI	LING ADDRESS OF CABLE SYSTEM	:							
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Served         Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.           First Community         CITY OR TOWN         STATE         CITY OR TOWN         STATE					-	-					
First Community     CITY OR TOWN     STATE     CITY OR TOWN     STATE											
First Community Winters TX	Served			otels, apartments, condiminiur	ns, or mobil	e home parks should be rep	oorted in paratheses below	w			
Community						CITY OR TOWN	STATE				
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		Winte	rs	TX							
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	Privacy Act Notic	e: Section 1	11 of title 17 of the United States Code	authorizes the Copyright Offce to colle	ct the persona	Ily identifying information (PII) requ	ested on this				
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	• •		e public. The effects of not providing the	-							

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						SA3. PAGI
Name	Vyve Broadband A, LLC								0006
		,							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s	•		Ũ					
Cocondom	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Secondary Transmission	last day of the accounting period						those exis	ang on the	
Service: Sub-	Number of Subscribers: Both						able svsten	n. broken	
scribers and	down by categories of secondary	, y transmission	service	. In general, you	u can com	pute the numb	er of subso	cribers in	
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	number c	of persons or or	ganization	s charged	
	separately for the particular serv								
	Rate: Give the standard rate c	•	•	•				•	
	unit in which it is generally billed category, but do not include disc				iy stanua		is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion serv	ice that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not			-		-			
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count u	nder "Serv	ice to the	
	first set" and would be counted or Block 2: If your cable system I					service that an	e different	from those	
	printed in block 1 (for example, t	-		•					
	with the number of subscribers a								
	sufficient.						<b>DI 00</b>	( )	
	BLC	DCK 1 NO. OF	: [				BLOCI	KZ	1
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT
	Residential:								
	<ul> <li>Service to first set</li> </ul>		32	25.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial		11	59.99					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6				
F	In General: Space F calls for rat		,		•				
Г	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services								
Other Than									
o anor rman	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.								
Secondary	enter only the letters "PP" in the	rate column.		billed. If dify fu	les are cr	larged on a var			
	Block 1: Give the standard rat	te charged by t		e system for ea	ch of the	applicable serv	ices listed.		
Secondary ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sy	stem fui	e system for ea mished or offere	ch of the ed during	applicable serv the accounting	ices listed. period tha	t were not	
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Name	LEGAL NAME OF OW	NER OF CABLE SYSTE	M:	SY	STEM ID			
Name	Vyve Broadban	d A, LLC			00060			
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary nsmitters: elevision	carried by your cable si FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bass <b>Substitute Basis S</b> basis under specific FC • Do not list the station station was carried of • List the station here, at basis. For further int <b>Column 1:</b> List each <b>Column 2:</b> Give the This may be different fr associated with a station the same on the form. <b>Column 3:</b> Indicate educational station, by (for independent multic For the meaning of the <b>Column 4:</b> Give the	ystem during the accord ons in effect on June 2 .61(e)(2) and (4), or 76 is, as explained in the <b>tations:</b> With respect to C rules, regulations, on here in space G—but only on a substitute ba and also in space I, if the formation concerning so in station's call sign. Do in umber of the channel om the channel on who in according to its over in each case whether entering the letter "N" ast), "E" (for noncomm se terms, see page (iv	unting period, exce 4, 1981, permitting 6.63 (referring to 76, next paragraph, to any distant statio r authorizations: do list it in space I ( sis. ne station was carri ubstitute basis stati o not report originati el on which the stati ich your cab;e syste -thje-air designation the station is a netw (for network), "N-M" percial educational), o of the general inst on. For U.S. stations	g translator stations and low power television stations) of (1) stations carried only on a part-time basis under the carriage of certain network programs [sections 61(e)(2) and (4))]; and (2) certain stations carried on a ns carried by your cable system on a substitute program the Special Statement and Program Log)—if the ed both on a substitute basis and also on some other ons, see page (v) of the general instructions. on program services such as HBO, ESPN, etc. on's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as vork station, an independent station, or a noncommercial t (for network multicast), "I" (for independent), "I-M" or "E-M" (for noncommercial educational multicast). ructions. s, list the community to which the station is licensed by the the community with which the station is identifed.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				

## ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F LEGAL NAME OF		CABLE S	YSTEM:				SYSTEM ID#	Name
Vyve Broadk	oand A, LL	С					000604	
all-band basis w Special Instruct receivable if (1) on the basis of r For detailed info Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G	tions Concerning, to control the call tate whether to the radio statistics by promation about the radio statistics by placing ive the station	tation ca were "ge rning All / the syst be receiv t the the sign of e he statio ion's sigr g a check 's locatio	rried on a separate and discre nerally receivable" by your cat - <b>Band FM Carriage:</b> Under C tem whenever it is received at ved at the headend, with the sy Copyright Office regulations of each station carried. n is AM or FM. nal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the	ole system during opyright Office re the system's hea ystem's FM anter n this point, see p ed by the cable sy e station is license	the accounting egulations, an idend, and (2) ana, during ce bage (v) of the vstem as a sep ed by the FCC	ng period FM sign it can b rtain sta genera genera	d. al is generally e expected, ted intervals. I instructions. nd discrete	H Primary Transmitters: Radio
		, ii ariy, i			u).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		1		<b></b>				

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF		TEM·			-	A SA1-2. PAGE 5. SYSTEM ID#		
Name	Vyve Broadband A, LL						000604		
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm	fy every not	nnetwork televi eriod, under spe	<i>sion program</i> broadcast by ecific present and former FC	a distant sta C rules, regi	ulations, or authorizations.			
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did yo	ur cable syster	n carry, on a substitute ba	isis, any nor	network television progr	am		
Program Log	broadcast by a distant sta	tion?				Yes	XNo		
	<b>Note:</b> If your answer is "No log in block 2.	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram		
	2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa 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 prograr Column 3: Give the call Column 4: Give the broa the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please of every no distant sta gulations, of ies like "mo Bulls." m was broa sign of the adcast stati adian stati adian stati ath and day ve "5/7." es when th Example: er "R" if the and regulat rogramming	am on a separ attach addition ponnetwork tele tion and that y or authorizatio povies" or "bask dcast live, ent station broadco on's location ( ons, if any, the v when your sy e substitute pr a program car e listed program ions in effect of	nal pages. vision program (substitute our cable system substitu ns. See page (v) of the ge tetball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitute ogram was carried by you ried by a system from 6:0" n was substituted for prog luring the accounting period	program) the ted for the p neral instruct am titles, for "No." ram. le station is e station is e program. I r cable syst I:15 p.m. to ramming that od; enter the	hat, during the accounting rogramming of another s ctions for further informat example, "I Love Lucy" of licensed by the FCC or, i dentified). Jse numerals, with the m em. List the times accura 6:28:30 p.m. should be at your system was requi	g tation ion. or n nonth itely red		
	SI	JBSTITUT	E PROGRAM	1		EN SUBSTITUTE RIAGE OCCURRED	7. REASON		
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES	FOR DELETION		
						_			
						_			
						_			
						_	"		
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							"		
							"		
						_			

FORM SA1-2. F				
-	DF OWNER OF CABLE SYSTEM:	S	YSTEM ID#	Name
Vyve Bro	adband A, LLC		000604	
all amounts (as identifed page (vii) of	s: The figure you give in this space determines the form you fle and the amount you pay. En (gross receipts) paid to your cable system by subscribers for the system's secondary transm in space E) during the accounting period. For a further explanation of how to compute this a the general instructions.	ission service		<b>K</b> Gross Receipts
	eceipts from subscribers for secondary transmission service(s)	\$ 7	,436.00	
	<b>T</b> : You must complete a statement in space P concerning gross receipts.	(Amount of gro		
Instructions: • Complete b • Use block 1 • Use block 2 • Use block 3	<b>ROYALTY FEE</b> To compute the royalty fee you owe: ock 1, block 2, <i>or</i> block 3. if the amount of gross receipts in space K is \$137,100 or less if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 f the general instructions for more information.	263,800		L Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS			
	As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for veriod is \$52.00	this six-mon		
Line 1. Roya	Ity fee for accounting period	. <b>\$</b>	52.00	
Line 2. Inter	est charge. Enter the amount from line 4, space Q, page 8		0.00	
Line 3. TOT	AL 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 amo	unt under statutory formula \$ 263,800.00			
2. Enter am	ount of gross receipts from space K	_		
3. Subtract I	ne 2 from line 1	_		
4. Enter the	amount of gross receipts from space K			
5. Enter the	amount from line 3			
6. Subtract I	ne 5 from line 4			
7. Multiply li	ne 6 by .005 (enter figure here)			
8. Interest c	narge. Enter the amount from line 4, space Q, page 8		0.00	
9. TOTAL R	OYALTY 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 amo	unt under statutory formula \$ 263,800.00	-		
3. Subtract I	ne 2 from line 1	_		
4. Multiply li	ne 3 by .01			
5. Royalty d	ue on the first \$263,800 of gross recepits (under statutory formula)	1,319.00		
6. Interest c	narge. Enter the amount from line 4, space Q, page 8	0.00		
7. TOTAL R	OYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
il i 1. Roya	Ity Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	52.00	
n g F 2. Filing	Fee (See the instructions for more information on filing fee calculations)	\$	15.00	
3. ТОТ	AL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00	
	EFT Trace # or TRANSACTION ID #	Not Availa	ble	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab	for more informa	ation.	

Name         LEGN NME OF OWNER OF CALLE SYSTEM:         SYSTEM DF 000604           M         CHANNELS         CHANNELS         000604           M         Channels         CHANNELS         Total control to a ductority of the number of channels on which the cable system carried television broadcast stations to is autocriters and (2) the cable system statin number of activated channels, during the accounting period.         7           2. Enter the total number of channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast defension and this statement of account.         44           N         Individual to we can write or call about this statement of account.         Tolephone 914.235.8313           Address 4 International DF Suite 330         Exercise the system as identified and signed in accordance with Capyright Offce regulators.           Certification         • In the undersigned, haredy carried television carried television carried television or pathership! an the duy authorized agent of the cable system as ident			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's total number of activated channels. during the accounting period.         1: Enter the total number of activated channels on which the cable system carried television broadcast stations	Name									
Channels       In its subscribers and (2) the cable system's total number of activated channels. during the accounting period.         1. Enter the total number of activated channels       7         2. Enter the total number of activated channels       44         N       Individual to an onthor of activated channels       44         N       Individual to be contracted to the safe system carried to evision broadcast stations       44         N       Individual to be contracted to this statement of account.)       44         N       Individual to be contracted to the safe system carried to evision broadcast stations       44         N       Individual to the safe system carried to evision broadcast stations       44         N       Individual to evision broadcast stations       44         N       Indice coscoplano       Telephone stations		CHANNELS								
Channels       In Securchers and (2) the cable system's fold number of activated channels. during the accounting period.         1. Enter the total number of activated channels       7         2. Enter the total number of activated channels       44         N       Individual to an onthic the cable system carried television broadcast stations       44         N       Individual to be contracted to the spectra stations       44         N       Individual to be contracted to the spectra stations       44         N       Individual to be contracted to the spectra stations       44         N       Individual to be contracted to the spectra stations       44         N       Individual to be contracted to the spectra stations       44         N       Individual to be contracted to the spectra stations       44         N       Individual to be contracted to the spectra stations       44         N       Individual to the spectra station statis station station statis station station statis station station s	м	<b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast s	tations							
1. Enter the total number of channels on which the cable system carried delevision broadcast stations       7         2. Enter the total number of activated channels on which the cable system carried delevision broadcast stations and nonbroadcast services       44         N       Individual to the carried delevision broadcast stations and nonbroadcast services       44         N       Individual to the carried delevision broadcast stations       44         N       Individual to whom we can write or call about this statement of account.)       44         N       Individual to whom we can write or call about this statement of account.)       Telephone 914-235-8313         Information       Marie Conseptano       Telephone 914-235-8313         Information       Marie Conseptano       Telephone 914-235-8313         Marie Conseptano       Telephone 914-235-8313       Telephone 914-235-8313         Information       Marie Conseptano (Qivyebb) com       Fax (optional) 924-234-8363         Information       Marie Conseptano (Qivyebb) com       Fax (optional) 924-234-8363         Information       Information and the general instructions.)       Information information in the general instructions.)         Information       Information information or partnership! am the duty autorized agent of the cable system as identified in line 1 of space B information in the origonol B information or partnership! am the duty autorized agent of the cable system as identified in line 1 of space										
system carried television broadcast stations       1         1: Enter the total number of addvated channels on which the cable system carried television broadcast stations and nobroadcast services       44         N       Individual to be contacted to Contacted the contacted television broadcast stations       44         N       Individual to be contacted to Contacted the contacted television broadcast stations       44         N       Individual to be contacted to Contacted the contacted television broadcast stations       44         N       Individual to be contacted to Con	Channels									
2. Entre the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.       44         N       Number of activated television broadcast stations on which the cable system carried television broadcast stations of number of call about this statement of account.       44         N       Number of activated television broadcast stations of number of activated television broadcast stations number of activated in the statement of account number of account number of television broadcast stations.         Note of Origon of Number of activated of and signed in accordance with Copyright Office regulations, as explained in the general instructions.)       • Television of activate activate activate television broadcast of the undersigned, hereby certify that (block one, but cely one, of the boxes.)       • Numeer of the cable system as identified in line 1 of space B; or in line 1 of space B.         • Agent of owner other than corporation or partnership! am the duly aution/cade agent of the contex system as identified in line 1 of space B.       • Numeer of the count and hereby declare under penalty of law that all statements of fact contained herein (B U.S.C., Section 1001(1996))         • Agent of owner other than corporation or partnership! (am the duly aution/cade agent of the contex system as identified in line 1			7							
on which the cable system carried television broadcast stations and nonbroadcast services       44         N       Individual to be contacted for Further information       INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can write or call about this statement of account.)         N       Individual to be contacted for Further information       Marie Censoplano       Telephone 914-235-9313         Address:       4 International Dr Suite 330 (Wintex: teact, non cost, spatiment), or suite sumbrie)       Telephone 914-235-9313         N       Marie Censoplano       Fax (optional) 924-224-9363         Point Carlino       marie censoplano@vyvebb.com       Fax (optional) 924-224-9363         Point Carlino       marie censoplano@vyvebb.com       Fax (optional) 924-224-9363         Point Carlino       • the undensigned, hereby certify that (Check one, but only one, of the cable system as identified in line 1 of space B; or exciptioned in the general instructions.)       • 1, the undensigned, hereby certify that (Check one, but only one, of the cable system as identified in line 1 of space B.         • Officer or partner) i am an officer (if a corporation or partnership) i am the outrie in of a coprotation or partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • Officer or partner) i am an officer (if a corporation) or a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.         • Officer or partner) i am an officer (if a corporation) or partnership) of th		system carried television broadcast stations								
and nonbroadcast services		2. Enter the total number of activated channels								
And monthroadcast services		on which the cable system carried television broadcast stations	44							
Individual for example or call about this statement of account.)         Be Contacted for Further information         Name       Marie Censoplano         Childmer, steut, ruari rouid, apartment, or suite number)         Address:       4 International Dr Suite 330         (Number, steut, ruari rouid, apartment, or suite number)         Regence       Fax (optional) 914-234-8363         City, town, tests, zp)         Email (optional)       marie, censoplano@yywebb.com         Fax (optional) 914-234-8363         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 boxes.)         • 1, the undersigned in the operation or partnership) I am the duly authorized agent of the coxies 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 coxies system and in line 1 of space B.         • I have examined the statement of account and hereby declare under penalty of taw 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(1980)]         • I have examined the statement is account and hereby declare under penalty of taw 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 g		and nonbroadcast services	т							
Individual for example or call about this statement of account.)         Be Contacted for Further information         Name       Marie Censoplano         Contracted for Further information         Address       4 International Dr Suite 330         (Number, steut, runi route, apartment, or suite number)         Regence       Regence         City, town, stear, zero         (City, town, stear, zero										
Individual to Be Contacted for Further Information       Name       Marie Censoplano       Telephone 914-235-8313         Address       4 International Dr Suite 330 (Number, detect, unal code, spatiment, or sube number)       Telephone 914-235-8313         Marie       Marie Censoplano       Fax (optional) 914-234-8363         Control       Fax (optional) 914-234-8363         Control       Fax (optional) 914-234-8363         Control       Fax (optional) 914-234-8363         Control       Centrification         Control       Centrification         Control       Centrification         Control       Centrification         Control       Control         Control       Contr	N									
Name       Marie Censoplano       Telephone 914-235-8313         Address       4 International Dr Suite 330 (Number, street, rual route, apartment, or suite number)         Rye Brock, NY 10573 (Day, town, state, zep)       Rye Brock, NY 10573 (Day, town, state, zep)         Email (optional)       marie.censoplano@vywebb.com       Fax (optional) 914-234-8363         Certification       CERTIFICATION (This statement of account must be certified 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) I am the owner of the cable system as identified in line 1 of space B; or         • 1, depent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;         • I owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B;         • I owner other than corporation or partnership) I am the owner 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. [10 U.S.C.; Section 1001(1986)]         File Optical Daming       Typed or printed name: Daniel J White         Typed or printed name: Daniel J White       Tither of official position held in corporation or partner	Individual to	,								
Information       Address       4 International Dr Suite 330 (Number, steek, truit route, apathment, or suite number): Reg Brook, NY 10673 (City, torm, sale, spp)         Email (optional)       marie.censoplano@vyvebb.com       Fax (optional) 914-234-8363         Control of the general instructions.)       Fax (optional) 914-234-8363         Certification       Certification       Fax (optional) 914-234-8363         Image: Certification       Image: Certification of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)       Image: Certification or partnership) and the owner of the cable system as identified in line 1 of space B, or         Image: Control of owner other than corporation or partnership) and the dub active result of the cable system in line 1 of space B.       Image: Control of the cable system in line 1										
Address:       A International Dr Suite 330 (Number, street, rural route, apartment, or solite number)         Reg Cock, NY 10573 (City, town, state, spp)         Email (optional)       marie.censoplano@vyvebb.com         Fax (optional) 914-234-8363         Certification       CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)         as explained in the general instructions.)       • 1, the undersigned, hereby certify that (Check one, but only one, of the boxes.)         • (Owner other than corporation or partnership) and the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership/ 1am 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.         • 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 knowledge, information, and belief, and are made in good faith. [8 US.C., Section 1001(1986)]         There of printed name:       Daniel J White         Typed or printed name:       Daniel J White         Title of officat position held in corporation or partnership)		Name Marie Censopiano Telephone	914-235-8313							
(Number, sitest, foral route, apartment, or suite number)         Rye Brook, NY 10573         (Chy, town, state, ze)         Email (optional)       marie.censoplano@vyvebb.com         Fax (optional) 914-234-8363         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.)         • 0/Wore other than corporation or partnership) am the owner of the cable system as identified in line 1 of space B; or         • Agent of owner other than corporation or partnership) am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or         • Officer or partner) I am an officer (if a corporation) or 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)]         Image:       Image:         Typed or printed name:       Daniel J White         Title:       SVP Financial Planning. (The of official position held in corporation or partnership)	mormation									
Rye Brook, NY 10573 (City: town, state, <i>ap</i> )         Email (optional)       marie.censoplano@vyvebb.com       Fax (optional) 914-234-8363         Construction       CERTIFICATION (This statement of account must be certified 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.)       • (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;         • (Officer or partner) 1 am an officer (if a corporation or partnership) 1 am the duly authorized agent of the cable system as identified in line 1 of space B;         • (Officer or partner) 1 am an officer (if a corporation or partnership) of the legal entity identifed as owner of the cable system in line 1 of space B.         • 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 knowledge, information, and belief, and are made in good faith. [B US.C., Section 1001(1986)]         Email (Durited name: Daniel J White         Typed or printed name: Daniel J White         Title:       SVP Financial Planning         (The of official position heid in corporation or partnership)		Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)								
(City, town, state, zip)         Email (optional)       marie.censoplano@vyvebb.com       Fax (optional) 914-234-8363         Construction       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.)       • (Owner other than corporation or partnership) am the owner of the cable system as identified in line 1 of space B; or         • (Agent of owner other than corporation or partnership) 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 and 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)]         Title:       SVP Financial Planning         Title:       SVP Financial Planning         Title:       SVP Financial Planning         (The of official peetion held in corporation or partnership)										
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.)  Other of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B, or  Other 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, or  Other 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  Other of optime of 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))  Mandwritten signature:  /// Daniel J White  Typed or printed name: Daniel J White  Title:  SVP Financial Planning (The of official position held in corporation or partnership)										
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.)  Other of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  Other 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; or  Other 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; or  Other 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  Other of organice 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.  Other organical B and that the owner is not a corporation or partnership) 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.  If 8U.S.C., Section 1001(1986)]  Meter M and written signature:  Net M and w										
O       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         • (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)		Email (optional) mane.censoplano@vyvebb.com Fax (optional) 914-234-8365								
O       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         • (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)		CERTIFICATION /This statement of account must be certified and signed in accordance with Convright Office regul	ations							
Certifcation       • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	0									
<ul> <li>[ Owner other than corporation or partnership)] am the owner of the cable system as identified in line 1 of space B; or</li> <li>[ 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</li> <li>[ Officer or partner)] 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.</li> <li>[ 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)]</li> <li>[ Handwritten signature: /s/ Daniel J White</li> <li>[ Typed or printed name: Daniel J White</li> <li>[ Title: SVP Financial Planning</li> <li>[ Title of official position held in corporation or partnership)</li> </ul>	•	<ul> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>								
(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: /s/ Daniel J White Typed or printed name: Daniel J White Title: SVP Financial Planning (Title of official position held in corporation or partnership)										
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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)										
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Typed or printed name: Daniel J White Title: SVP Financial Planning (Title of official position held in corporation or partnership)		Daniel 9 Milita								
Title: SVP Financial Planning (Title of official position held in corporation or partnership)		Handwritten signature: /s/ <b>Daniel</b> J <b>White</b>								
Title: SVP Financial Planning (Title of official position held in corporation or partnership)										
(Title of official position held in corporation or partnership)		Typed or printed name: <b>Daniel J White</b>								
(Title of official position held in corporation or partnership)										
Date: 2/28/2023		(Title of official position held in corporation or partnership)								
		Data:								
		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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nomo
Vyve Broadband A, LLC	000604	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 th lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the ba service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclu- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1 For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.	asic Ide sub- I 19."	P Special Statement Concerning Gross Receipts
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmis made by satellite carriers to satellite dish owners?		Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name     Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpa For an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	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	<b>-</b> 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest c	- harge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please	
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original		
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 info	mation (PII) requested	on th

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