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

8/28/23

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

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

FOR COPYRIGHT OFFICE USE ONLY

\$

AMOUNT

ALLOCATION NUMBER

SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:						
Accounting Period	January 1-June 30, 2023							
B Owner	incorrect information and print or type the co Give the full legal name of the owner or rate title of the subsidiary, not that of the pa List any other name or names under w <i>If there were different owners during th</i> <u>a single statement of account and royalty</u> fit	orrect information beside it. f the cable system. If the owner is a sui rent corporation. hich the owner conducts the business o he accounting period, only the owner or be payment covering the entire account	the last day of the accounting period should submit	004058				
	LEGAL NAME OF OWNER/MAILING AD	DRESS OF CABLE SYSTEM						
	Vyve Broadband A, LLC							
			004	05820231				
			00	04058 2023/1				
	4 International Dr Suite 330 Rye Brook, NY 10573)						
С			ntify the business and operation of the system un e system, if different from the address given in s					
System	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 of	community or municipal entitiy (incl	A "community" is the same as a "community un uding unincorporated commuinites within uninco 6.5(dd). The first community that list will serve a	rporated				
Area			use it as the first community on all future filings.	IS & 10111				
Served	Note: Entities and properties such as h the identified city.	notels, apartments, condiminiums, c	or mobile home parks should be reported in para	theses below				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	HERINGTON DICKINSON COUNTY	KS KS						
Ĩ								
form in order to pro numbers. By provid search reports prep	cess your statement of account. PII is any persona ling PII, you are agreeing to the routine use of it to	al information that can be used to identify or t establish and maintain a public record, whicl e PII requested is that it may delay processir	a personally identifying information (PII) requested on this trace an individual, such as name, address and telephone h includes appearing in the Offce's public indexes and in g of your statement of account and its placement in the usual has made have account after a such as the					

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Vyve Broadband A, LLC			0040					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
P									
D									
continued)									
Area									
Served									

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM							SA3. PAGI	
Name	Vyve Broadband A, LLC		•						0040	
		,								
Е	SECONDARY TRANSMISSION									
E	In General: The information in s	•		•						
Coordon	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information									
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).									
Service: Sub-	Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken									
scribers and	down by categories of secondary	, y transmission	service	. In general, you	ı can con	npute the numb	er of subso	ribers in		
Rates	each category by counting the n	umber of billing	gs in tha	at category (the	number o	of persons or or	ganization	s charged		
	separately for the particular serv									
	Rate: Give the standard rate c unit in which it is generally billed	0	•					•		
	category, but do not include disc				iy stanua		is within a	particular rate		
	Block 1: In the left-hand block				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 ca					d in the count u	nder "Serv	ice to the		
	first set" and would be counted or Block 2: If your cable system I					service that an	e different	from those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a									
	sufficient.			<u> </u>			DI OOI	<u> </u>		
-	BLC	DCK 1 NO. OF					BLOC	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	 Service to first set 		33	78.75						
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial		17	59.99						
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	6					
F	In General: Space F calls for rat	•	'		•					
Г	not covered in space E, that is, t									
Services	service for a single fee. There ar 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	enter only the letters "PP" in the	rate column.			les are ci	naiyeu on a vai				
	enter only the letters "PP" in the Block 1: Give the standard rat	te charged by t			ch of the	applicable serv				
Secondary ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that	te charged by t t your cable sy	stem fur	nished or offere	ch of the d during	applicable serv the accounting	period tha	t were not		
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Namo	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID					
Name	Vyve Broadband A, Ll	_C			00405					
	PRIMARY TRANSMITTERS: TELEVISION									
G 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 [section: 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									
	station was carried only on a	space G—but do lis a substitute basis	t it in space I (the	Special Statement and Program Log)—if the						
	basis. For further information Column 1: List each station Column 2: Give the number	n concerning substi 's call sign. Do not r of the channel on	tute basis stations report origination which the station's	s, see page (v) of the general instructions program services such as HBO, ESPN, etc. s broadcasts are carried in its own community						
	associated with a station accorr the same on the form.	ding to its over-thje	-air designation.	carried the station. Identify each multicast strean For example, report multicast stream "WETA-2" as < station, an independent station, or a noncommercia						
	(for independent multicast), "E" For the meaning of these terms Column 4: Give the location	(for noncommercia s, see page (iv) of th n of each station. Fo	al educational), or ne general instruc or U.S. stations, li	or network multicast), "I" (for independent), "I-M "E-M" (for noncommercial educational multicast) tions at the community to which the station is licensed by the community with which the station is identifec	h					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
	KAAS-Comet 24.3 Wichi	24.3	I-M	Wichita KS						
	KAAS-Fox Wichita, KS	24	I	Wichita KS						
	KAAS-MyNetwork 24.2 V	24.2	I-M	Wichita KS						
	KAKE-ABC 10 Wichita, H	10	N	Wichita KS						
	KPTS-PBS 8 Hutchinsor	8	Е	Hutchinson KS						
	KSCW-CW 33 Witchia, K	33	I	Wichita KS						
	KSNW-NBC 3 Wichita, K	3	N	Wichita KS						
	KWCH-CBS 12 Hutchins		N	Hutchinson KS						
	KWCH-Weather 12.2 Hut		I-M	Hutchinson KS						
		12.2	1-141							

ACCOUNTING PERIOD: 2023/1

FORM SA1-2. F EGAL NAME OF	OWNER OF O		/STEM:					SYSTEM ID#	Name
/yve Broadb	and A, LL	с						004058	
 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 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. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. 							H Primary Transmitters Radio		
Column 3: If gnal, indicate t	the radio stati his by placing:	ion's sigr J a check	al was electronically process mark in the "S/D" column. on (the community to which th						
			he community with which the						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:				SYSTEM ID# 004058
I	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac	fy every no	nnetwork televi eriod, under spe	sion program broadcast by ecific present and former F0	a distant stat CC rules, regu	lations, or authorizations.	
Substitute Carriage: Special Statement and Program Log	 explanation of the programm 1. SPECIAL STATEMENT During the accounting perbroadcast by a distant stat Note: If your answer is "Notog in block 2. 2. LOG OF SUBSTITUTE 1n General: List each subsclear. If you need more space of the subsclear subsclear. If you need more subsclear. If you need more space of the subsclear. If you need more space of the subsclear. If you need more space of the subsclear. If you need more subsclear. If you need more subsclear. If you need more space of the subsclear. If you need more subsclear of the subsclear. Subsclear of the subsclear of	ing that must ing that must iod, did you tion? ", leave the PROGR/ titute prograce, please of every not distant stat gulations, (ies like "mot Bulls." n was broat sign of the adcast stati adaian stati thth and day ye "5/7." es when th Example: er "R" if the	at be included in RNING SUBS ur cable system a rest of this para AMS am on a separa attach addition connetwork telection and that y or authorization por authorization por authorization por authorization por authorization por authorization por authorization por authorization por authorization por solucition (on's location (ons, if any, they when your sy e substitute pr a program car e listed program	n this log, see page (v) of the TITUTE CARRIAGE in carry, on a substitute back age blank. If your answere the line. Use abbreviation and pages. In vision program (substitute our cable system substitutes) are page (v) of the generation of the substitute program (substitute program (substitute program with which the second out of the substitute program was carried by your ried by a system from 6:0 m was substituted for program was substit was substituted for program was sub	e general ins asis, any non is "Yes," you s wherever p e program) th ted for the pr eneral instruc am titles, for "No." yram. he station is li ue station is li te station is li ue station is li ur cable syste 1:15 p.m. to c gramming tha	tructions. network television progr Yes must complete the progr possible, if their meaning at, during the accounting ogramming of another s tions for further informat example, "I Love Lucy" of icensed by the FCC or, i dentified). Jse numerals, with the m em. List the times accura 6:28:30 p.m. should be at your system was requi	am XNo ram is tation ion. or n nonth ttely red
	to delete under FCC rules a gram was substituted for pr effect on October 19, 1976.	ogramming		tem was permitted to dele	ete under FC		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION

FORM SA1-2. P.	AGE 6.		
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 004058	Name
	GROSS RECEIPTS 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 transmiss (as identified in space E) during the accounting period. For a further explanation of how to compute this amo page (vii) of the general instructions. Gross receipts for subscribers for secondary transmission service(s) during the accounting period.	ion service	K Gross Receipts
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
Instructions:	ROYALTY FEE Fo 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 \$263 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	3,800	L Copyright Royalty Fee
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this	s six-mon	
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$ 52.00	
	-	<u>\$ 52.00</u> 0.00	
	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 \$ 263,800.00		
	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		
		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 Frank			
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	more information	

	-	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 004058
м	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	tations
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	9
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	48
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	914-235-8313
	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	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula 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) am the owner of the cable system as identifed in line 1 of space E 	
	(Agent of owner other than corporation or partnership; I am the duly authorized agent of the owner of the cable s in line 1 of space B and that the owner is not a corporation or partnership; or	
	 (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own 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)] 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.

FORM	SA1-2	PAGE 8.
	071-2.	I AOL 0.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nomo
Vyve Broadband A, LLC	004058	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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not includ scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 11	sic le sub- 9."	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners? X NO		Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions.	rment.	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)	- arge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance p contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	blease	
** 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, pl list below the owner, address, first community served, ID number, and accounting period as given in the original fi		
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 inform	nation (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.