## 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	ACCOUNTIN	NG PERIOD COVERE	D BY THIS STATEMENT:					
Accounting Period	July 1-	December 31, 20	022					
<b>B</b> Owner	incorrect informa Give the ful rate title of the s List any oth <i>If there wer</i> <u>a single stateme</u>	ation and print or type the cc II legal name of the owner of subsidiary, not that of the par ner name or names under wh re different owners during th ent of account and royalty fe	prrect information beside it. i the cable system. If the owner is a sub- rent corporation. hich the owner conducts the business of the accounting period, only the owner on the payment covering the entire account	the last day of the accounting period should subn	nit	6389		
	LEGAL NAME	OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM					
	Vyve Br	oadband A, LLC						
				*(	638912	20222		
					63891	2022/2		
	4 Intorn	ational Dr Suito 330	1					
	4 International Dr Suite 330 Rye Brook, NY 10573							
С				ntify the business and operation of the system				
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.							
	1							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, sta	te, zip code)						
D		•		A "community" is the same as a "community				
		-		uding unincorporated commuinites within unin 6.5(dd). The first community that list will serv	-			
Area				use it as the first community on all future filing				
Served	Note: Entities a the identified of		otels, apartments, condiminiums, o	r mobile home parks should be reported in p	aratheses	below		
		TY OR TOWN	STATE	CITY OR TOWN	ST	ATE		
First	Monticello		AR					
Community	Drew Coun	ty	AR					
	Wilmer		AR					
				-				
					<u> </u>			
Privacy Act Notic	e: Section 111 of title	e 17 of the United States Code	authorizes the Copyright Offce to collect the	personally identifying information (PII) requested on this				
	•	• •	-	race an individual, such as name, address and telephone	a			
• •			-	n includes appearing in the Offce's public indexes and in g of your statement of account and its placement in the				
			suffciency of the fling, a determination that v					

Form SA1-2c Rev 04/2011

Norre	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Vyve Broadband A, LLC			638					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
П									
D									
continued)									
Area Served									

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						A3. PAGI		
Name	Vyve Broadband A, LLC		•					010	6389		
	Vyve Broaubanu A, LLC	,									
Е	SECONDARY TRANSMISSION										
E	In General: The information in s	•		Ũ							
	system, that is, the retransmission										
Secondary	about other services (including p	. , .					those exis	ting on the			
Transmission	last day of the accounting period						h.l				
Service: Sub-	Number of Subscribers: Both							,			
scribers and Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged										
Nates	separately for the particular serv						-	scharged			
	<b>Rate:</b> Give the standard rate c					•	,	ge and the			
	unit in which it is generally billed	-	-	•				-			
	category, but do not include disc				•						
	Block 1: In the left-hand block	in space E, th	e form l	ists the categorie	es of sec	condary transmi	ssion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not			-		-					
	categories, that person or entity										
	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						different	from those			
	printed in block 1 (for example, t	Ű									
	with the number of subscribers a										
	sufficient.		e ngini i		• • • • •						
	BLC	DCK 1					BLOC	٢2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RA1		
	Residential:										
	<ul> <li>Service to first set</li> </ul>		808	25.00							
	<ul> <li>Service to additional set(s)</li> </ul>										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		173	54.05							
	Converter			01100							
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA									
_	In General: Space F calls for rat					all your cable sy	stem's ser	vices that were			
F	not covered in space E, that is, t	hose services	that are	not offered in co	ombinati	on with any sec	ondary tra	nsmission			
	service for a single fee. There ar	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										
Other Than	amount of the charge and the un		usually	billed. If any rate	es are cl	harged on a var	iable per-p	rogram basis,			
Secondary	enter only the letters "PP" in the		ha aabi	a avetana fan aaa	h of the	annliaghla agus	ana liatad				
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	• •				••					
Rales	listed in block 1 and for which a										
	brief (two- or three-word) descrip		-					c lonn of a			
	CATEGORY OF SERVICE	BLO RATE		GORY OF SERV	ICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RAT		
	Continuing Services:	TUTE		ation: Non-resid		TUTE	ONTEO		10(1		
	Continuing Cervices.			tel, hotel	ientiai						
	• Pay cable	10.05	• 1010								
	• Pay cable	19.95		mmoroiol							
	• Pay cable—add'l channel	19.95	-	mmercial							
	Pay cable—add'l channel     Fire protection	19.95	• Pa	y cable							
	• Pay cable—add'l channel	19.95	• Pa		innel						
	Pay cable—add'l channel     Fire protection	19.95	• Pay	y cable	Innel						
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> </ul>	<u>    19.95</u> 64.95	• Pay • Pay • Fire	y cable y cable-add'l cha	Innel						
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> </ul>		• Pay • Pay • Fire • Bui	y cable y cable-add'l cha e protection	Innel						
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>		• Pay • Pay • Fire • But Other	y cable y cable-add'l cha e protection rglar protection	Innel	39.95					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay • Pay • Fire • Bui • Bui • Re	y cable y cable-add'l cha e protection rglar protection <b>services:</b> connect	Innel	39.95					
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Pay • Pay • Fire • Bui • Bui • Rei • Dis	y cable y cable-add'l cha e protection rglar protection <b>services:</b> connect connect	innel						
	<ul> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Pay • Pay • Fire • Bui • Bui • Rei • Dis • Ou	y cable y cable-add'l cha e protection rglar protection <b>services:</b> connect		39.95 20.00 39.95					

	LECAL		OF CABLE SYSTEM	FORM SA1-2. PAGE					
Name		Broadband A,		6389					
	PRIMARY TRANSMITTERS: TELEVISION								
<b>G</b> Primary Transmitters: Television	<ul> <li>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 i substitute program basis, as explained in the next paragraph</li></ul>								
	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 strean 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 "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					
	KETS-PBS 2 HD	NUMBER 2	STATION E	Little Rock, AR					
	KARK-NBC 4 HD	4	N N	Little Rock, AR					
	KASN-CW 38 HD	38.1	I-M	Pine Bluff, AR					
	KARZ-MNT 42 HD	42	l	Little Rock, AR					
	KLRT-FOX 16 HD	16	I	Little Rock, AR					
	KVTN-IND 25 HD	25	I	Pine Bluff, AR					
	KETS 2	2	E	Little Rock, AR					
	KETS PLUS 3	2.3	E-M	TOPEKA KS					
	KETS READING CHNL 4	2.4	E-M	Little Rock, AR					
	KARK-Laff 4.2	4.2	I-M	Little Rock, AR					
	KARZ-Bounce 42.2	42.2	I-M	Little Rock, AR					
	KLRT-Escape 16.2	16.2	I-M	Little Rock, AR					

## ACCOUNTING PERIOD: 2022/2

FORM SA1-2. F LEGAL NAME OF		CABLE S	YSTEM:				SYSTEM ID#	Name
Vyve Broadk	oand A, LL	C					63891	
All-band basis w Special Instruct eceivable if (1) on the basis of r For detailed infor Column 1: Id Column 2: S Column 3: If isignal, indicate f	every radio s those signals tions Concer it is carried by nonitoring, to prmation about lentify the call tate whether t the radio stati this by placing	tation ca were "ge rning All / the sys be receiv t the the sign of e he statio ion's sigr g a check	Irried on a separate and discrete nerally receivable" by your cather and <b>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. In is AM or FM. In al was electronically processes a mark in the "S/D" column.	ole system during opyright Office re the system's hea ystem's FM anter n this point, see p ed by the cable sy	the accounting egulations, an idend, and (2) nna, during ce page (v) of the ystem as a sep	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
			on (the community to which the the community with which the s			cor, in ti	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
and the second								

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:				SYSTEM ID# 63891			
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage:	1. SPECIAL STATEMEN	-			Ŭ					
Special	<ul> <li>During the accounting per</li> </ul>				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 rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.		MS							
	<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 permitted 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 t</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			
						<mark></mark>				
						_				
						_				
						_				
						_				
						_				

F	ORM SA1-2. PAGE 6.				ACCOUNTI	NG PERIOD: 2022/2		
Γ	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#	Name		
	Vyve Broadband A, LLC				63891	Hame		
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identifed in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)							
	during the accounting period			\$ 17 (Amount of gro	3,569.00			
lı • •	OPYRIGHT ROYALTY FEE istructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but I	ess tha				L Copyright Royalty Fee		
	Use block 3 if the amount of gross receipts in space K is more than \$263,800 but I ee page (vi) of the general instructions for more information.	ess tha	an \$527,600					
-	BLOCK 1: GROSS RECEIPTS OF \$137,10	0 OR I	ESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee accounting period is \$52.00			this six-mon				
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines	1 and 2						
-	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (							
	1. Base amount under statutory formula \$		263,800.00					
	2. Enter amount of gross receipts from space K		173,569.00					
	3. Subtract line 2 from line 1		90,231.00					
	4. Enter the amount of gross receipts from space K		.\$ 1	73,569.00				
	5. Enter the amount from line 3		\$	90,231.00				
	6. Subtract line 5 from line 4		\$	83,338.00				
	7. Multiply line 6 by .005 (enter figure here)			\$	416.69			
	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	18		\$	416.69			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800	0 (but l	ess than \$527,	600)				
	1. Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula		263,800.00					
	3. Subtract line 2 from line 1							
1	4. Multiply line 3 by .01							
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)		\$	1,319.00				
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 3	and 6 .						
$\left  \right $	FILING FEE AND TOTAL RE	ΜΙΤΤΑ						
il i	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)			\$	416.69			
n g F	2. Filing Fee (See the instructions for more information on filing fee calculations)			.\$	20.00			
ſ	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	436.69			
1	EFT Trace # or TRANSACTION ID #			Not Availa	able			
	See page i of the general instructions in the paper SA1-2 form and the	Excel	instructions tab f					

		FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 63891						
M	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.							
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	12						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	190						
N Individual to Be Contacted								
for Further Information	-	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	<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> <li>(Owner other than corporation or partnership) am the owner of the cable system as identifed in line 1 of space B</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 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.

## ACCOUNTING PERIOD: 2022/2

FORM SA1-2. PA	GE 8	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama
Vyve Broadband A, LLC	63891	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 t lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the b service of providing secondary transmissions of primary broadcast transmitters, the system shall not incl scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	oasic ude sub-	P Special Statement Concerning
<ul> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary transm made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	issions	Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underp 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	-	
xLine 3 Multiply line 2 by the number of days late and enter the sum here	days  )274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* 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.	e 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	ormation (PII) requested	l on th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 filing, a determination that would be made by a court of law.