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	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 COVERE	D BY THIS STATEMENT:					
Accounting	January 1, 2018 - June	30, 2018					
Period	• .						
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 AD	DRESS OF CABLE SYSTEM					
	Vyve Broadband A, LLC						
			03	3936020181			
				039360 2018/1			
	4 International Dr Suite 330)					
	Rye Brook, NY 10573						
		siness or trade names used to ider	ntify the husiness and operation of the system	n unless these			
C	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	:					
	2 (Number, street, rural route, apartment, or suite n	umber)					
		umbory					
	(City, town, state, zip code)						
D	•		A "community" is the same as a "community uding unincorporated communities within uni				
	• •		6.5(dd). The first community that list will serv				
Area		-	use it as the first community on all future filin	•			
Served	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	Wagoner	OK					
Community							
				†			

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 suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

FORM SA3, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039360 Vvve 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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission 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 ⊨, 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 NO. OF NO. OF CATEGORY OF SERVICE RATE CATEGORY OF SERVICE **SUBSCRIBERS SUBSCRIBERS RATE** Residential: 50 Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 0 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, enter only the letters "PP" in the rate column. Secondary 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 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 64.95 Burglar protection Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95 Converter Disconnect Outlet relocation 20.00

· Move to new address

39.95

				FORM SA1-2. PAGE 3 EM: SYSTEM ID#							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:										
Name		Vyve Broadband A, LLC									
	PRIMARY TRANSMITTERS: TELEVISION										
G Primary Transmitters:											
Television	Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute p										
	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 only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instru Column 1: List each station's call sign. Do not report origination program services such as HBO, ES Column 2: Give the number of the channel on which the station's broadcasts are carried in its own										
	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.										
	educational station, by entering the lette (for independent multicast), "E" (for non For the meaning of these terms, see pa FCC. For Mexican or Canadian stations	er "N" (for network), "N-I commercial educationa ge (iv) of the general in Column 4: Give the lo	M" (for network mu I), or "E-M" (for nor structions. cation of each stati	ncommercial educational multicast). ion. For U.S. stations, list the community to which the station is license							
	1. CALL	2. B'CAST	3. TYPE	6. LOCATION OF STATION							
	SIGN	CHANNEL	OF								
		NUMBER	STATION								
	KJRH-NBC	2	N	Tulsa OK							
	KRSU-ETV	35	<u>I</u>	CLAREMORE, OK							
	KGEB-IND	53	I	Tulsa OK							
	KTPX-ION	44	ı	Okmulgee OK							
	KOTV-CBS	6	N	Tulsa OK							
	KTUL-ABC	8	N	Tulsa OK							
	KOKI-FOX	23	<u> </u>	Tulsa OK							
	KDOR-TBN	17	<u> </u>	Bartlesville OK							
	KOED-PBS	11	Е	Tulsa OK							
	KQCW-CW	19	Ī	Muskogee OK							
	KWHB-IND	47	I	Tulsa OK							
	KMYT-MNT	41	l	Tulsa OK							
	KTPX-Qubo	44.2	I-M	Okmulgee OK							
	KDOR-JUCE/Smile	17.3	I-M	Bartlesville OK							
	KDOR-The Hillsong Channel	17.2	I-M	Bartlesville OK							
	KDOR-TBN Salsa	17.5	I-M	Bartlesville OK							
	KDOR-Enlace	17.4	I-M	Bartlesville OK							
	KTPX-Ion Life	44.3	I-M	Okmulgee OK							
	KJRH-Laff	2.3	I-M	Tulsa OK							
	KJRH-Bounce TV	2.2	I-M	Tulsa OK							
	KTUL-TBD TV	8.4	I-M	Tulsa OK							
	KTUL-Comet TV	8.2	I-M	Tulsa OK							
	KOKI-MeTV	23.2	I-M	Tulsa OK							

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 039360 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 [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 **Primary** Transmitters: 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 Television 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 identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER **STATION** KMYT-GetTV I-M Tulsa OK 41.2 KOKI-Escape Tulsa OK 23.3 I-M KMYT-Grit TV 41.3 I-M Tulsa OK I-M Tulsa OK KOTV-News on 6 Now 6.3 KOED-OKLA 11.2 I-M Tulsa OK KTUL-Antenna TV I-M Tulsa OK 8.3 KMYT-Heroes and Icons 41.4 I-M Tulsa OK KOED-Create 11.3 E-M Tulsa OK **KOED-Kids** 11.4 E-M Tulsa OK

FORM SA1-2. F			(OTEN)					OVOTEM ID#	
	EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 1/2 VVE Broadband A, LLC 039360			Name					
vyve Broads	Janu A, LL							039360	
DDIMARY TO A	NOMITTEDO.	DADIO							
PRIMARY TRA In General: List			rried on a separate and discr	et	e basis 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.									
Special Instruc	tions Conce	rnina All	-Band FM Carriage: Under	Сс	opvright Office re	egulations, an	FM sign	al is generally	Primary
			tem whenever it is received a						Transmitters:
on the basis of r	monitoring, to	be receiv	ved at the headend, with the	sy	stem's FM ante	nna, during ce	rtain sta	ted intervals.	Radio
			Copyright Office regulations each station carried.	or	this point, see	page (v) of the	genera	I instructions.	
			n is AM or FM.						
			nal was electronically process	e	d by the cable sy	ystem as a se _l	parate a	nd discrete	
			mark in the "S/D" column.				S == != 41		
			on (the community to which the community with which the				or, in ti	ne case of	
		, , ,	,,						
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	H	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

							1 011111 0711 2:17102 0	
Name	Vyve Broadband A, LL		ГЕМ:				SYSTEM ID# 039360	
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spac Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can- Column 5: Give the mon	fy every nor ecounting pering that must reconcted the final that must reconcted the first reconcted that must reconcted the first reconcted that reconciliation is reconciliated to the first reconciliation that reconciliation is reconciliated that reconciliated that reconciliation is reconciliated that reconciliation is reconciliated that	nnetwork televis riod, under spe sit be included in control of this pag sit system rest of this pag sit system res	cion program broadcast by cific present and former FC this log, see page (v) of the TITUTE CARRIAGE carry, on a substitute basine blank. If your answer is the line. Use abbreviations al pages. Sion program (substitute pur cable system substitute s. See page (v) of the general ball." List specific program "Yes." Otherwise enter "Nesting the substitute program community to which the	a distant static C rules, regula e general instr is, any nonne "Yes," you mu wherever pos program) that, d for the prog eral instruction n titles, for exi lo." Im. station is lice station is ider	ations, or authoriza uctions. twork television prust complete the pustions. during the accour ramming of anothers for further informample, "I Love Luctonsed by the FCC ontified).	system carried on a attions. For a further rogram Yes XNo Introduced the system of t	
	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. WHEN SUBSTITUTE CARRIAGE OCCURRED 7. R FOR D							
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — — — —	ТО	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Vyve Broadband A, LLC	039360	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. It all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transpace (as identited in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	smission service s amount, see \$ 8,531.50	K Gross Receipts
INFORTANT. Tou must complete a statement in space i 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.	\$263,800	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	or this six-mont	
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		
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	7,600)	
1. Enter the amount of gross receipts from space K		
2. Base amount under statutory formula		
Subtract line 2 from line 1		
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	
c. interest charge. Enter the amount from line 4, space Q, page 0		
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 general instructions for more information.	page I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC 039360							
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 for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) Name Marie Censoplano Telephone 914-235-8313							
Information	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							
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363							
O Certifcation	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations as explained in the general instructions.) • 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 identified 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: 8/24/18							

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EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, LLC	039360	Name
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 additional sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	he basic include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. During the accounting period did the cable system exclude any amounts of gross receipts for secondary training the satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		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 late payment or une For an explanation of interest assessment, see page (viii) of the general instructions.	derpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	0274	
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 assist contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	charge) tance please	
** 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 Orlist below the owner, address, first community served, ID number, and accounting period as given in the original	-	
Owner Address		
ID number First community served Accounting period		

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