## 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

## 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
3/11/25	\$
	ALLOCATION NUMBER

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 COVEREI	D BY THIS STATEMENT:					
Accounting	July 1-December 31, 20	24					
Period							
Bowner	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.						
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM					
	Vyve Broadband J, LLC						
			0	1477120242			
				014771 2024/2			
	Four International Drive, St	uite 330					
	Rye Brook, NY 10573						
С			ntify the business and operation of the system le system, if different from the address given i				
System	IDENTIFICATION OF CABLE SYSTEM:						
-,	1						
	MAILING ADDRESS OF CABLE SYSTEM: 2504 Westwood Rd (Number, street, rural route, apartment, or suite nui Westlake, LA 70669 (City, town, state, zip code)						
	Instructions: List each separate comm	unity served by the cable system.	A "community" is the same as a "community	unit" as defined			
D	in FCC rules: "a separate and distinct c	ommunity or municipal entitiy (inclu	uding unincorporated commuinites within unir	ncorporated			
		•	6.5(dd). The first community that list will serv				
Area Served		•	use it as the first community on all future filing	-			
Serveu	the identified city.	oteis, apartments, condiminiums, o	or mobile home parks should be reported in pa	aratrieses below			
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First	Dequincy	LA	Westlake	LA			
Community	Bearuegard Parish	LA					
	Calcasieu Parish	LA					
	Moss Bluff	LA	H				
	Old Town Vinton	LA LA					
	VIIIOII	LA	H				

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

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 014771 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: Subdown by categories of secondary transmission service. In general, you can compute the number of subscribers in scribers and 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 402 40.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 30 40.00 Commercial 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, enter only the letters "PP" in the rate column. Secondary 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. DI OCK 2

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R
Continuing Services:		Installation: Non-residential			
• Pay cable	19.95	Motel, hotel	T&M		
<ul> <li>Pay cable—add'l channel</li> </ul>	15.95	Commercial	T&M		
<ul> <li>Fire protection</li> </ul>	N/A	Pay cable	T&M		
<ul><li>Burglar protection</li></ul>	N/A	Pay cable-add'l channel	T&M		
Installation: Residential		Fire protection	N/A		
<ul> <li>First set</li> </ul>	59.99	Burglar protection	N/A		
<ul> <li>Additional set(s)</li> </ul>	19.99	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>	N/A	Reconnect	29.99		
Converter		Disconnect			
		Outlet relocation	29.99		
		Move to new address	29.99		
					1

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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 014771

## 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	3. TYPE OF	6. LOCATION OF STATION
KLTL 18 (PBS) Lake Ch	NUMBER 18	STATION <b>E</b>	Lake Charles, LA
		E-M	
KLTL 18.2 PBS Kids Lal			Lake Charles, LA
KLTL 18.3 PBS Create	18.3	E-M	Lake Charles, LA
KPLC - D5 - Dabl	7.5	I-M	Lake Charles, LA
KPLC 7 (NBC) Lake Cha	7	N	Lake Charles, LA
KPLC 7.2 Bounce Lake	7.3	I-M	Lake Charles, LA
KPLC 7.2 CW Lake Charles	7.2	I-M	Lake Charles, LA
KPLC 7.4 GritTV Lake Char	7.4	I-M	Lake Charles, LA
KSWL-CBS 17 Lake Charles	17	N	Lake Charles, LA
KVHP 18 (FOX) Lake Charl	29	ı	Lake Charles, LA
KVHP 18.2 (ABC) Lake Cha		N-M	Lake Charles, LA
KVHP 29.3 Circle Lake Cha		I-M	Lake Charles, LA
	19	1-141	Lake Charles, LA
KWWE-MyNetwork	19	<u> </u>	Lake Charles, LA
		···	

FORM SA1-2. F									
Vyve Broadl			YSTEM:					SYSTEM ID# 014771	Name
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.						Н			
receivable if (1) on the basis of il For detailed info Column 1: Ic Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to primation about dentify the call state whether to the radio statistics by placing Sive the station.	the system that the the sign of each the station on sign a check of sign ocation of the station of the system of the syste	I-Band FM Carriage: Under of tem whenever it is received a wed at the headend, with the copyright Office regulations cach station carried.  In is AM or FM.  In al was electronically process a mark in the "S/D" column.  In on (the community to which the the community with which the	t i sy or se	the system's hearstem's FM anternation this point, see of the cable system is licens	adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC ed).	) it can b ertain sta e genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		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, LLC 014									
ı	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									
Substitute Carriage: Special Statement and Program Log	explanation of the programming that must be included in this log, see page (v) of the general instructions.  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 X No  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 meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another 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: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 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."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required 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 on October 19, 1976.									
	S				7. REASON FOR DELETION					
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- TO			
					-		<u> </u>			
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					-					

FORM SA1-2. PA	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 014771	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, serpage (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	rice	<b>K</b> Gross Receipts
COPYRIGHT	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 \$263,800  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.		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 this six-mo accounting period is \$52.00	nt	
	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	
	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)	<del></del>	
		0.00	
	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)	0_	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0_	
	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	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 Av	vailable	
1	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more in	ormation.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  014771
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: Is/ Daniel J. White
	Typed or printed name: Daniel J. White
	Title: SVP - Financial Planning  (Title of official position held in corporation or partnership)
	Date: 2/1/2025

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LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 014771	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXTRA Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(a) lowing sentence:  "In determining the total number of subscribers and the gross amount service of providing secondary transmissions of primary broadcast transcribers and amounts collected from subscribers receiving secondary	(A), of the Copyright Act by adding the fol- nts paid to the cable system for the basic ansmitters, the system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on particle of the accounting period did the cable system exclude any amounts of grade by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below	age (vii) of the general instructions. gross receipts for secondary transmissions	Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing A	Address	
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a For an explanation of interest assessment, see page (viii) of the general instr		Q
Line 1 Enter the amount of late payment or underpayment	x	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		
Entro 6 Manapy into 2 by the name of days rate and once the cultilities.	x 0.00274	
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/intecontact the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assessme	ent for one day late.	
NOTE: If you are fling this worksheet covering a statement of account alread list below the owner, address, first community served, ID number, and account alread list below the owner, address, first community served, ID number, and account alread list below the owner, address, first community served, ID number, and account alread list below the owner, address, first community served, ID number, and account alread list below the owner, address, first community served, ID number, and account alread list below the owner, address, first community served, ID number, and account alread list below the owner, address, first community served, ID number, and account alread list below the owner, address, first community served, ID number, and account alread list below the owner, address, first community served, ID number, and account alread list below the owner, address and account alread list below the owner, and account alread list below the owner and account alrea	dy submitted to the Copyright Offce, please	
Owner Address		
ID number		
First community served		
Accounting period		

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