THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2 Short Form

Return to:

(202) 707-8150

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					

Library of Congress
Copyright Office

Licensing Division
101 Independence Ave. SE
Washington, DC 20557-6400

For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVEREI	D BY THIS STATEMENT:				
Accounting Period		July 1-December 31, 20	24				
B	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.						
	LE	GAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM				
		Vyve Broadband A, LLC					
				00	40582	20242	
					004058	_	
		4 International Dr Suite 330 Rye Brook, NY 10573					
С	INS		siness or trade names used to iden	tify the business and operation of the system	unless th	ese	
•	nan		ne 2, give the mailing address of the	e system, if different from the address given i	n space B	-	
System	1	IDENTIFICATION OF CABLE SYSTEM:					
		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	unity served by the cable system.	A "community" is the same as a "community	unit" as de	efined	
D		•	, , , , ,	ding unincorporated commuinites within unin .5(dd). The first community that list will serve			
Area		5 5 1	. ,	se it as the first community on all future filing		"	
Served		e: Entities and properties such as ho identified city.	otels, apartments, condiminiums, or	mobile home parks should be reported in pa	aratheses	below	
		CITY OR TOWN	STATE	CITY OR TOWN	ST	ATE	
First Community		RINGTON CKINSON COUNTY	KS KS				
,							
	 						

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:					
	Vyve Broadband A, LLC CITY OR TOWN	STATE	CITY OR TOWN	00405 STATE		
	CITTOR TOWN	STATE	CITTOR TOWN	SIAIE		
D			_			
(continued)						
Area						
Served						
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			_			
			_			

• FM radio (if separate rate)

Converter

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 004058 Vyve Broadband A, 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 27 40.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 16 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 · Motel, hotel · Pay cable 19.95 • Pay cable—add'l channel Commercial Fire protection • Pay cable Burglar protection Pay cable-add'l channel Installation: Residential Fire protection First set Burglar protection 64.95 Additional set(s) Other services:

Reconnect

Disconnect

Outlet relocation

· Move to new address

39.95

20.00

39.95

ACCOUNTING PERIOD: 2024/2 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 004058 Vyve Broadband A, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 [section: 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 ε Primary substitute program basis, as explained in the next paragraph Transmitters: Television 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 th∉ 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 othe 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 noncommercia 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 identifec

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KSAS-Comet 24.3 Wichi	24.3	I-M	Wichita KS
KSAS-FOX 24 Wichita, K	24	<u> </u>	Wichita KS
KSAS-MyNetwork 24.2 V	24.2	I-M	Wichita KS
KAKE-ABC 10 Wichita, I	10	N	Wichita KS
KPTS-PBS 8 Hutchinsor	8	E	Hutchinson KS
KSCW-CW 33 Witchia, K		<u> </u>	Wichita KS
KSNW-NBC 3 Wichita, K	3	N	Wichita KS
KWCH-CBS 12 Hutchins	12	N	Hutchinson KS
KWCH-Weather 12.2 Hut	12.2	I-M	Hutchinson KS

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	F OWNER OF (CABLE S'	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						004058	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: Lis	t every radio s	tation ca	rried on a separate and discr	et	te basis and list t	those FM stati	ons carr	ried on an	Н
			enerally receivable" by your ca						
Special Instruc	stions Conso	rning All	I-Band FM Carriage: Under (<u> </u>	opyright Office r	agulations an	EM sign	nal is gaparally	Drimon
			tem whenever it is received a						Primary Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations						
			each station carried.		. ,		J		
Column 2: S	state whether t	he statio	n is AM or FM.						
			nal was electronically process	е	d by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.						
			on (the community to which th				C or, in t	ne case of	
Mexican or Can	iadian stations	s, it any,	the community with which the) S	station is identifie	ea).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Γ	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
O/ LEE OIOIN	7 UVI OI I IVI	O/B	EGO/MIGIT OF CI/MIGIT	t	O/ LEE GIGIT	7 UVI OI I IVI	O/B	ECONTION OF CINTION	
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	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Vyve Broadband A, LL	-C						004058		
1	SUBSTITUTE CARRIAG									
Substitute	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 explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage: Special Statement and	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta		e rest of this pa	ige blank. If your answer i	s "Yes," you	must comple		X No ram		
	log in block 2. 2. LOG OF SUBSTITUTI									
	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.							onth		
	S	UBSTITUT	E PROGRAM	1	FOR DELETION			7. REASON		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM —	FOR DELETION TO			
								,		
							- 			
						_		,		
						_				
						_				

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 004058	Name
		on service	K Gross Receipts
Instructions:		(Amount of gross receipts) 800 six-mon! \$ 52.00 0.00	L Copyright Royalty Fee
	4. Enter the amount of gross receipts from space K 5. Enter the amount from line 3		
	6. Interest charge. Enter the amount from line 4, space Q, page 8	,319.00 0.00	
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	15.00 \$ 67.00 Not Available	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC 004058
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 914-235-8313
	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
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)! 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: Isl 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 Vyve Broadband A, LL			S	O04058	Name
The Satellite Home Viewe lowing sentence: "In determining the service of providin	NT CONCERNING GROSS RECE er Act of 1988 amended Title 17, section 1 e total number of subscribers and the gros g secondary transmissions of primary bro- unts collected from subscribers receiving s	11(d)(1)(A), of the Copy as amounts paid to the ca adcast transmitters, the	right Act by adding the fo able system for the basic system shall not include	sub-	P Special Statement
For more information on v During the accounting per made by satellite carriers X NO	when to exclude these amounts, see the n	ote on page (vii) of the gounts of gross receipts fo	eneral instructions.		Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESS	MENTS				
	orksheet for those royalty payments subnrest assessment, see page (viii) of the ge		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 interest rate* and enter the sum here .			- dava	
Line 3 Multiply line 2 by	the number of days late and enter the sun	n here	× 0.00274	days	
	0.00274** enter here and on line 3, block (page 7)		\$ (interest charge	- ge)	
	rate chart click on www.copyright.gov/lice g Division at (202) 707-8150 or licensing@		or further assistance ple	ase	
** This is the decimal	equivalent of 1/365, which is the interest a	assessment for one day I	ate.		
NOTE: If you are fling this	s worksheet covering a statement of accouress, first community served, ID number, a	unt already submitted to	the Copyright Offce, plea		
Owner Address					
ID number					
First community served Accounting period					
		***************************************		***************************************	

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