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

3/11/25

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

Accounting Period	July 1-December 31, 20	24						
D								
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 <i>If there were different owners during th</i> 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 t</i>	the last day of the accounting period should submit ng period.	01503				
	LEGAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM						
	Vyve Broadband A, LLC							
			*015	503720242				
			C	15037 2024/2				
	4 International Dr Suite 330 Bug Brook, NY 10573							
	Rye Brook, NY 10573	siness or trade names used to ident	tify the business and operation of the system ι	inloss those				
С			e system, if different from the address given in					
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)							
D	in FCC rules: "a separate and distinct c	community or municipal entitiy (inclue	A "community" is the same as a "community u ding unincorporated commuinites within uninc .5(dd). The first community that list will serve	orporated				
Area	5 5 V	,	use it as the first community on all future filings					
Served	Note: Entities and properties such as he the identified city.	otels, apartments, condiminiums, or	mobile home parks should be reported in par	atheses below				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First Community	OKEMAH	OK						

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SYSTEM:									SYST	
Name	Vyve Broadband A, LLC	;								()1503
Е	SECONDARY TRANSMISSION										
-	In General: The information in s			0		,					
Secondary	system, that is, the retransmission about other services (including p					•					
Transmission	last day of the accounting period	• • •			-		bei		ing on the		
Service: Sub-	Number of Subscribers: Both						e cab	le system	, broken		
scribers and	down by categories of secondary	y transmission	service	. In general, you	can con	npute the nu	mbe	r of subsc	ribers in		
Rates	each category by counting the n		,	0 , (0		charged		
	separately for the particular serv					•		,	no and the		
	Rate: Give the standard rate c unit in which it is generally billed	•	-	•				-			
	category, but do not include disc		,		y stanua			5 WILLIII a			
	Block 1: In the left-hand block				es of sec	condary tran	smis	sion servi	ce that cable		
	systems most commonly provide										
	that applies to your system. Not	e: Where an in	dividua	l or organization	is receiv	ing service	that f	alls under	different		
	categories, that person or entity							•			
	subscriber who pays extra for ca					d in the cour	nt un	der "Servi	ce to the		
	first set" and would be counted of Block 2: If your cable system					service that	are	different f	rom those		
	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 a										
	sufficient.		-								
	BLC	DCK 1						BLOCK			
		NO. OF		DATE	0.4.7				NO. OF	50	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CAT	EGORY OF	SER	VICE	SUBSCRIBE	RS	RAT
			20	40.00							
	Service to first set		20	40.00							
	Service to additional set(s)										
	 FM radio (if separate rate) 										
	Motel, hotel										
	Commercial		4	40.00							
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
_	SERVICES OTHER THAN SEC In General: Space F calls for rai				pect to a	Ill your cable	e sys	tem's serv	rices that were		
F		te (not subscrit	per) info	ormation with resp		5					
-	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar	te (not subscrib hose services re two exceptio	per) info that are ns: you	not offered in co do not need to g	mbinatio jive rate	on with any information	seco cono	ndary trar cerning (1)	smission services		
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Name	LEGAL NAME OF OWNE	R OF CABLE SYSTEM	Л:	Sì	STEM ID		
Nume	Vyve Broadband A	A, LLC			01503		
	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 [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						
lelevision	basis under specifc FCC r • Do not list the station her station was carried only	ules, regulations, or re in space G—but c / on a substitute bas	authorizations: lo list it in space l iis.	(the Special Statement and Program Log)—if the			
	basis. For further inform Column 1: List each st	nation concerning su ation's call sign. Do	ubstitute basis sta not report origina	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. Column 3: Indicate in a educational station, by ent (for independent multicast For the meaning of these the Column 4: Give the loo	eccording to its over- each case whether t ering the letter "N" (), "E" (for noncomme erms, see page (iv) cation of each station	thje-air designation he station is a net for network), "N-Mercial educational of the general ins n. For U.S. statior	tem carried the station. Identify each multicast stream on. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial I" (for network multicast), "I" (for independent), "I-M"), or "E-M" (for noncommercial educational multicast). structions. Ins, list the community to which the station is licensed by the of the community with which the station is identifed.			
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION			
		NUMBER	STATION				
	KDOR -Positiv TV/ Smile of	17.5	I-M				
	KDOR-Enlace HD 17.4 Bart	17.4	I-M	BARTLESVILLE OK			
	KDOR-TBN 17 Bartlesville,	17.1	I-M	BARTLESVILLE OK			
	KDOR-TBN Inspire 17.2 Ba	17.2	I-M	BARTLESVILLE OK			
	KGEB-IND 53 Tulsa, OK HD	53.1	I	TULSA OK			
	KJRH-ION PLUS 2.4 Tulsa,	2.4	I-M	TULSA OK			
	KJRH-Bounce TV 2.2 Tulsa	2.2	I-M	TULSA OK			
	KJRH-Laff 2.3 Tulsa, OK	2.3	I-M	TULSA OK			
	KJRH-NBC 2 Tulsa, OK HD	2.1	I-M	TULSA OK			
	KMYT-Heroes and Icons 42		 I-М	TULSA OK			
			I-M	TULSA OK			
	KMYT-MNT HD 41 Tulsa, C						
	KMYT-Start TV 41.3 Tulsa,	41.3	I-M				
	KOED World 11.2 Tulsa, O		E-M				
	KOED-Create 24.3 Shrevep		E-M				
	KOED-Kids 38.4 Tulsa, OK	38.4	E-M	TULSA OK			
	KOED-PBS 38 Tulsa, OK	38.1	E-M				
	KOED-PBS Create 38.2 Tul	38.2	E-M	TULSA OK			
	KOKI-DABL 23.3 Tulsa, OK	23.3	I-M	TULSA OK			
	KOKI-FOX HD 23 Tulsa, OK	23.1	I-M	TULSA OK			
	KOKI-MeTV 23.2 Tulsa, OK	23.2	I-M	TULSA OK			
	KOTV-CBS HD 6 Tulsa, OK	6.1	N-M	TULSA OK			
		P	· · · · · · · · · · · · · · · · · · ·				
	KOTV-News on 6 Now HD	6.3	I-M	TULSA OK			

Name	LEGAL NAME OF OWNER	R OF CABLE SYSTE	EM:	S	YSTEM ID				
Humo	Vyve Broadband A	A, LLC			01503				
	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 [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 specific FCC rules, regulations, or authorizations:								
	 Do not list the station her station was carried only List the station here, and basis. For further inform Column 1: List each station 	e in space G—but on a substitute ba also in space I, if nation concerning ation's call sign. D mber of the chann	do list it in space I asis. the station was car substitute basis sta o not report origina el on which the sta	(the Special Statement and Program Log)—if the 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. Column 3: Indicate in e educational station, by ent (for independent multicast) For the meaning of these t Column 4: Give the loc	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							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KRSU-ETV HD 35 Claremor	35.1	I	CLAREMORE OK					
	KTPX-Court TV 44.3 Okmu	44.3	I-M	OKMULGEE OK					
	KTPX-Grit 44.4 Okmulgee,	44.4	I-M	OKMULGEE OK					
	KTPX-ION HD 44 Okmulgee	44.1	I-M	OKMULGEE OK					
	KTUL - ABC HD	8.1	N-M	TULSA OK					
	KTUL - Antenna TV	8.3	I-M	TULSA OK					
	KTUL-Comet TV 8.2 Tulsa,	8.2	I-M	TULSA OK					
	KTUL-TBD TV 8.4 Tulsa, OK	8.4	I-M	TULSA OK					
	KWHB-IND 47 Tulsa, OK	47.1	I	TULSA OK					
	KWTV-News 9 NowOklaho	9.1	I	OKLAHOMA CITY OK					
	KMYT-Cozi 41.2 Tulsa, OK	41.2	I	TULSA OK					
	KDOR-Smile TV 17.3 Bartle	17.3	I-M	BARTLESVILLE OK					

ACCOUNTING PERIOD: 2024/2

FORM SA1-2. F EGAL NAME OF	OWNER OF O		YSTEM:				SYSTEM ID#	Name
Vyve Broad	band A, LL	с					015037	
all-band basis w Special Instruct eceivable if (1) on the basis of r For detailed info Column 1: lo Column 2: S Column 3: lf	t every radio s whose signals tions Concer it is carried by monitoring, to prmation abou lentify the call tate whether t the radio stati	tation ca were "ge rning All y the syst be receive t the the sign of e he statio ion's sign	rried on a separate and discre- nerally receivable" by your cal - Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s Copyright Office regulations o each station carried. n is AM or FM. nal was electronically processe	ble system durin Copyright Office r the system's he system's FM ante on this point, see	g the accountin egulations, an adend, and (2) nna, during ce page (v) of the	ng perio FM sigr i it can b rtain sta genera	d. al is generally e expected, ted intervals. I instructions.	H Primary Transmitter Radio
Column 4: G	ive the statior	n's locatio	a mark in the "S/D" column. The community to which the the community with which the			C or, in t	ne case of	
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:				015037			
Substitute	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify <i>every nonnetwork television program</i> broadcast by a distant station that your cable system carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fu explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage: Special Statement and	1. SPECIAL STATEMEN	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 								
Program Log	Note: If your answer is "No log in block 2.			age blank. If your answer i	s "Yes," you					
	 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 tille 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 during the accounting period; enter the letter "P" if the listed program was substituted for programming t									
	SI	JBSTITUT	E PROGRAM	1		EN SUBSTITUTE	7. REASON			
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
						<u>_</u>				
							···			

FORM SA1	2. PAGE 6.	0.0751415.4	
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 015037	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the ta all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission s (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, page (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.	ervice	K Gross Receipts
		it of gross receipts)	
Instructio	SHT ROYALTY FEE ns: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 vi) of the general instructions for more information.		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 this six- accounting period is \$52.00	montł	
	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)	02.00	
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	00	
		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 Remittan	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
ce 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 A	vailable	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of C See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more i		

ACCOUNTING PERIOD: 2024/2

		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID 015037
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	stations
Channels	1. Enter the total number of channels on which the cable system carried television broadcast stations	35
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	152
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) 914-234-836	3
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulars 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) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable 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 identifed as ov in line 1 of space B.	vner of the cable system
	 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)] 	ed herein
	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: 2/1/2025	

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.

ACCOUNTING PERIOD: 2024/2

FORM	SA1-2.	PAGE	8
FURIN	SA 1-2.	PAGE	о.

	EM ID# Name
Vyve Broadband A, LLC 0)15037
 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 following 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 subscribers 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. 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	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) (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** 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.	
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 (F	2II) requested on th

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 the 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.