## 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

STATEMENT OF ACCOUNT

for Secondary Transmissions by

Cable Systems (Short Form)

FOR COPYRIGHT OFFICE USE ONLY

AMOUNT

## SA1-2 Short Form

Return to:

Library of Congress Copyright Office

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

			3/11/25	\$		Washington, DC 20557-6400 (202) 707-8150			
General instruend of this for			3/11/23		ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions			
A Accounting Period	AC	COUNTING PERIOD COVERE July 1-December 31, 20							
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 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.       022112         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       0400000000000000000000000000000000000								
		Vyve Broadband A, LLC				*02211720242 022117 2024/2			
	ING	4 International Dr Suite 330 Rye Brook, NY 10573 STRUCTIONS: In line 1, give any bu		identify the	husiness and exercise of	the system upless these			
С		nes already appear in space B. In lir							
System	1	IDENTIFICATION OF CABLE SYSTEM:							
	Ŀ								
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite nu	mber)						
		(City, town, state, zip code)							
	Ins	tructions: List each separate comm	nunity served by the cable syst	em. A "cor	mmunity" is the same as a "o	community unit" as defined			
D	in F	CC rules: "a separate and distinct c	community or municipal entitiy (	including u	inincorporated commuinites	within unincorporated			
		as and including single, discrete uni system identification hereafter know							
Area Served		e: Entities and properties such as h							
		identified city.							
		CITY OR TOWN	STATE		CITY OR TOWN	STATE			
First Community	BA	LLINGER	ТХ						
Privacy Act Notic	e: Sec	tion 111 of title 17 of the United States Code	authorizes the Copyright Offce to colle	ct the persona	ally identifying information (PII) requ	ested on this			
form in order to pro	ocess y	our statement of account. PII is any personal	information that can be used to identif	y or trace an	individual, such as name, address a	and telephone			
		<ol> <li>you are agreeing to the routine use of it to e for the public. The effects of not providing the</li> </ol>							

completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Vyve Broadband A, LLC			0221				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
-								
D								
continued)			Ц.					
Area			Ц.					
Served								
			Ц					
			L					

	LEGAL NAME OF OWNER OF C							SA3. PAGE	
Name			:				515	02211	
	Vyve Broadband A, LLC	)						0221	
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBERS AND R	ATES					
E	In General: The information in s	pace E should	cover all categories o	of secondar	ry transmission	service of	the cable		
	system, that is, the retransmission				•				
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the								
Transmission	, .	ast 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: Sub-		•				-			
scribers and Rates	down by categories of secondary each category by counting the n								
Nates	separately for the particular serv					-	senarged		
	Rate: Give the standard rate c				•	,	ge and the		
	unit in which it is generally billed.	. (Example: "\$	20/mth"). Summarize a	any standa	rd rate variation	ns within a	particular rate		
	category, but do not include disc								
	Block 1: In the left-hand block	•	-		•				
	systems most commonly provide								
	that applies to your system. Not		-		-				
	categories, that person or entity subscriber who pays extra for ca					•			
	first set" and would be counted o								
	Block 2: If your cable system I				service that are	e different f	from those		
	printed in block 1 (for example, ti	iers of service	s that include one or m	nore secon	dary transmissi	ons), list th	em, together		
	with the number of subscribers a	ind rates, in th	e right-hand block. A t	wo- or thre	e-word descript	tion of the	service is		
	sufficient.								
	BLC	DCK 1		µ		BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		САТІ	EGORY OF SEI		NO. OF SUBSCRIBERS	RAT	
	Residential:	SUBSCRID	ERS NATE	CATE	EGORT OF SEI	NICE	SUBSCRIBERS	NA1	
	Service to first set	34	40.00						
		34	40.00						
	Service to additional set(s)								
	• FM radio (if separate rate)								
	Motel, hotel	_							
	Commercial	5	25.00						
	Converter								
	Residential								
	Non-residential							]	
								I	
	SERVICES OTHER THAN SEC								
F	In General: Space F calls for rat	•	,	-	• •				
F	not covered in space E, that is, the			combination			amiaaian		
	service for a single fee. There ar	e two exceptio							
Comilana				o give rate	information con	cerning (1	) services		
Services Other Than	furnished at cost or (2) services	or facilities fur	nished to nonsubscribe	o give rate ers. Rate ir	information con	icerning (1 Ild include	) services both the		
Other Than	furnished at cost or (2) services a amount of the charge and the un	or facilities fur it in which it is	nished to nonsubscribe	o give rate ers. Rate ir	information con	icerning (1 Ild include	) services both the		
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	1			F	ORM SA1-2. PAGE 3.			
Name	LEGAL NAME OF OWNER OF CABLE SYST	EM:			SYSTEM ID#			
	Vyve Broadband A, LLC				022117			
	PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations)							
G	In General: In space G, identify every televis carried by your cable system during the account		•					
<b>U</b>	FCC rules and regulations in effect on June		,					
Primary Transmitters:	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.							
Television	Substitute Basis Stations: With respect		ons carried by your	cable system on a substitute program				
	<ul> <li>basis under specifc FCC rules, regulations, or</li> <li>Do not list the station here in space G—but</li> </ul>		(the Special States	nont and Program Log) if the				
	station was carried only on a substitute ba		(the opecial state)					
	<ul> <li>List the station here, and also in space I, if basis. For further information concerning</li> </ul>							
	Column 1: List each station's call sign. D	o not report origina	tion program servic	es such as HBO, ESPN, etc.				
	Column 2: Give the number of the channel This may be different from the channel on wi			2				
	associated with a station according to its over							
	the same on the form. Column 3: Indicate in each case whether	the station is a net	work station an inc	dependent station, or a noncommercial				
	educational station, by entering the letter "N"			•				
	(for independent multicast), "E" (for noncomment For the meaning of these terms, see page (in			commercial educational multicast).				
	<b>Column 4:</b> Give the location of each stati			ity to which the station is licensed by the				
	FCC. For Mexican or Canadian stations, if a	ny, give the name o	f the community wi	th which the station is identifed.				
			[					
		2. B'CAST	3. TYPE	6. LOCATION OF STATION				
	SIGN	CHANNEL NUMBER	OF STATION					
	KPCB-IND 17 Snyder, TX	17	E	Snyder TX				
	KRBC-NBC 9 Abilene, TX	9	N	Abilene TX				
	KTAB-CBS 32 Abilene, TX	32	N	Abilene TX				
	KTAB-Telemundo 32.2 Abilene, TX		I-M	Abilene TX				
	KTXS-ABC 12 Sweetwater, TX	12	N	Sweetwater TX				
	KTXS-CW 12.2 Sweetwater, TX	. <u>-</u> 12.2	I-M	Sweetwater TX				
	KXVA-FOX 15 Abilene, TX	. <u></u> 15	 I	Abilene TX				
		15						
L			1	L				

## ACCOUNTING PERIOD: 2024/2

FORM SA1-2. F EGAL NAME OF	F OWNER OF (		YSTEM:				SYSTEM ID#	Name
/yve Broadl	band A, LL	С					022117	
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 eceivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, by the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals.						H Primary Transmitter Radio		
or detailed info Column 1: lo Column 2: S Column 3: lf Ignal, indicate Column 4: G	ormation abou dentify the call state whether t the radio stat this by placing Sive the station	t the the sign of e he statio ion's sigr g a check n's locatio	Copyright Office regulations of each station carried. In is AM or FM. In al was electronically processes mark in the "S/D" column. In the community to which the the community with which the	on this point, see ed by the cable s e station is licens	page (v) of the ystem as a sep ed by the FCC	e genera parate a	l instructions. nd discrete	huit
	AM or EM	8/D			AM or EM	8/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	·							
		1						

FORM SA1-2. PAGE 5.

Name	LEGAL NAME OF OWNER OF Vyve Broadband A, LL		TEM:					<b>SYSTEM ID#</b> 022117
l	SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac	fy every no	nnetwork televi	sion program broadcast by	a distant stati			
Substitute Carriage: Special Statement and Program Log	explanation of the programm <b>1. SPECIAL STATEMEN</b> • During the accounting per broadcast by a distant sta <b>Note:</b> If your answer is "No log in block 2.	CONCER iod, did yo tion?	RNING SUBS ur cable syster	TITUTE CARRIAGE m carry, on a substitute ba	asis, any non	network televis	Yes	XNo
	2. LOG OF SUBSTITUTE In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mon first. Example: for May 7 gi Column 6: 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, ies like "mo Bulls." m was broa sign of the adcast stati hadian stati hath and day we "5/7." es when th Example: er "R" if the and regulat	am on a separ attach additio onnetwork tele tion and that y or authorizatio ovies" or "bask udcast live, ent station broadc ion's location ( ons, if any, the v 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 substitute ogram was carried by you ried by a system from 6:0° m was substituted for prog luring the accounting period	program) the ted for the pr neral instruct am titles, for "No." ram. le station is li e station is li e program. U Ir cable syste 1:15 p.m. to 6 ramming tha od; enter the	at, during the a ogramming of a tions for further example, "I Lov censed by the lentified). se numerals, w m. List the time 5:28:30 p.m. sh t your system v letter "P" if the	FCC or, ir with the more accurate ve Lucy" of FCC or, ir with the more accurate ould be was requir listed pro	ation on. r onth ely ed
	SI	JBSTITUT	E PROGRAM	1		EN SUBSTITU		7. REASON
	1. TITLE OF PROGRAM		3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIME FROM —		FOR DELETION

	A1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
	Vyve Broadband A, LLC	022117	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 transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions.	ssion service	K Gross Receipts
	Gross receipts from subscribers for secondary transmission service(s) during the accounting period	<b>\$ 9,490.00</b> (Amount of gross receipts)	
Instruc	RIGHT ROYALTY FEE tions: 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 \$2 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 e (vi) of the general instructions for more information.	63,800	L Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$ 52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$ 52.00	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100	)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,60	0)	
	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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	4 Develop For Develop for Accounting Deviced (formulated a Constant)	¢ 50.00	
Total Remit		\$ 52.00	
tance	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 f	or more information.	

ACCOUNTING PERIOD: 2024/2

	00.2024/2	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID 022117
M	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.	stations
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	7
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	46
<b>N</b> Individual to	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)	
Be Contacted for Further Information	Name Marie Censoplano Telephone	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	3
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regul as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	ations,
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B	
	<ul> <li>(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</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner is not a corporation).</li> </ul>	-
	<ul> <li>in line 1 of space B.</li> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact containe are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	d herein
	Handwritten signature: /s/ Daniel J White	
	Typed or printed name: <b>Daniel J White</b>	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 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. PA	GE 8	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Vyve Broadband A, LLC 022117	Name
<ul> <li>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."     </li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</li> <li>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?</li> <li>NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name     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
x	Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	
space L, (page 7)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance 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 (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 Office'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.