## 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 \$ 8/28/23 (202) 707-8150 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>B</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 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 royally 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.       063496							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Vyve Broadband A, LLC							
			*06	6349620231*				
				063496 2023/1				
	4 International Dr Suite 33 Rye Brook, NY 10573	D						
С			tify the business and operation of the system					
System	IDENTIFICATION OF CABLE SYSTEM:	ine 2, give the mailing address of the	e system, if different from the address given i	п ѕрасе В.				
-,	1							
	MAILING ADDRESS OF CABLE SYSTEN	:						
	2 (Number, street, rural route, apartment, or suite r	umber)						
	(City, town, state, zip code)							
D			A "community" is the same as a "community iding unincorporated commuinites within unir					
	areas and including single, discrete ur	incorporated areas)." 47 C.F.R. 76	0.5(dd). The first community that list will serve	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.							
First	CITY OR TOWN	STATE OK	CITY OR TOWN	STATE				
Community								
			-					
			-					
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					
		-	ace an individual, such as name, address and telephone includes appearing in the Offce's public indexes and in	3				
	ared for the public. The effects of not providing th f statements of account, and it may affect the lega		g of your statement of account and its placement in the yould be made by a court of law.					

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Name	Vyve Broadband A, LLC			0634					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
P									
D									
continued)									
Area									
Served									

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:						SA3. PAGI		
Name									06349		
	Vyve Broadband A, LLC	,									
Е	SECONDARY TRANSMISSION										
E	In General: The information in s	•		Ũ		•					
<u> </u>	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Secondary Transmission	last day of the accounting period						those exis	sting on the			
Service: Sub-							able svster	n. broken			
scribers and	<b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the n			•		•					
	separately for the particular serv					•	,				
	Rate: Give the standard rate c	-	-					-			
	unit in which it is generally billed					ard rate variation	ns within a	i particular rate			
	category, but do not include disc Block 1: In the left-hand block					condary transmi	ssion serv	rice 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	vice to the			
	first set" and would be counted o						a different	fram these			
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•							
	with the number of subscribers a										
	sufficient.		e ngin								
	BLC	DCK 1					BLOC				
		NO. OF		DATE	0.4.7			NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT		
	Residential:		-								
	Service to first set		7	25.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial			39.90							
	Converter										
	• Residential										
	Non-residential										
								•			
_	SERVICES OTHER THAN SEC In General: Space F calls for rate					all vour cable sv	stem's se	rvices that were			
F	not covered in space E, that is, t	•	,		-	• •					
	service for a single fee. There ar										
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the ur		usually	/ billed. If any ra	ates are cl	harged on a var	iable per-	program basis,			
Secondary ransmissions:	enter only the letters "PP" in the rate column.										
Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not										
nutoo	listed in block 1 and for which a				-	-					
	brief (two- or three-word) descrip										
		BLO	CK 1					BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RAT		
	Continuing Services:		Install	ation: Non-res	idential						
	continuing services.		. 14-	tel, hotel							
	• Pay cable	19.95	• IVIC	itel, notel							
	U U	19.95		mmercial							
	• Pay cable	19.95	• Co								
	• Pay cable • Pay cable—add'l channel	19.95	•Co •Pa	mmercial	nannel						
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> </ul>	19.95	•Co •Pa •Pa	mmercial y cable y cable-add'l ch	nannel						
	Pay cable     Pay cable—add'I channel     Fire protection     Burglar protection Installation: Residential		•Co •Pa •Pa •Fir	mmercial y cable y cable-add'l ch e protection							
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> </ul>	<u>19.95</u> 64.95	∙Co ∙Pa ∙Pa ∙Fir ∙Bu	mmercial y cable y cable-add'l ch e protection rglar protection							
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		•Co •Pa •Pa •Fir •Bu <b>Other</b>	mmercial y cable y cable-add'l ch e protection rglar protection <b>services:</b>		30.05					
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Co • Pa • Pa • Fir • Bu <b>Other</b> • Re	mmercial y cable y cable-add'l ch e protection rglar protection <b>services:</b> connect		39.95					
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> </ul>		• Co • Pa • Fir • Bu • Bu • Re • Dis	mmercial y cable y cable-add'l ch e protection rglar protection <b>services:</b> connect sconnect							
	<ul> <li>Pay cable</li> <li>Pay cable—add'l channel</li> <li>Fire protection</li> <li>Burglar protection</li> <li>Installation: Residential</li> <li>First set</li> <li>Additional set(s)</li> <li>FM radio (if separate rate)</li> </ul>		• Co • Pa • Pir • Bu • Bu • Re • Dis • Ou	mmercial y cable y cable-add'l ch e protection rglar protection <b>services:</b> connect		39.95 20.00 39.95					

Name	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	M:	Sì	STEM ID					
Name	Vyve Broadband A	, LLC			06349					
	PRIMARY TRANSMITTERS: TELEVISION									
G Primary Transmitters: Television	<ul> <li>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.</li> <li>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:</li> <li>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.</li> <li>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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.</li> <li>Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.</li> <li>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.</li> <li>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 independent), "I-M"</li> <li>(for independent multicast), "E" (for oncommercial educational), or "E-M" (for noncommercial educational multicast).</li> <li>For the meaning of these terms, see page (iv) of the general instruct</li></ul>									
	FCC. For Mexican or Cana	idian stations, if any	y, give the name o	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						
	KAUZ-CBS	6	N	Wichita Falls TX						
	KAUZ-CW	6.2	I-M	Wichita Falls TX						
	KETA-Create 13.3 Oklahom	13.3	E-M	Oklahoma City OK						
	KETA-Kids 13.4 Oklahoma	13.4	E-M	Oklahoma City OK						
	KETA-OETA PBS	13	Е	Oklahoma City OK						
	KETA-World 13.2 Oklahom	13.2	E-M	Oklahoma City OK						
	KFDX-NBC	3	N	Wichita Falls TX						
	KJBO-MNT 3.2 Wichita Fall	35	l	Wichita Falls TX						
	KJTL-Bounce 18.3 Wichita	18.3	I-M	Wichita Falls TX						
	KJTL-FOX	18	1	Wichita Falls TX						
	KJTL-Grit 18.2 Wichita Falls	18.2	I-M	Wichita Falls TX						
	KSWO - D1 - ABC HD	7	N	Lawton OK						
	KSWO - D2 - TDO (Te	-	I-M	Lawton OK						
	KSWO-DABL 7.4 Law		I-IM	Lawton OK						
	KSWO-ME-TV 7.3 Lav	7.3	I-M	Lawton OK						
	KSWO-True Crime N	7.5	I-M	Lawton OK						

## ACCOUNTING PERIOD: 2023/1

FORM SA1-2. P LEGAL NAME OF	OWNER OF O		YSTEM:					SYSTEM ID#	Name
/yve Broadb	band A, LL	С						063496	
<ul> <li>PRIMARY TRANSMITTERS: RADIO</li> <li>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.</li> <li>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.</li> </ul>						H Primary Transmitters Radio			
Column 2: Si Column 3: If ignal, indicate t Column 4: G	tate whether t the radio stati this by placing ive the station	he statio ion's sigr g a check n's locatio	each station carried. n is AM or FM. nal was electronically process c mark in the "S/D" column. on (the community to which th	ne	station is license	ed by the FCC			
			the community with which the	s					
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# 063496
I	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac	fy every no	nnetwork televi	sion program broadcast by	a distant stat		
Substitute	explanation of the programm						FOI a luitilei
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE			
Special Statement and Program Log	<ul> <li>During the accounting per broadcast by a distant star</li> </ul>		ur cable syster	m carry, on a substitute ba	asis, any non	network television progr <b>Yes</b>	am XNo
	<b>Note:</b> If your answer is "No log in block 2.	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you	must complete the prog	ram
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograt <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Car <b>Column 5:</b> Give the more first. Example: for May 7 git <b>Column 6:</b> State the tim to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progr ace, please of every no distant sta gulations, i ries like "mo Bulls." m was broa sign of the adcast stati adian stati hth and day ve "5/7." es when th Example: er "R" if the and regulat	am on a separ attach addition onnetwork tele tion and that y or authorizatio ovies" or "bask adcast live, ent station broadd ion's location ( ons, if any, the y when your sy e substitute pr a program car e listed program ions in effect of	nal pages. vision program (substitute our cable system substitu ns. See page (v) of the ge tetball." List specific progra er "Yes." Otherwise enter casting the substitute prog the community to which the community with which the stem carried the substitut ogram was carried by you ried by a system from 6:0 m was substituted for prog luring the accounting period	e program) th ted for the pr neral instruct am titles, for "No." ram. he station is li e station is li e station is li e program. U Ir cable syste 1:15 p.m. to 6 gramming that od; enter the	at, during the accounting ogramming of another s tions for further informat example, "I Love Lucy" of dentified). Ise numerals, with the m em. List the times accura 6:28:30 p.m. should be it your system was requi letter "P" if the listed pro-	g tation ion. or n nonth itely red
						EN SUBSTITUTE	
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM		5. MONTH	6. TIMES	7. REASON FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						<u></u>	
							"
						_	
						_	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Namo
Vyve Broadband A, LLC	063496	Naille
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identifed in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.	smission service	K Gross Receipts
Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	\$ 1,254.00	
<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
<ul> <li>OPYRIGHT ROYALTY FEE</li> <li>istructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 er page (vi) of the general instructions for more information.</li> </ul>	\$263,800	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 f accounting period is \$52.00	or this 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		
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	4
1. Base amount under statutory formula \$ 263,800.0	<u>0</u>	
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 \$ 263,800.0	<u>0</u>	
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		
ling		
Fee         1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
emit         2. Filing Fee (See the instructions for more information on filing fee calculations)	\$ 15.00	
		7
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00	]
EFT Trace # or TRANSACTION ID #	Not Available	

Name         LFCAL INJECT OF OWNER OF CAULE SYSTEM:         SYSTEM ID OG3491           M         CHANNELS         Instructions: You must give (1) the number of channels on which the cable system carried television breadcast stations to its subscripters and (2) the cable system's club number of activated channels, during the accounting period.         16           2. Enter the total number of channels on which the cable system carried television breadcast stations on which the cable system carried television breadcast stations and renormalized statement of account.)         136           N         NOVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can write or call about this statement of account.)         138           O         Address 4 International DF Suite 330 (Morent about this statement of account must be certified and signed in accordance with Copyright Office regulations, as explande in the general instructions.)         EERTFICATION (This statement of account must be certified and signed in account with Copyright Office regulatinten, in the or 16 space B an			FORM SA1-2. PAGE 7
Open Discussion         Open Discusis         Open Discussion         Open Discuss	Namo		SYSTEM ID
M       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 activated channels on which the cable system carried television broadcast stations	Naille	Vyve Broadband A, LLC	063496
Channels       Is subscribers and (2) the cable system's total number of activated channels, during the accounting period.         1. Enter the total number of activated channels       16         2. Enter the total number of activated channels       136         N       individual to on which the cable system carried television broadcast stations       136         N       individual to on which the cable system carried television broadcast stations       136         N       individual to be contracted to the set of activated channels on which the cable system carried television broadcast stations       136         N       individual to contracted the set of a contracted television broadcast stations       136         N       individual to whom we can write or call about this statement of account.)       International DT Suite 330         Nume       Marine Censoplano       Telephone 914-235-8313         Notes at International DT Suite 330       (denters)       International DT Suite 330         (denters)	-	CHANNELS	
Channels       Is subscribers and (2) the cable system's total number of activated channels, during the accounting period.         1. Enter the total number of activated channels       16         2. Enter the total number of activated channels       136         N       individual to on which the cable system carried television broadcast stations       136         N       individual to on which the cable system carried television broadcast stations       136         N       individual to be contracted to the set of activated channels on which the cable system carried television broadcast stations       136         N       individual to contracted the set of a contracted television broadcast stations       136         N       individual to whom we can write or call about this statement of account.)       International DT Suite 330         Nume       Marine Censoplano       Telephone 914-235-8313         Notes at International DT Suite 330       (denters)       International DT Suite 330         (denters)	м	Instructions: You must give (1) the number of channels on which the cable system carried television broadcas	t stations
Channels       1. Enter the total number of channels on which the cable system carried television broadcast stations       16         2. Enter the total number of advated channels on which the cable system carried television broadcast stations       136         N       136         N       Individual to Be Contracted if FURTHER INFORMATION IS NEEDED (identify an individual to whom we can write or call about this statement of account).       136         N       Individual to Be Contracted if FURTHER INFORMATION IS NEEDED (identify an individual to whom we can write or call about this statement of account).       Telephone 914-235-8313         Name       Marie Censoplano       Telephone 914-235-8313         Name       Marie Censoplano       Telephone 914-235-8313         Address 4 International Dr Suite 330       Number of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.)         Contracted       Telephone 914-234-8363         Point (optional)       marie censoplano@vyebb.com       Fax (optional) 914-234-8363         Retrification       In the general instructions.)       Fax (optional) 914-234-8363         Contracted       In densingend, hereby certify that (Check one, but only one, of the boxes.)       Image: Image			
system carried television broadcast stations       16         2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.       136         N       Individual to ge contacted to Further information       NDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (identify an individual to whom we can write or call about this statement of account.)         Name       Marie Censoplano       Telephone 914-235-8313         Address       4 International DF Suite 330 (Marie: dimini, statement of account.)         Exercise       Fyze Brook, NY 10573 (Cor, bonn wide, 20)         Exercise       Exercise and note, spatheent of account must be certified and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)         Certification       (Owner other than corporation or partnership) and the owner of the cable system as identified in line 1 of space B, or in the 1 of space B and that the owner is not a corporation or partnership) of the logical entity identified as owner of the cable system in line 1 of space B.         If Officer or partnership is an thereby (far or partnership) and the envert of the data value market) in the 1 of space B.         If Officer or partnership is an thereby declare indee penatry of swite all attatements of faccount and hereby declare indee penatry of swite all attatements of faccount and hereby declare indee penatry of swite all attatements of faccount and hereby declare indee penatrie for an ernate in general in control on the keep of partnership, or in line 1 of space B.         If Officer or par	Channels		
eystem carried deleviation bradcast stations       136         2. Enter the total number of addvasted channels on which the calle system carried television broadcast stations and nonbroadcast services.       136         N       Individual to be Contacted for Further information       NUMUOUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED. (identify an individual to whom we can write or call about this statement of account.)         Name       Marie Censoplano       Telephone 914-235-8313         Address       4 International Dr Suite 330 (Number: Street, carried relatives, spatial weight or state number)         Processor       Periods, NY 10573         Core, tools about this statement of account must be certifed and signed in accordance with Copyright Offce regulations, as explained in the general instructions.)         • I. the undersigned, hereby certify that (Check one, but only one, of the boxes.)       • (Agent of owner other than corporation or partnership) am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership) at the duly authorized agent of the cable system as identified in line 1 of space B.         • (Agent of owner other than corporation or partnership) am the duly authorized agent of the cable system as identified in line 1 of space B.         • (Agent of owner other than corporation or partnership) at the duly authorized agent of the cable system as identified in line 1 of space B.         • (Dornicel J) White         • (Dornicel J) White         • (Dornice of partner) is an onflice (f a corporation or partners		1. Enter the total number of channels on which the cable	16
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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)		(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or
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)			
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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)]			,
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)]		(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o	wher of the cable system
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Handwritten signature: Is Daniel J. White Typed or printed name: Daniel J White Title: SVP Financial Planning (Title of official position held in corporation or partnership)			
Typed or printed name: Daniel J White Title: SVP Financial Planning (Title of official position held in corporation or partnership)		[18 U.S.C., Section 1001(1986)]	
Typed or printed name: Daniel J White Title: SVP Financial Planning (Title of official position held in corporation or partnership)			
Typed or printed name: Daniel J White Title: SVP Financial Planning (Title of official position held in corporation or partnership)		Handwritten signature: Ist Daniel 7. White	
Title: SVP Financial Planning (Title of official position held in corporation or partnership)			
Title: SVP Financial Planning (Title of official position held in corporation or partnership)			
(Title of official position held in corporation or partnership)		Typed or printed name: <b>Daniel J White</b>	
(Title of official position held in corporation or partnership)			
(Title of official position held in corporation or partnership)		Title SVP Financial Planning	
Date: 8/25/23			
Date: 8/25/23			
		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#	Nama
Vyve Broadband A, LLC	063496	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 th lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the b service of providing secondary transmissions of primary broadcast transmitters, the system shall not inclu- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	asic ude sub-	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 transmi made by satellite carriers to satellite dish owners? X NO	issions	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 underp For an explanation of interest assessment, see page (viii) of the general instructions.	ayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	<b>-</b> 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offce, list below the owner, address, first community served, ID number, and accounting period as given in the original	•	
Owner Address		
ID number First community served Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying info	ormation (PII) requested	l on th

form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.