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:

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
8/28/23	\$ ALLOCATION NUMBER					

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	January 1-June 30, 202	3					
B	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 were different owners during 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. 002416 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband J, LLC						
			00)241620231			
				002416 2023/1			
	Four International Drive, S Rye Brook, NY 10573	uite 330					
С	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:		<u> </u>				
	MAILING ADDRESS OF CABLE SYSTEM: 2504 Westwood Rd (Number, street, rural route, apartment, or suite nu Westlake, LA 70669 (City, town, state, zip code)						
D	in FCC rules: "a separate and distinct c	ommunity or municipal entitiy (inclu	A "community" is the same as a "community ding unincorporated communities within uning [Fold]. The first community that list will conve	ncorporated			
Area Served	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.						
- ****	CITY OR TOWN Lake Arthur	STATE LA	CITY OR TOWN	STATE			
First Community	Geuydan Roanoke Welsh	LA LA LA					

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

Form SA1-2c Rev 04/2011

First set

Converter

Additional set(s)

• FM radio (if separate rate)

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002416 Vyve Broadband J, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient BLOCK 1 BLOCK 2 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 138 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 25 65.99 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential 19.95 · Motel, hotel T&M · Pay cable • Pay cable—add'l channel T&M 15.95 Commercial Fire protection N/A • Pay cable T&M Burglar protection N/A • Pay cable-add'l channel T&M Installation: Residential Fire protection N/A

59.99

19.99

N/A

· Burglar protection

Other services: Reconnect

Disconnect

Outlet relocation

· Move to new address

N/A

29.99

29.99

29.99

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 002416

Vyve Broadband J, LLC



Name

Primary
Transmitters:
Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KADN 15 (FOX) Lafayette	15	I	LAFAYETTE LA
KADN 15.2 (KLAF) (NBC)) Lafa	15.2	N-M	LAFAYETTE LA
KATC (CW) Lafayette	3.2	I-M	LAFAYETTE LA
KATC 3 (ABC) Lafayette	3	N	LAFAYETTE LA
KLFY 10 (CBS) Lafayette	10	N	LAFAYETTE LA
KLTL 18 (PBS) Lake Charles	18	Е	LAKE CHARLES LA
KLTL-HD 18 (PBS) Lake Charle	18.1	E-M	LAKE CHARLES LA
KLTL-PBS Create 18.3 Lake Ch	18.3	E-M	LAKE CHARLES LA
KLTL-PBS Kids 18.2 Lake Ch	18.2	E-M	LAKE CHARLES LA
KL <mark>WB MeTV Lafayette, LA</mark>	50	l	NEW IBERIA LA

FORM SA1-2. F	PAGE 4.								
LEGAL NAME OF	F OWNER OF (CABLE S'	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band J, LL0							002416	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discr	et	te basis and list	those FM stati	ons carr	ied on an	Н
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
Special Instruc	stions Conso	mina All	Pand EM Carriago, Under	<u> </u>	anyright Office re	aulations on	EM sign	val ia ganarally	Duiman
			I-Band FM Carriage: Under						Primary Transmitters:
receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.								Radio	
			Copyright Office regulations						
			each station carried.		. ,	3 ()	3		
Column 2: S	state whether t	he statio	n is AM or FM.						
			nal was electronically process	se	d by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.						
			on (the community to which the				C or, in t	ne case of	
Mexican or Can	iadian stations	s, it any,	the community with which the	9 S	station is identifie	ea).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				;	SYSTEM ID#		
Name	Vyve Broadband J, LL	.c						002416		
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program 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: Special Statement and Program Log	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program 									
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 m 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 acc period, was broadcast by a distant station and that your cable system substituted for the programming of ane under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love "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 FC 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 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 to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. shou 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 to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the list gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the list gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the substitute to delete under FCC rules and regulations in the fea					accounting of another si er informati ove Lucy" of e FCC or, in with the m mes accura should be n was require e listed pro	tation ion. or n onth tely				
	S		E PROGRAM	1	CARR	EN SUBSTIT	IRRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	TO			

FORM SA1-2. F	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SY	STEM ID# 002416	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identifed in space E) during the accounting period. For a further explanation of how to compute this ar page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	ssion service		K Gross Receipts
	during the accounting period.		,228.00	
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gros	s receipts)	
Instructions:	ROYALTY FEE 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 less than or equal to \$2: 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.	63,800		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 the accounting period is \$52.00	his six-mon		
	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	. s	52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	·[•	02.00	
	1. Base amount under statutory formula			
	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)			
	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			
	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, and 6	<u> </u>		
	7. TOTAL ROTALITY FEE PATABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	52.00	
Due	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 Availab	ole	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	or more informa	tion.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC 002416
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
	1. Enter the total number of channels on which the cable system carried television broadcast stations
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-234-8313
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)
	Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional)
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]
	Handwritten signature: /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

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LEGAL NAME OF OWNER OF CABLE Vyve Broadband J, LLC	SYSTEM:		S'	YSTEM ID# 002416	Name
The Satellite Home Viewer Act of lowing sentence: "In determining the total is service of providing seco	ONCERNING GROSS RECE of 1988 amended Title 17, section 1 number of subscribers and the gross ondary transmissions of primary broadlected from subscribers receiving se	11(d)(1)(A), of the Copy s amounts paid to the ca adcast transmitters, the	right Act by adding the for able system for the basic system shall not include	; sub-	P Special Statement
For more information on when to During the accounting period did made by satellite carriers to sate	o exclude these amounts, see the no	ote on page (vii) of the gounts of gross receipts fo	eneral instructions.		Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSMENT	 ГS				
	eet for those royalty payments subm ssessment, see page (viii) of the ger		e payment or underpaym	ent.	Q
Line 1 Enter the amount of late	payment or underpayment		x		Interest Assessment
Line 2 Multiply line 1 by the inte	erest rate* and enter the sum here .			_	
			x	days	
Line 3 Multiply line 2 by the nur	mber of days late and enter the sum	n here	x 0.00274	-	
	74** enter here and on line 3, block 4		\$ (interest char	- ge)	
	nart click on <i>www.copyright.gov/licer</i> sion at (202) 707-8150 or licensing@		or further assistance ple	ease	
** This is the decimal equiva	lent of 1/365, which is the interest a	ssessment for one day	ate.		
NOTE: If you are fling this works	sheet covering a statement of accourst community served, ID number, a	int already submitted to	the Copyright Offce, plea		
Owner Address					
ID number					
First community served					
Accounting period				***************************************	

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