## 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 COVERE	D BY THIS STATEMENT:						
Accounting Period	January 1-June 30, 2023							
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 If there were different owners during th a single statement of account and royalty fe	prrect information beside it. the cable system. If the owner is a sub rent corporation. nich the owner conducts the business of <i>e accounting period, only the owner on</i>	the last day of the accounting period should subming period.	it 030725				
LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM								
	Vyve Broadband A, LLC							
			*03	8072520231*				
				030725 2023/1				
	4 International Dr Suite 330 Rye Brook, NY 10573	1						
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:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)	9 11 at 11 a						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas 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	STATE	CITY OR TOWN	STATE				
First	Preston Peninsula	TX						
Community	Pottsboro	TX						
form in order to pro numbers. By provid search reports prep	cess your statement of account. PII is any personal ding PII, you are agreeing to the routine use of it to e	l information that can be used to identify or tri- 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 would be made by a court of law.					

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM										
	Vyve Broadband A, LLC	)							03072			
	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIB	ERS AND R	ATES							
E	In General: The information in s					ry transmission	service of	the cable				
	system, that is, the retransmission					•						
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the											
Transmission		ay of the accounting period (June 30 or December 31, as the case may be). <b>Iber of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken										
Service: Sub- scribers and												
Rates	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 c					•	,	ge and the				
	unit in which it is generally billed	. (Example: "\$	20/mth"). 3	Summarize a	any standa	ard rate variation	is within a	particular rate				
	category, but do not include disc											
	Block 1: In the left-hand block			-		•						
	systems most commonly provide											
	that applies to your system. <b>Not</b> categories, that person or entity			-		-						
	subscriber who pays extra for ca						•					
	first set" and would be counted of											
	Block 2: If your cable system					service that are	different	from those				
	printed in block 1 (for example, t											
	with the number of subscribers a	and rates, in th	e right-hai	nd block. A t	wo- or thre	e-word descript	ion of the	service is				
	sufficient.				1			( )				
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	r –			
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RAT			
	Residential:											
	<ul> <li>Service to first set</li> </ul>		123	25.00								
	<ul> <li>Service to additional set(s)</li> </ul>								<b>.</b>			
	• FM radio (if separate rate)											
	Motel, hotel											
	Commercial		10	59.99								
	Converter											
	Residential											
	Non-residential											
	SERVICES OTHER THAN SEC		NSMISS		s							
_	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 ar											
Services	furnished at cost or (2) services											
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 ransmissions:	enter only the letters "PP" in the rate column. <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.											
Rates	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not											
	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.											
		BLO	CK 1					BLOCK 2				
		RATE	CATEGC	RY OF SEF	RVICE	RATE	CATEG	ORY OF SERVICE	RAT			
	CATEGORY OF SERVICE											
	CATEGORY OF SERVICE Continuing Services:		Installati	on: Non-res	sidential							
		19.95	Installati • Motel		sidential							
	Continuing Services:			, hotel	sidential							
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Motel • Comr	, hotel nercial	sidential							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Motel • Comr • Pay c	, hotel nercial able								
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		• Motel • Comr • Pay c • Pay c	, hotel nercial able able-add'l cl								
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential	19.95	• Motel • Comr • Pay c • Pay c • Fire p	, hotel nercial able able-add'l cl protection	hannel							
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set		• Motel • Comr • Pay c • Pay c • Fire p • Burgl	, hotel nercial able able-add'l cl protection ar protection	hannel							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	19.95	• Motel • Comr • Pay c • Pay c • Fire p • Burgl <b>Other se</b>	, hotel mercial able able-add'l cl protection ar protection <b>rvices:</b>	hannel	20.05						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	19.95	• Motel • Comr • Pay c • Pay c • Fire p • Burgl Other se • Reco	, hotel nercial able able-add'l cl protection ar protection <b>rvices:</b> nnect	hannel	39.95						
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	19.95	• Motel • Comr • Pay c • Fire p • Burgl Other se • Reco • Disco	, hotel mercial able able-add'l cl rotection ar protection <b>rvices:</b> nnect nnect	hannel							
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	19.95	• Motel • Comr • Pay o • Fay o • Fire p • Burgl Other se • Reco • Disco • Outle	, hotel nercial able able-add'l cl protection ar protection <b>rvices:</b> nnect	hannel	39.95 20.00 39.95						

Name	LEGAL NAME OF OWNE	R OF CABLE SYSTE	EM:	S					
Name	Vyve Broadband A		03072						
	PRIMARY TRANSMITTERS: TELEVISION								
G	carried by your cable syste FCC rules and regulations	<b>General:</b> In space G, identify every television station (including translator stations and low power television stations) rried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under C rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections [Sections 20 20 (1) and [20							
Primary Fransmitters: Television	<ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program</li> </ul>								
	station was carried only	re in space G—but / on a substitute ba	t do list it in space I asis.	(the Special Statement and Program Log)—if the					
	basis. For further inform Column 1: List each st Column 2: Give the nu	nation concerning ation's call sign. D Imber of the chann	substitute basis sta o not report origina el on which the sta	ried both on a substitute basis and also on some other tions, see page (v) of the general instructions. tion program services such as HBO, ESPN, etc. tion's broadcasts are carried in its own community.					
	associated with a station a the same on the form.	according to its ove	er-thje-air designatio	tem carried the station. Identify each multicast stream on. For example, report multicast stream "WETA-2" as twork station, an independent station, or a noncommercial					
	(for independent multicast For the meaning of these the <b>Column 4:</b> Give the loc	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 licensed by the 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 NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KETA 13 (PBS) Okla	13	E	Oklahoma City, OK					
	KETA 13 Create Okla	13.3	E-M	Oklahoma City, OK					
	KETA 13 Kids Oklah	13.4	E-M	Oklahoma City, OK					
	KETA-World 13.2 Ok	13.2	E-M	Oklahoma City, OK					
	KTEN (ABC) Sherma	10.3	N-M	Ada OK					
	KTEN-CW 10.2 Ada,	10.2	I-M	Ada OK					
	KTEN-NBC 10 Ada, C		N	Ada OK					
	KXII (MyNet) Sherma		I-M	Sherman OK					
	KXII 12 (CBS) Sherm		N	Sherman OK					
	KXII 13 (Fox) Texom	12.3	I-M	Sherman OK					
		1	1						

## ACCOUNTING PERIOD: 2023/1

FORM SA1-2. F EGAL NAME OF	F OWNER OF (		YSTEM:					SYSTEM ID#	Name
/yve Broad	uanu A, LL							030725	
PRIMARY TRANSMITTERS: RADIO 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 Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally							<b>H</b> Primary		
eceivable if (1) n the basis of i or detailed info Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou lentify the call tate whether t the radio stati this by placing sive the statior	y the sys be receivent t the the sign of e he statio ion's sign g a check h's locatio	tem whenever it is received a ved at the headend, with the s Copyright Office regulations o each station carried. n is AM or FM. nal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	nt i sy or se	the system's hea ystem's FM anter in 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. l instructions. nd discrete	Transmitters Radio
	· · · · · · · · ·	1		1					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·								
	·								
				1					

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:					6YSTEM ID# 030725		
l	SUBSTITUTE CARRIAGI	fy every no	nnetwork televi	sion program broadcast by	a distant stat					
Substitute	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	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and Program Log	<ul> <li>During the accounting per broadcast by a distant star</li> </ul>	tion?	·	-	·	[	Yes	XNo		
	<b>Note:</b> If your answer is "No log in block 2.			ige blank. If your answer	is "Yes," you	must complete	the progra	am		
	<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: T6ers 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 licensed, 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 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 that your system was 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 that your system was permitted to delete under FCC rules and regulations in</li></ul>									
	WHEN SUBSTITUTE									
	SUBSTITUTE PROGRAM           1. TITLE OF PROGRAM         2. LIVE?         3. STATION'S           Yes or No         CALL SIGN         4. STATION'S LOCATION					6. TIM		7. REASON FOR DELETION		
		100 01 110			AND DAY	-				
					]	_				
						_				
						<u></u>				
						_				
						_				
						_				
						_				

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 030725	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 transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period	ssion service	K Gross Receipts
Instructions: ⊺ • • •	ROYALTY FEE o 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 the general instructions for more information.	63,800	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 t accounting period is \$52.00	his six-mon <sup>i</sup>	
	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)	1,319.00	
	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		
	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 Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	or more information.	

FORM SA1-2. PAGE 6.

	· · · · · · · · · · · · · · · · · · ·	FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID: 030725						
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	1. Enter the total number of channels on which the cable         system carried television broadcast stations	10						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	137						
N Individual to	<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.)							
Be Contacted for Further Information	Name Marie Censoplano Telephone 91	4-235-8313						
	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 regulations 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) I am the owner of the cable system as identifed in line 1 of space B; of the cable system as identified in li</li></ul>							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sys in line 1 of space B and that the owner is not a corporation or partnership; or	tem as identified						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner in line 1 of space B.	r of the cable system						
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained h are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	nerein						
	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: 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: SYS	STEM ID#
Vyve Broadband A, LLC	030725 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 su 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 b- 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 underpaymer For an explanation of interest assessment, see page (viii) of the general instructions.	nt. Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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 pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	se
** 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.	e
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

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.