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

A	AC	COUNTING PERIOD COVEREI	D BY THIS STATEMENT:						
Accounting		July 1-December 31, 20	24						
Period									
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. X 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							
				63	38902	0242			
					63890	2024/2			
		4 International Dr Cuita 220							
		4 International Dr Suite 330 Rye Brook, NY 10573							
			singes or trade names used to iden	tify the business and operation of the system u	ınlace the	200			
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 nu	mber)						
		(City, town, state, zip code)							
	Inst	ructions: List each separate comm	unity served by the cable system.	A "community" is the same as a "community ur	nit" as de	fined			
D		•		ding unincorporated commuinites within uninco					
A		5 5 .	• •	.5(dd). The first community that list will serve a use it as the first community on all future filings.		1			
Area Served		•	•	r mobile home parks should be reported in para		pelow			
		identified city.	, , , , , ,						
-	г	CITY OR TOWN	STATE	CITY OR TOWN	STA	ATE			
First Community	Eu	dora	AR						
•									

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 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 fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

	LEGAL NAME OF OWNER OF CABLE SY		SYSTEM ID#				
Name	Vyve Broadband A, LLC		638				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
_							
D							
(continued)							
Area							
Served							
			_				
			_				

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 63890 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 63 40.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 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

Burglar protection

Outlet relocation

· Move to new address

39.95

20.00

39.95

Other services:

Reconnect

Disconnect

64.95

	LEGAL N		SYSTEM ID#				
Name	Vyve E	Broadband A, L	LC		63890		
	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						
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION			
	KTVE-NBC Monroe, LA KARD-FOX Monroe, LA WMAO-PBS Greenwood KATV - ABC KTHV-CBS Little Rock	NUMBER 10 14 23 7 11	STATION N I E N N	Monroe, LA Monroe, LA Grenwood, MS Little Rock AR Little Rock AR			

FORM SA1-2. PAGE 4.									
LEGAL NAME OF	F OWNER OF (CABLE S'	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	С						63890	
PRIMARY TRA	NGMITTEDS:	PADIO							
			rried on a senarate and discre	et	te hasis and list t	those FM stati	ons carr	ied on an	Н
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.								• • •	
	_	_							
			I-Band FM Carriage: Under (Primary
			tem whenever it is received a						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of	or	n this point, see	page (v) of the	e genera	I instructions.	
	•	-	each station carried. n is AM or FM.						
			nal was electronically process	_	d by the cable s	vetem as a se	narate a	nd discrete	
			mark in the "S/D" column.		a by the cable of	yotem do d oc	purate a	na alsoroto	
			on (the community to which th	ne.	station is licens	ed by the FC0	or in t	he case of	
			the community with which the				,		
		•	•			,			
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 A, Ll	_C						63890		
Substitute	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 explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Carriage: Special Statement and Program Log	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 p 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 mear 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 accour period, was broadcast by a distant station and that your cable system substituted for the programming of anoth under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further inform Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Luc "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 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 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 acc 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 substitute program.										
	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 pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASO									
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FC		FOR DELETION		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	S	4STEM ID# 63890	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 transm (as identifed in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	ssion service mount, see	5,172.00	K Gross Receipts
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gro	*	
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 \$2 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.	963,800		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 accounting period is \$52.00	this 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 \$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)			
	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			
 -				
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 Availa	ble	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab f	or more informa	ation.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC 63890
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
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
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) 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: 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 C Vyve Broadband A, LLC			S	63890	Name
The Satellite Home Viewer lowing sentence: "In determining the to service of providing	Act of 1988 amended Title 17, section 1 total number of subscribers and the gros secondary transmissions of primary broats collected from subscribers receiving s	11(d)(1)(A), of the Copy as amounts paid to the cadcast 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 who During the accounting period made by satellite carriers to X NO	hen to exclude these amounts, see the nood did the cable system exclude any amo	ote on page (vii) of the o	general instructions.		Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSM	IENTS				
	orksheet for those royalty payments submest assessment, see page (viii) of the ger		e payment or underpaym	ent.	Q
Line 1 Enter the amount o	of late payment or underpayment		x		Interest Assessment
Line 2 Multiply line 1 by th	ne interest rate* and enter the sum here .			-	
			х	days	
Line 3 Multiply line 2 by th	ne number of days late and enter the sum	n here	x 0.00274	<u> </u>	
	.00274** enter here and on line 3, block opage 7)		\$ (interest charge	- ge)	
	ate chart click on <i>www.copyright.gov/licer</i> Division at (202) 707-8150 or licensing@		For further assistance ple	ase	
** This is the decimal ed	quivalent of 1/365, which is the interest a	assessment for one day	late.		
NOTE: If you are fling this v	worksheet covering a statement of accounts, 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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