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)].

		Return to:
FOR COPYRIGHT	Library of Congress Copyright Office	
DATE RECEIVED	AMOUNT	Licensing Division
		101 Independence Ave. S
00/07/00/40	\$	Washington, DC 20557-6 (202) 707-8150
02/27/2019	ALLOCATION NUMBER	For courier deliveries,
		see page ii of the general instructions

ngress vision dence Ave. SE DC 20557-6400 deliveries,

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:					
Accounting Period	July 1-December 31, 2018					
Bowner	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. 001216					
	Vyve Broadband A, LLC					
			00	0121620182		
			00	001216 2018/2		
				001210 2016/2		
	4 International Dr Suite 330					
	Rye Brook, NY 10573					
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	:				
	2 (Number, street, rural route, apartment, or suite n	umber)				
	(City, town, state, zip code)					
D	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					
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	MEADE	KS				
Community	. =:					
	MINNEOLA KISMET	KS KS				
	FOWLER KS					
	- OTTLEN	110				
				A		

Privacy Act Notice: Section 111 of title 1/ 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 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

Name	LEGAL NAME OF OWNER OF CABLE SY Vyve Broadband A, LLC			SYSTEM 001
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
D				
ontinued)				
Area				
Served				
JC: VCu				
		-		
				I

FORM SA3, PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 001216 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 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 talls 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 RATE SUBSCRIBERS** Residential: 68 Service to first set 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 13 25.00 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, 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. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 001216 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** substitute program basis, as explained in the next paragraph. Transmitters: 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. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF NUMBER **STATION KUPK-ABC GARDEN CITY KS** 13 N **KSAS-FOX** 24 **WICHITA KS** Т 33 **KSCW-CW** ı **WICHITA KS** 21 Ε **KDCK-PBS** DODGE CITY KS KSNG-NBC 11 Ν **GARDEN CITY KS KBSD-CBS** 6 Ν DODGE CITY KS

FORM SA1-2. F									
LEGAL NAME OF	OWNER OF C	CABLE S	YSTEM:					SYSTEM ID#	Name
Vyve Broadl	oand A, LLO	С						001216	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discre	et	e basis and list t	hose FM stati	ons carr	ied on an	Н
	n General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an ill-band basis whose signals were "generally receivable" by your cable system during the accounting period.								
	_	_							
			-Band FM Carriage: Under (Primary
			tem whenever it is received at						Transmitters:
			ved at the headend, with the s						Radio
			Copyright Office regulations of	or	n this point, see p	page (v) of the	genera	l instructions.	
		-	each station carried.						
			n is AM or FM.						
			nal was electronically process	se	d by the cable sy	stem as a se	parate a	na aiscrete	
			mark in the "S/D" column.			506		_	
			on (the community to which th				or, in the	ne case of	
iviexican or Can	adian stations	s, ir any, i	the community with which the	S	station is identifie	a).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	Н	CALL SIGN	AIVI OI FIVI	3/0	LOCATION OF STATION	
				1					
			 						
			 						
			 						
				1					
				H					
				H					

							1 01 (1)	10/11 2.17102 0.
Name	Vyve Broadband A, LL		ГЕМ:				;	8YSTEM ID# 001216
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 space Column 1: Give the title period, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a	fy every nor counting peng that must reconcern did your counting peng that must reconcern did your counting. FPROGRA it the program concern distant stations of every nor distant stations and any concern distant stations are successful to the second did not any counting to the second did not station and day the "5/7." see when the Example: a cer "R" if the not regulation regulation regulation regulations.	AL STATEMEI Innetwork televis riod, under spe It be included in ENING SUBST r cable system rest of this pag IMS m on a separa attach additiona nnetwork televi on and that yo r authorizations vies" or "baske Ideast live, enter station broadca no's location (th ns, if any, the o when your sys substitute pro program carrie listed program ons in effect du	cific present and former FC this log, see page (v) of the FITUTE CARRIAGE carry, on a substitute basine blank. If your answer is the line. Use abbreviations all pages. It is is seen page (v) of the general pages. It is seen page (v) of the general pages. It is the substitute program of "Yes." Otherwise enter "Nesting the substitute program of the community with which the stem carried the substitute program was carried by your ged by a system from 6:01:"	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 the." m. station is lice station is ider program. Use cable system 15 p.m. to 6:2 amming that y ; enter the let	ations, or authorized authorized by the Fatified). List the time and the second by the Fatified authorized by the Fatified by the Fati	able system of corizations. For control on program Yes The program The program	earried on a por a further
	gram was substituted for preeffect on October 19, 1976. S 1. TITLE OF PROGRAM		E PROGRAM 3. STATION'S CALL SIGN		WHEN SU	JBSTITUTE (CARRIAGE D IMES	7. REASON FOR DELETION
							-	

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Vyve Broadband A, LLC	001216	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified 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	K 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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	\$263,800	Copyright Royalty Fee
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for	r this six-mont	
accounting period is \$52.00		
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. 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)	
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 general instructions for more information.	page I of the	

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
Name	Vyve Broadband A, LLC 0012	16
	CHANNELS	
M	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.	
Channels		
	1. Enter the total number of channels on which the cable	
	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 BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
IN	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further Information	Name Marie Censoplano Telephone 914-235-8313	
illiorillation		
	Address 4 International Dr Suite 330	
	(Number, street, rural route, apartment, or suite number)	
	Rye Brook, NY 10573 (City, town, state, zip)	
	(6.13), 6.111, 6.	
	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.)	
	(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/ $m{Daniel}\ m{J}$ $m{White}$	
	Tuned or printed name: Daniel I White	
	Typed or printed name: Daniel J White	
	Title: SVP Financial Planning	
	(Title of official position held in corporation or partnership)	
	Date: 2/26/2019	

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LEGAL NAME OF OWNER O	F CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband A, L	LC	001216	Name
The Satellite Home View lowing sentence: "In determining to service of provide scribers and amplementation or During the accounting provided in the service of provided in the service of	ENT CONCERNING GROSS RECEIPTS EXCLUSIONS wer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by a the total number of subscribers and the gross amounts paid to the cable system fing secondary transmissions of primary broadcast transmitters, the system shall ounts collected from subscribers receiving secondary transmissions pursuant to so when to exclude these amounts, see the note on page (vii) of the general instruction did the cable system exclude any amounts of gross receipts for secondary	for the basic not include sub- section 119."	Special Statement Concerning Gross Receipts Exclusion
	rs to satellite dish owners?		
X NO YES. Enter the total	I here and list the satellite carrier(s) below		
Name Mailing Address	Name Mailing Address		
INTEREST ASSES	SMENTS		
You must complete this	worksheet for those royalty payments submitted as a result of a late payment or terest assessment, see page (viii) of the general instructions.	underpayment.	Q
Line 1 Enter the amou	nt of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 b	y the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 b	y the number of days late and enter the sum here	0.00274	
	y 0.00274** enter here and on line 3, block 4, L, (page 7)	rest charge)	
	st rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further as sing Division at (202) 707-8150 or licensing@loc.gov.	sistance please	
** This is the decima	al equivalent of 1/365, which is the interest assessment for one day late.		
-	nis worksheet covering a statement of account already submitted to the Copyrigh dress, first community served, ID number, and accounting period as given in the		
Owner Address			
ID number First community served Accounting period			

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