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				
08/27/2018	\$ 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 COVERED BY THIS STATEMENT:						
Accounting Period	January 1, 2018 - June	30, 2018 					
Bowner	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 If there were different owners during the a single statement of account and royalty fee	prrect information beside it. the cable system. If the owner is a sub- tent corporation. incih the owner conducts the business of the accounting period, only the owner on the payment covering the entire accounts.	the last day of the accounting period should subm	oit 032491			
	LEGAL NAME OF OWNER/MAILING ADI	DRESS OF CABLE SYSTEM					
	Vyve Broadband A, LLC						
			03	3249120181			
				032491 2018/1			
	4 International Dr Suite 330 Rye Brook, NY 10573						
С			ntify the business and operation of the systeme system, if different from the address given i				
System	1 IDENTIFICATION OF CABLE SYSTEM:	to 2, give the maining address of the	e system, il amerent from the address given i				
	MAILING ADDRESS OF CABLE SYSTEM:						
	2 (Number, street, rural route, apartment, or suite nu	imber)					
	(City, town, state, zip code)						
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below						
	the identified city. CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First	LANGSTON, OK						
Community	COYLE, OK						
							

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	Vyve Broadband A, LLC	OTOTEW.		SYSTEM 0324
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
D				
ontinued)				
Area				
Served				
			 	
			<u> </u>	
			 	
			 	
			 	
			 	
			H	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			 	
			<u> </u>	
			<u> </u>	

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 032491 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 last day of the accounting period (June 30 or December 31, as the case may be). **Transmission** Service: Sub-Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken scribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 SUBSCRIBERS CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 113 49.25 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 2 RATE CATEGORY OF SERVICE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE **Continuing Services:** Installation: Non-residential Pay cable · Motel, hotel 14.95 • Pay cable—add'l channel Commercial Fire protection Pav cable Burglar protection · Pay cable-add'l channel Installation: Residential Fire protection First set 64.95 Burglar protection Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95 Converter

 Disconnect Outlet relocation

· Move to new address

20.00

39.95

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 032491

Vyve Broadband A, LLC



Primary Transmitters: Television

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 NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KAUT-IND	43	I	OKLAHOMA CITY OK
KOCM-IND	46	l	NORMAN OK
KFOR-NBC	4	N	OKLAHOMA CITY OK
KOCO-ABC	5	N	OKLAHOMA CITY OK
KOPX-ION	62	l	OKLAHOMA CITY OK
KWTV-CBS	9	N	OKLAHOMA CITY OK
кокн-ғох	25	l	OKLAHOMA CITY OK
KOCB-CW	34	l	OKLAHOMA CITY OK
KETA-PBS	13	E	OKLAHOMA CITY OK
KTBO-TBN	14	<u> </u>	OKLAHOMA CITY OK

FORM SA1-2. F									
LEGAL NAME OF			YSTEM:					SYSTEM ID#	Name
Vyve Broadl	band A, LL	<u>C</u>						032491	
PRIMARY TRA									
			irried on a separate and discr						Н
all-band basis w	vhose signals	were "ge	enerally receivable" by your ca	at	ole system during	g the accounti	ng perio	d.	
Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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.						Primary Transmitters: Radio			
		-	n is AM or FM.						
			nal was electronically process	se	d by the cable s	ystem as a se	parate a	nd discrete	
			mark in the "S/D" column.						
			on (the community to which the				C or, in t	he case of	
Mexican or Can	adian stations	s, if any,	the community with which the	9 5	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	T	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						032491
	OUDOTITUTE OADDISS	- 05=6:		NIT AND DDGGDAY:				
1	SUBSTITUTE CARRIAGI		_					
•	In General: In space I, identify <i>every nonnetwork television program</i> 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							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN	CONCE	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	During the accounting per		ur cable syster	n carry, on a substitute ba	sis, any non	_		
Program Log	broadcast by a distant sta				<i>(</i> 2.4. II			XNo
	Note: If your answer is "No	", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you	must complete	e the progra	am
	log in block 2. 2. LOG OF SUBSTITUTE	PROGRA	AMS					
	In General: List each subs	titute progr	am on a separ		s wherever p	ossible, if thei	r meaning	is
	clear. If you need more spa			nal pages. vision program (substitute	nrogram) th	ot during the	a a a a untin a	
	period, was broadcast by a							
	under certain FCC rules, re	gulations,	or authorization	ns. See page (v) of the ge	neral instruc	tions for furthe	er informati	on.
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	im titles, for	example, "I Lo	ve Lucy" o	r
	Column 2: If the program	n was broa		er "Yes." Otherwise enter				
				asting the substitute programments as the community to which the		concod by the	SECC or in	,
	the case of Mexican or Car						; i CC 0i, ii	ı
			when your sy	stem carried the substitute	e program. L	lse numerals,	with the mo	onth
	first. Example: for May 7 gir Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m. List the tim	nes accurat	telv
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.m. s	hould be	,
	stated as "6:00–6:30 p.m."	er "R" if the	e listed program	n was substituted for prog	ramming tha	t vour system	was requir	ed
	to delete under FCC rules a	and regulat	ions in effect d	uring the accounting perio	d; enter the	letter "P" if the	listed pro	
	gram was substituted for preffect on October 19, 1976		g that your sys	tem was permitted to dele	te under FC	C rules and re	gulations ir	1
	effect off October 19, 1970	•			_			T
	_					EN SUBSTITU		7. REASON
	S		E PROGRAM 3. STATION'S		5. MONTH	IAGE OCCUF 6. TIM		FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	TO	DELETION
						_		
						_	•••••••	
						_		
						_		
						_		
						_		
						_		
					1			

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Vyve Broadband A, LLC	032491	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this apage (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	nission servici amount, sei \$ 35,595.00	K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.	263,801	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-month	
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 \$137,1	00)	
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	,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		
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pageneral instructions for more information.	ge I of the	

FORM SA1-2. PAGE 7.

Nome	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Name	Vyve Broadband A, LLC	032491					
	CHANNELS						
М							
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast	stations					
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.						
Onao.c	Enter the total number of channels on which the cable	40					
	system carried television broadcast stations	10					
	2. Enter the total number of activated channels						
	on which the cable system carried television broadcast stations	40					
	and nonbroadcast services						
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom						
Individual to	we can write or call about this statement of account.)						
Be Contacted							
for Further	Name Marie Censoplano Telephone 9	914-235-8313					
Information	Name Marie Censopiano	714 200 0010					
	Address A International Dr Cuita 220						
	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						
_	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations,						
0	as explained in the general instructions.)						
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)						
	(C) (I) the control of the control o	5 -					
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or					
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cabl in line 1 of space B and that the owner is not a corporation or partnership; or	e system as identified					
		,					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o in line 1 of space B.	wner of the cable system					
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contain are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	ed herein					
	[18 U.S.C., Section 1001(1986)]						
	Handwritten signature: /s/ Daniel J White						
	Tranuwritten signature.						
	Typed or printed name: Daniel J White						
	Title: SVP Financial Planning						
	(Title of official position held in corporation or partnership)						
	Date: 8/24/18						

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 032491	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSION The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Coplowing sentence: "In determining the total number of subscribers and the gross amounts paid to the service of providing secondary transmissions of primary broadcast transmitters, the scribers and amounts collected from subscribers receiving secondary transmission	oyright Act by adding the fol- cable system for the basic e system shall not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the During the accounting period did the cable system exclude any amounts of gross receipts made by satellite carriers to satellite dish owners? X NO	for secondary transmissions	Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a la For an explanation of interest assessment, see page (viii) of the general instructions.	ite payment or underpayment.	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	xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
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 . contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	(interest charge) For further assistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day	y late.	
NOTE: If you are fling this worksheet covering a statement of account already submitted to list below the owner, address, first community served, ID number, and accounting period a		
Owner Address		
ID number		
First community served		
Accounting period		

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