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

SA1-2 Short Form

Return to: Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE Washington, DC 20557-6400 \$ (202) 707-8150 8/28/23 General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:							
Accounting Period	January 1 - June 30, 2023							
B Owner	Instructions: Your file 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 beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there are out of the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM						
	Vyve Broadband A, LLC							
			02	211720231				
				022117 2023/1				
	4 International Dr Suite 330 Rye Brook, NY 10573							
С			tify the business and operation of the system e system, if different from the address given i					
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, street, rural route, apartment, or suite number) (City, town, state, zip code)							
D	in FCC rules: "a separate and distinct or areas and including single, discrete un	community or municipal entitiy (incluincorporated areas)." 47 C.F.R. 76	A "community" is the same as a "community iding unincorporated communites within unin 5.5(dd). The first community that list will serve	corporated e as a form				
Area Served	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.							
- ••		STATE	CITY OR TOWN	STATE				
First Community	BALLINGER	ТХ						
			-					
form in order to pro numbers. By provid search reports prep	cess your statement of account. PII is any persona ing PII, you are agreeing to the routine use of it to	I information that can be used to identify or tr establish and maintain a public record, which PII requested is that it may delay processing	personally identifying information (PII) requested on this ace an individual, such as name, address and telephone includes appearing in the Offce's public indexes and in g of your statement of account and its placement in the yould be made by a court of law.					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Name	Vyve Broadband A, LLC 022						
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
P							
D							
continued)							
Area							
Served							

	LEGAL NAME OF OWNER OF C					FORM S	TEM ID	
Name			:				02211	
	Vyve Broadband A, LLC						0221	
_	SECONDARY TRANSMISSION	SERVICE: S	UBSCRIBERS AND RATES					
E	In General: The information in s	pace E should	l cover all categories of seco	ndary transmission	service of th	ie cable		
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information							
Secondary	about other services (including p	. , .		•	hose existir	ng on the		
Transmission	last day of the accounting period	•		• •		h		
Service: Sub-	Number of Subscribers: Both down by categories of secondary	•						
scribers and Rates	each category by counting the n		0,1					
Rates	separately for the particular serv					charged		
	Rate: Give the standard rate c			•	,	e and the		
	unit in which it is generally billed.	(Example: "\$	20/mth"). Summarize any sta	andard rate variation	s within a p	articular rate		
	category, but do not include disc							
	Block 1: In the left-hand block	•	-	•				
	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 o							
	Block 2: If your cable system I				different fro	om those		
	printed in block 1 (for example, ti	ers of service	s that include one or more se	condary transmissio	ons), list the	m, together		
	with the number of subscribers a	nd rates, in th	e right-hand block. A two- or	three-word descript	on of the se	ervice is		
	sufficient.		11					
	BLC	DCK 1			BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATEGORY OF SEF		NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCRIB	ERS RATE C	ATEGORT OF SEP	VICE	SUBSCRIBERS	RAI	
		54	25.00					
	Service to first set	94	25.00					
	Service to additional set(s)							
	 FM radio (if separate rate) 							
	Motel, hotel							
	Commercial	27	25.00					
	Commercial	— ·						
	Converter							
	Converter	_:						
	Converter • Residential							
	Converter • Residential							
	Converter • Residential • Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rat	ONDARY TR/ e (not subscri	ANSMISSIONS: RATES ber) information with respect	• •				
F	Converter • Residential • Non-residential SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, th	ONDARY TRA e (not subscri hose services	ANSMISSIONS: RATES ber) information with respect that are not offered in combi	nation with any seco	ondary trans	mission		
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					FORM SA1-2. PAGE 3			
Name	LEGAL NAME OF OWNER OF CABLE SYST	EM:			SYSTEM ID			
	Vyve Broadband A, LLC				022117			
	PRIMARY TRANSMITTERS: TELEVISION							
G	In General: In space G, identify every television station (including translator stations and low power television stations)							
0	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							
Primary	76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a							
Transmitters: Television	substitute program basis, as explained in the Substitute Basis Stations: With respect		ons carried by your	cable system on a substitute program				
Television	basis under specifc FCC rules, regulations, o	,	ons carried by your	cable system on a substitute program				
	• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
	station was carried only on a substitute ba • List the station here, and also in space I, if		ried both on a subs	titute basis and also on some other				
	basis. For further information concerning	substitute basis sta	tions, see page (v)	of the general instructions.				
	Column 1: List each station's call sign. D Column 2: Give the number of the chann							
	This may be different from the channel on w							
	associated with a station according to its over the same on the form.	er-thje-air designatio	on. For example, re	eport multicast stream "WETA-2" as				
	Column 3: Indicate in each case whether	r the station is a net	work station, an in	dependent station, or a noncommercial				
	educational station, by entering the letter "N"	· //	·					
	(for independent multicast), "E" (for noncomm For the meaning of these terms, see page (in			commercial educational multicast).				
	Column 4: Give the location of each stati	ion. For U.S. statior	ns, list the commun	, , ,				
	FCC. For Mexican or Canadian stations, if a	ny, give the name c	f the community wi	th which the station is identifed.				
		[I					
	-	2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL NUMBER	OF STATION					
	KDCB IND 17 Strudge TX	-	E	Spyder TV				
	KPCB-IND 17 Snyder, TX	17		Snyder TX				
	KRBC-NBC 9 Abilene, TX	9	N	Abilene TX				
	KTAB-CBS 32 Abilene, TX	32	N	Abilene TX				
	KTAB-Telemundo 32.2 Abilene, TX KTXS - ABC	32.2 12	I-M N	Abilene TX				
		12.2		Sweetwater TX				
	KTXS - CW		I-M	Sweetwater TX				
	KXVA-FOX 15 Abilene, TX	15	I	Abilene TX				

ACCOUNTING PERIOD: 2023/1

FORM SA1-2. F EGAL NAME OF		CABLE S	YSTEM:				SYSTEM ID#	Name
/yve Broad	band A, LL	С					022117	
ll-band basis w	t every radio s /hose signals	tation ca were "ge	rried on a separate and discre nerally receivable" by your cal - Band FM Carriage: Under C	ble system during	the accountir	ng perio	d.	H
n the basis of r or detailed info Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	monitoring, to permation about lentify the call tate whether t the radio stati this by placing sive the statior	be receivent the the the sign of e he statio ion's sign a check d's locatio	tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. n is AM or FM. nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	ystem's FM anter n this point, see p ed by the cable sy e station is license	nna, during ce bage (v) of the vstem as a sep ed by the FCC	rtain sta e genera parate a	ted intervals. l instructions. nd discrete	Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	, AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
	·							

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:					SYSTEM ID# 022117
l	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac	fy every no	nnetwork televi	sion program broadcast by	a distant stati			
Substitute Carriage: Special Statement and Program Log	Carriage: Special tement and ogram Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television p broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the							XNo
 log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accut to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was require 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 was require to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was permitted to delete under FCC rules and reg								ation on. r onth ely ed
	SI	JBSTITUT	E PROGRAM	1		EN SUBSTITU		7. REASON
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —		FOR DELETION

Interview SYSTEM IG Nome Wyee Brandband A, LLC 022117 Monostand A, LLC Call OROSS RECEIPTS Image: Construction of the space determines the form you he and the amount you pay. Enter the folial of all amounts (pross receipts) padt is your cable space foldering the simulant set intermets/ont and/or how to campite harmonic set intermets/ont amount. Image: Construction of the space of here in the	FORM S	SA1-2. PAGE 6.		
OPC PROVIDENTS Use 11 An UNAL TO ALLY CONTROL TO A UNIT RESUMPTION TO PROVIDE AND THE ADDRESS TO			SYSTEM ID#	Name
Instructions: The Signer wordship bare for a decimations the form you for and the amount you pay. Effort the lead of all anomatic genes mergines and the second part and the amount were the second part the amount second part with the process interviction. Image: Mage: Charles and State (State State) Cores receipts from subscripted in the space P concerning genes receipts of the amount part of the second part mergen and the second part mergen and the second part mergen and the second part of the second part mergen and the second part mergen and the second part of the second part mergen and the second part of the second part mergen and the second part of		vyve Broadband A, LLC	022117	
Great receipts from subscribers for secondary transmission service(s) Great receipts for subscribers for secondary transmission service(s) Great receipts for provide for your over Complete biology of the great over Complete biology		Instructions : The figure you give in this space determines the form you fle and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis: (as identified in space E) during the accounting period. For a further explanation of how to compute this am	sion service	
Important: (bitsource of the statement in space P concenting gross receipts. (bitsource of the statement) COPYNEHT ROYALTY FEE (bitsource of the statement) (bitsource of t		Gross receipts from subscribers for secondary transmission service(s)		
COPYNIGHT ROYALTY FEE Instructions: To compate the royatory de you owe: Compate the royatory of yous receipts in space K in more than 1337:100 but less than or equal to 5283,800 Elected: 14 meanual of yous receipts in space K in more than 1337:100 but less than or equal to 5283,800 See page (b) of the general instructions for more information. BLOCK 1: GROSS RECEIPTS OF \$137,100 or less, the royatly fee that you must pay for this sile-mont accounting patiod. S 52.00 Line 3 TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. S 263,800.00 2 Interest charge. Enter the amount from line 4, space 0, page 8 0.000 2 Interest charge. Enter the amount from line 4, space 0, page 8 0.000 2 Interest charge. Enter the amount from line 4, space 0, page 8 0.000 2 Interest charge. Enter the amount from line 4, space 0, page 8 0.000 2 Interest charge. Enter the amount from line 4, space 0, page 8				

		FORM SA1-2. PAGE 7					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 022117					
М	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	. Enter the total number of channels on which the cable system carried television broadcast stations						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	43					
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)						
for Further Information	Name Marie Censoplano Telephone 9 Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)	14-235-8313					
	Rye Brook, NY 10573 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363						
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regular as explained in the general instructions.) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; 						
	 (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner is not a corporation). 						
	 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 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)] 	herein					
	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)						
	Date: 8/25/23						

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	
Vyve Broadband A, LLC 022	117 ^{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 fol- lowing 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 sub- scribers 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.	P Special Statement Concerning Gross Receipts
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? X NO YES. Enter the total here and list the satellite carrier(s) below.	Exclusion
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	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	
* 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) real	quested 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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.