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 Period	July 1-December 31, 2024							
Period	Restaustions Van file has been stablished under the information given below 16th and on the line of the control							
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.							
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM						
	Vyve Broadband J, LLC							
			00	241620242				
				002416 2024/2				
	Four International Drive, St Rye Brook, NY 10573	uite 330						
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM: 2504 Westwood Rd (Number, street, rural route, apartment, or suite number) 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	'		ding unincorporated communites within unin	•				
Area		. ,	i.5(dd). The first community that list will serve use it as the first community on all future filing					
Served		•	r mobile home parks should be reported in pa					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE				
First	Lake Arthur	LA						
Community	Geuydan	LA		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Roanoke	LA						
	Welsh	LA						
			-					
			-					

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

First set

Converter

Additional set(s)

• FM radio (if separate rate)

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002416 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: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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 82 40.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 22 40.00 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, Secondary enter only the letters "PP" in the rate column. 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential 19.95 · Motel, hotel T&M · Pay cable • Pay cable—add'l channel T&M 15.95 Commercial Fire protection N/A • Pay cable T&M Burglar protection N/A • Pay cable-add'l channel T&M Installation: Residential Fire protection N/A

59.99

19.99

N/A

· Burglar protection

Other services: Reconnect

Disconnect

Outlet relocation

· Move to new address

N/A

29.99

29.99

29.99

1504

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 002416

Vyve Broadband J, LLC

PRIMARY TRANSMITTERS: TELEVISION



Name

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
	NUMBER	STATION	
KADN 15 (FOX) Lafayette	15.1	I-M	Lafayette, LA
KADN 15.2 (KLAF) (NBC)) Lafa	15.2	N-M	Lafayette, LA
KATC Laff 3.2 Lafayette	3.2	I-M	Lafayette, LA
KATC 3 (ABC) Lafayette	3.1	N	Lafayette, LA
KLFY 10 (CBS) Lafayette	10.1	N	Lafayette, LA
KLTL 18 (PBS) Lake Charles	20	E-M	Lake Charles, LA
KLTL-HD 18 (PBS) Lake Charle	20.1	E-M	Lake Charles, LA

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	FOWNER OF C	CABLE SY	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band J, LLC							002416	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an							Н		
all-band basis whose signals were "generally receivable" by your cable system during the accounting period.									
			-Band FM Carriage: Under (Primary
on the basis of	monitoring, to	be receiv		sy	stem's FM anter	nna, during ce	rtain sta	ted intervals.	Transmitters: Radio
on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete									
			mark in the "S/D" column.						
			on (the community to which th	ne	station is licens	ed by the FCC	or. in th	ne case of	
			the community with which the						
			T						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				,	SYSTEM ID#		
Name	Vyve Broadband J, LLC									
] Subatituta	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 substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. I explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Substitute Carriage:	· · ·				ie general ins	iructions.				
Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and Program Log	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XNo									
	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 subsclear. If you need more spacelear. If you need more spacelear it is not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the brothe case of Mexican or Carcolumn 5: Give the more first. Example: for May 7 gicolumn 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	nal pages. vision program (substitute our cable system substitute ns. See page (v) of the ge etball." List specific progr er "Yes." Otherwise enter casting the substitute programe 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 progluring the accounting peri	e program) the steed for the program titles, for "No." gram. The station is like station is like program. Usur cable systems 1:15 p.m. to 6 gramming that od; enter the	at, during togramming tions for full example, " dicensed by dentified). dise numeratem. List the 6:28:30 p.n. t your syst letter "P" if	the accounting of another so ther information in Love Lucy" of the FCC or, in als, with the materials accurate in should be the listed pro	tation ion. or n onth tely				
			1 1	EN SUBST		7 DEACON				
	S		E PROGRAM		1	IAGE OC	TIMES	7. REASON FOR DELETION		
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO			
					-					
					-		<u> </u>	"		
					-		<u> </u>			
					-		<mark></mark>	"		
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FORM SA1-2. F	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 002416	Namo
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (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. Gross receipts from subscribers for secondary transmission service(s)	ssion service nount, see	K Gross Receipts
	during the accounting period	26,377.00 (Amount of gross receipts)	
Instructions:	ROYALTY FEE 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 \$26 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 If the general instructions for more information.	53,800	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 the accounting period is \$52.00	nis 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	
	1. Base amount under statutory formula		1
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	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		I
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 52.00	
Due	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 fo	or more information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC 002416
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.
	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) Fax (optional)
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce 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: /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

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LEGAL NAME OF OWNER OF CABLE Vyve Broadband J, LLC	SYSTEM:		S'	YSTEM ID# 002416	Name
The Satellite Home Viewer Act of lowing sentence: "In determining the total is service of providing seco	ONCERNING GROSS RECE of 1988 amended Title 17, section 1 number of subscribers and the gross ondary transmissions of primary broadlected from subscribers receiving se	11(d)(1)(A), of the Copy s amounts paid to the ca adcast transmitters, the	right Act by adding the for able system for the basic system shall not include	; sub-	P Special Statement
For more information on when to During the accounting period did made by satellite carriers to sate	o exclude these amounts, see the no	ote on page (vii) of the gounts of gross receipts fo	eneral instructions.		Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSMENT	 ГS				
	eet for those royalty payments subm ssessment, see page (viii) of the ger		e payment or underpaym	ent.	Q
Line 1 Enter the amount of late	payment or underpayment		x		Interest Assessment
Line 2 Multiply line 1 by the inte	erest rate* and enter the sum here .			_	
			x	days	
Line 3 Multiply line 2 by the nur	mber of days late and enter the sum	n here	x 0.00274	-	
	74** enter here and on line 3, block 4		\$ (interest char	- ge)	
	nart click on <i>www.copyright.gov/licer</i> sion at (202) 707-8150 or licensing@		or further assistance ple	ease	
** This is the decimal equiva	lent of 1/365, which is the interest a	ssessment for one day	ate.		
NOTE: If you are fling this works	sheet covering a statement of accourst community served, ID number, a	int already submitted to	the Copyright Offce, plea		
Owner Address					
ID number					
First community served					
Accounting period				***************************************	

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