## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

DATE RECEIVED

02/28/23

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

General instructions are at the

end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

## SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:					
Accounting Period	July 1-December 31, 2022						
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh <i>If there were different owners during th</i> <u>a single statement of account and royalty fe</u>	rrect information beside it. the cable system. If the owner is a sent corporation. ich the owner conducts the business e accounting period, only the owner of e payment covering the entire accou	on the last day of the accounting period should subr				
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM					
	Vyve Broadband A, LLC						
			*	6389020222 <sup>3</sup>			
				63890 2022/2			
				03090 2022/2			
	4 International Dr Suite 330						
	Rye Brook, NY 10573						
С			entify the business and operation of the system the system, if different from the address given				
System	1						
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite nu	mber)					
	(City, town, state, zip code)						
	Instructions: List each separate comm	nunity served by the cable system	n. A "community" is the same as a "community	y unit" as defined			
D	in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated						
Area			76.5(dd). The first community that list will serve use it as the first community on all future film				
Served	Note: Entities and properties such as he		or mobile home parks should be reported in p				
	the identified city. CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First	Eudora	AR					
Community							
riveev Act Natio	. Section 111 of title 17 of the United States Code of	authorized the Convergent Office to collect t	he personally identifying information (PII) requested on this	-			

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Vyve Broadband A, LLC							
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
П								
D								
continued)								
Area Served								

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						SA3. PAG	
Name	Vyve Broadband A, LLC								6389	
	Tyre broadband A, EEC									
Е	SECONDARY TRANSMISSION						<b>.</b>	4h h l -		
	In General: The information in s	•		•						
Secondary	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									
Fransmission	last day of the accounting period						LIIUSE EXIS			
Service: Sub-	Number of Subscribers: Both						able systen	n, broken		
scribers 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 serv Rate: Give the standard rate c							ac and the		
	unit in which it is generally billed	0	•					•		
	category, but do not include disc				ly standa		io within a			
	Block 1: In the left-hand block				es of sec	ondary transmi	ssion servi	ice that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity subscriber who pays extra for ca									
	first set" and would be counted of					a in the count u	nder Serv			
	Block 2: If your cable system					service that an	e different	from those		
	printed in block 1 (for example, t	-		-						
	with the number of subscribers a	and rates, in th	e right-ł	nand block. A tw	o- or thre	e-word descrip	tion of the	service is		
	sufficient.	DCK 1		П			BLOC	()		
	BEC	NO. OF					BLUCI	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		85	25.00						
	<ul> <li>Service to additional set(s)</li> </ul>									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial			45.80						
	Converter									
	Residential									
	Non-residential									
				·····						
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	;					
F	In General: Space F calls for rat	•	,		•					
•	not covered in space E, that is, t									
Services	service for a single fee. There ar									
Other Than	furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis,									
	enter only the letters "PP" in the rate column.									
Secondary	0			billed. If any fai	es are ch	harged on a var	iable per-p	orogram basis,		
Secondary	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate	rate column. te charged by t	he cabl	e system for eac	ch of the	applicable serv	ices listed.	0 /		
Secondary	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	rate column. te charged by t t your cable sys	he cabl stem fui	e system for eac rnished or offere	ch of the d during	applicable serv the accounting	ices listed. period tha	t were not		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a	rate column. te charged by t t your cable sys separate charg	he cabl stem fui je was i	e system for eac rnished or offere made or establis	ch of the d during	applicable serv the accounting	ices listed. period tha	t were not		
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Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. te charged by t t your cable sy separate charg btion and includ BLO( RATE	the cabl stem fun ge was n de the ra CK 1 CATEC Installa	e system for eac rnished or offere made or establis ate for each. GORY OF SERV ation: Non-resid	ch of the d during hed. List	applicable serv the accounting these other se	ices listed. period tha rvices in th	t were not e form of a BLOCK 2	RAT	
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	LEGAL	NAME OF OWNER C	E CABLE SYSTEM	FORM SA1-2. PAGE : A: SYSTEM ID:					
Name		Broadband A, L		63890					
	PRIMARY TRANSMITTERS: TELEVISION								
<b>G</b> Primary Transmitters:	<b>In General:</b> 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 substitute program basis, as explained in the next paragraph								
Television	<ul><li>basis under specifc FCC rules, regulatio</li><li>Do not list the station here in space G-</li></ul>	ns, or authorizations –but do list it in spac	e I (the Special S						
	• List the station here, and also in space basis.	For further information	carried both on a on concerning sul						
		<b>In 2:</b> Give the number on which your cab;e s	er of the channel of system carried the	on which the station's broadcasts are carried in its own community e station. Identify each multicast strean					
	the same on the form. <b>Column 3:</b> Indicate in each case whether the station is a network station, an independent station, or a noncom 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 <b>Column 4:</b> Give the location of each station. For U.S. stations, list the community to which the station is license FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed								
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION					
	KTVE-NBC	NUMBER 10	STATION N	Monroe, LA					
	KARD-FOX	10		Monroe, LA					
	WMAO-PBS	2	Ē	Grenwood, MS					
	KATV - ABC	7	N	Little Rock AR					
	KTHV-CBS	11	N	Little Rock AR					

## ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F EGAL NAME OF	OWNER OF C		YSTEM:					SYSTEM ID#	Name
/yve Broadk	band A, LL							63890	
ll-band basis w	every radio s hose signals	tation ca were "ge	rried on a separate and discre nerally receivable" by your ca	ab	le system during	the accountir	ng perio	d.	Н
eceivable if (1) n the basis of r or detailed info Column 1: Id Column 2: S Column 3: If Ignal, indicate t Column 4: G	it is carried by monitoring, to irmation abour lentify the call tate whether t the radio stati this by placing ive the statior	the syst be receivent the the sign of e he statio on's sign a check a's locatio	-Band FM Carriage: Under C tem whenever it is received at wed at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	it f sy or	the system's hea /stem's FM anter n this point, see p d by the cable sy e station is license	dend, and (2) nna, during ce bage (v) of the rstem as a sep ed by the FCC	it can b rtain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters Radio
		-		, 3 T					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				1					
				1					
				1					

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:				SYSTEM ID# 63890		
Substitute	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac explanation of the programm	ify every no	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former FC	a distant stat C rules, regu	lations, or authorizations.			
Carriage:	1. SPECIAL STATEMEN	-			0				
Special	During the accounting per				isis, any non	network television progr	am		
Statement and Program Log	broadcast by a distant sta	tion'?				Yes	ХNо		
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you	must complete the prog	ram		
	log in block 2.		Me						
	<ul> <li>2. LOG OF SUBSTITUTE PROGRAMS</li> <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. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."</li> <li>Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."</li> <li>Column 3: Give the call sign of the station broadcasting the substitute program.</li> <li>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).</li> <li>Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."</li> <li>Column 6: State the times when the substitute program was carried by your cable system. List the times accurately 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."</li> <li>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 vas 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 th</li></ul>								
	effect on October 19, 1976								
	SI	UBSTITUT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION		
						_			
						_			
						_			
						_			

FORM SA1-2. F	AGE 6.		•
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 63890	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission sen (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	/ice	K Gross Receipts
Instructions: • • •	<b>ROYALTY FEE</b> To compute the royalty fee you owe: Complete block 1, block 2, <i>or</i> block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 f the general instructions for more information.		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 this six-mo accounting period is \$52.00	'n	
	Line 1. Royalty fee for accounting period	52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$ 1,319.0	00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00	
	EFT Trace # or TRANSACTION ID # Not A	vailable	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	formation.	

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 63890
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast st 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	3
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	87
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		14-235-8313
	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	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	
	<ul> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or</li> </ul>	
	(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
	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. [18 U.S.C., Section 1001(1986)]	l 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 Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

FORM	SA1-2	PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
Vyve Broadband A, LLC 6	S3890 Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
XNO	
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 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	-
xda	ays
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)	<u> </u>
* 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	) requested on th

Privacy Act Notice: Section 111 of title 1/ of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 filing, a determination that would be made by a court of law.