## 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:	
STATEM	ENT OF ACCOUNT	FOR COPYRIGH	FOR COPYRIGHT OFFICE USE ONLY		
	ary Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division	
Cable Syste	ems (Short Form)			101 Independence Ave. SE	
General instru	uctions are at the		\$	Washington, DC 20557-6400 (202) 707-8150	
end of this form [pages (i)-(vii)].		02/27/2019	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions	
Α	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:			
Accounting Period	July 1-December 31, 20	)18			
В	Instructions: Your file has been establish incorrect information and print or type the	5	. If there are any changes, draw a line th	rough the	
Owner		of the cable system. If the owner is a	a subsidiary of another corporation, give t	he full corpo-	

Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 03249     LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM     Vyve Broadband A, LLC     *03249120182     032491 2018/2     4 International Dr Suite 330     Rye Brook, NY 10573     Inset I, 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.     Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined     in FCC rule: "a separate and distinct community served by the cable system. A "community is the same as a "community unit" as defined     in FCC rule: "a separate and distinct community served by the cable system. A "community is the same as a "community unit" as defined     in FCC rule: "a separate and distinct community served by the cable system. A "community on all future filings.     Note: Entities and properties such as hotels, apartments, condiminums, or mobile home parks should be reported in paratheses below     the identified city.     GOTY OR TOWN STATE CITY OR TOWN STATE     GOTY OR TOWN STATE     COTY LE, OK	D Owner	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 corpo- rate 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.						
*03249120182         032491       2018/2         032491		LE	GAL NAME OF OWNER/MAILING AD	5 ,	er assigned by the Licensing Division.		032491	
Org       A International Dr Suite 330 Rye Brook, NY 10573         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.         1       IDENTIFICATION OF CABLE SYSTEM:         2       Internet interaction of cable system.         2       Interfection of cable system.         2       Interfections: street, ruratroue, apattment; or sule number; (City, town, state; zp code)         D       Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community thill sit 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.         First       LANGSTON, OK       STATE			Tyre Broadbana A, EEO					
A International Dr Suite 330 Rye Brook, NY 10573         C System       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.         1       DENTIFICATION OF CABLE SYSTEM:         2       MAILING ADDRESS OF CABLE SYSTEM:         2       Mailung address of the system. and the number)         1       Item of the sector of the system of the system.         2       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 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.         G       CITY OR TOWN       STATE       CITY OR TOWN       STATE					*0	324912	20182*	
Rye Brook, NY 10573         Number Street Provide Stre						032491	2018/2	
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       IDENTIFICATION OF CABLE SYSTEM:         MAILING ADDRESS OF CABLE SYSTEM:         MAILING address of CABLE SYSTEM:         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 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.         First       CITY OR TOWN       STATE			4 International Dr Suite 330	)				
C       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       IDENTIFICATION OF CABLE SYSTEM:         MAILING ADDRESS OF CABLE SYSTEM:       MAILING address of CABLE SYSTEM:         2       INumber: street, rural route, apartment, or suite number)         (City, town, state, zip code)       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 entitity (including unincorporated 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.         Area       Served       Integet (ITY OR TOWN)       STATE       CITY OR TOWN)       STATE         First       LANGSTON, OK       STATE       CITY OR TOWN       STATE			Rye Brook, NY 10573					
Image: Served served       Image: Served serve	С							
2       [Number: street, rural route, apartment; or sulte number]         [City, town, state, zip code]         D         Area         Served         First         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.         First       CITY OR TOWN       STATE         LANGSTON, OK       STATE	System	1	IDENTIFICATION OF CABLE SYSTEM:					
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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       LANGSTON, OK       STATE       CITY OR TOWN       STATE			•		•			
the identified city.       CITY OR TOWN     STATE     CITY OR TOWN     STATE       First     LANGSTON, OK     Other	Area	of s	ystem identification hereafter know	n as the "first community." Please us	e it as the first community on all future fili	ngs.		
CITY OR TOWN         STATE         CITY OR TOWN         STATE           First         LANGSTON, OK         Other	Served			notels, apartments, condiminiums, or i	mobile home parks should be reported in	paratheses	below	
First LANGSTON, OK		the				0.7		
	<b>-</b>			STATE	CITY OR TOWN	SL	AIE	
			· · · · · · · · · · · · · · · · · · ·	•••••••••••••••••••••••••••••••••••••••				
	Commanity	00		•				
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		•••••		++			•••••	
		•••••		·······			•••••	
		•••••		•				
	form in order to pro	ocess	our statement of account. PII is any person	al information that can be used to identify or tra	ace an individual, such as name, address and teleph	one		

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

	1			FORM SA3. PAGE 1b.
	LEGAL NAME OF OWNER OF CABLE SY	STEM:		SYSTEM ID#
Name	Vyve Broadband A, LLC			032491
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
				01112
D				
(continued)				
Area				
Served				
			-	
			-	
			_	
			_	
	Г			

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:					SYS	STEM ID
Name	Vyve Broadband A, LLC							
_	SECONDARY TRANSMISSION	SERVICE: SU		ATES				
E	In General: The information in s			-	y transmission s	ervice of th	ie cable	
	system, that is, the retransmission							
Secondary	about other services (including p					nose existir	ng on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both					le system	broken	
scribers and	down by categories of secondary	•						
Rates	each category by counting the n		0 / 1					
	separately for the particular serv							
	Rate: Give the standard rate c	0	0,			Ŭ		
	unit in which it is generally billed category, but do not include disc			iny stanua		within a p		
	Block 1: In the left-hand block	in space ⊢, the	e form lists the catego	ries ot sec	ondary transmiss	sion service	e that cable	
	systems most commonly provide							
	that applies to your system. <b>Not</b> categories, that person or entity		-		-			
	subscriber who pays extra for ca			••	0,	•		
	first set" and would be counted of							
	Block 2: If your cable system I	-	•					
	printed in block 1 (for example, ti with the number of subscribers a							
	sufficient.	nu rates, in the	HIGHL-HAHU DIOCK. A IN	wo- or three	e-word description			
		DCK 1				BLOCK	(2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:							
	Service to first set							
	Service to additional set(s)							
	• FM radio (if separate rate)							
	Motel, hotel Commercial		106 40.25					
	Converter		106 49.25					
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISSIONS: RATE	s				
-	In General: Space F calls for rat	e (not subscrib	er) information with re	espect to a	Il your cable syst	em's servi	ces that were	
F	not covered in space E, that is, the							
Services	service for a single fee. There ar furnished at cost or (2) services	•		0		• • •		
Other Than	amount of the charge and the un							
Secondary	enter only the letters "PP" in the	rate column.	, ,		0		<b>3</b> • • • • • • •	
Fransmissions:	Block 2: List any services that your cable system turnished or offered during the accounting period that were not							
Rates	listed in block 1 and for which a s			•	0.1			
	brief (two- or three-word) descrip			enea. Liet				
		BLO	∩K 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEGORY OF SEF	2VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	INTE	Installation: Non-res			UATEO		
	• Pay cable	14.95	Motel, hotel					
	Pay cable—add'l channel		Commercial					
	• Fire protection		Pay cable					
	•Burglar protection		• Pay cable-add'l c	hannel				
	Installation: Residential		Fire protection					
	First set	64.95	<ul> <li>Burglar protection</li> </ul>	ı				
	Additional set(s)		Other services:					
	• FM radio (if separate rate)	[	<ul> <li>Reconnect</li> </ul>		39.95			
	• Converter	[	Disconnect					
			<ul> <li>Outlet relocation</li> </ul>		20.00			
			<ul> <li>Move to new add</li> </ul>	ress	39.95	[		T
				1000	00.00			

Name

G

Primary Transmitters:

Television

FOR	IN SAT-2. FAGE 5.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Vyve Broadband A, LLC	032491
PRIMARY TRANSMITTERS: TELEVISION	
<b>In General:</b> 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. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program.	1
basis under specific 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.	
<ul> <li>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.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.</li> </ul>	

FORM SA1-2. PAGE 3.

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	
KAUT-IND	43	<u> </u>	OKLAHOMA CITY OK
KOCM-IND	46	<u> </u>	NORMAN OK
KFOR-NBC	4	N	OKLAHOMA CITY OK
KOCO-ABC	5	N	OKLAHOMA CITY OK
KOPX-ION	62	I	OKLAHOMA CITY OK
KWTV-CBS	9	N	OKLAHOMA CITY OK
KOKH-FOX	25	<u> </u>	OKLAHOMA CITY OK
KOCB-CW	34	I	OKLAHOMA CITY OK
KETA-PBS	13	E	OKLAHOMA CITY OK
KTBO-TBN	14	1	OKLAHOMA CITY OK

## ACCOUNTING PERIOD: 2018/2

FORM SA1-2. F LEGAL NAME OF			(STEM:				SYSTEM ID#	Name
Vyve Broad							032491	inaille
	t every radio s	tation ca	rried on a separate and discre nerally receivable" by your ca					н
receivable if (1) on the basis of i	it is carried by monitoring, to	the syst	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s	the system's heat system's FM anter	idend, and (2) nna, during ce	) it can b ertain sta	e expected, ted intervals.	Primary Transmitters: Radio
Column 1: lo	lentify the call	sign of e	Copyright Office regulations of each station carried. n is AM or FM.	n this point, see p	bage (v) of the	e genera	rinstructions.	
signal, indicate	this by placing	a check	nal was electronically process mark in the "S/D" column. on (the community to which th					
			he community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	t	1				·		

							-	SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF ( Vyve Broadband A, LL		TEM:				(	6YSTEM ID# 032491
		<b>-</b>						032491
Substitute Carriage:	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT	fy <i>every nor</i> counting pe ng that mus	nnetwork televis riod, under spe t be included in	<i>tion program</i> broadcast by cific present and former FC this log, see page (v) of the	a distant static C rules, regula	ations, or author		
Special	During the accounting peri					twork tolovision	program	
Statement and Program Log	broadcast by a distant stat	ion?				[	Yes	XNo
	Note: If your answer is "No" log in block 2.			e blank. If your answer is '	'Yes," you mι	ist complete th	e program	
	period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I <b>Column 2:</b> If the program <b>Column 3:</b> Give the call s <b>Column 4:</b> Give the broa the case of Mexican or Cana <b>Column 5:</b> Give the mon first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	tute progra ce, please a of every noi distant stati gulations, or es like "mor Bulls." n was broad sign of the s dcast statio dadian statio adian statio ath and day ' e "5/7." is when the Example: a er "R" if the nd regulatio	m on a separa attach additiona network televi on and that yo r authorizations vies" or "baske least live, enter station broadca m's location (the ns, if any, the of when your syst substitute pro- program carrier listed program ons in effect du	al pages. sion program (substitute p ur cable system substitute s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra the community to which the community with which the tem carried the substitute p gram was carried by your ed by a system from 6:01:" was substituted for progra ring the accounting period	rogram) that, d for the prog eral instruction h titles, for exa lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 umming that y ; enter the let	during the acc ramming of and ns for further in ample, "I Love nsed by the FC tified). numerals, with List the times 8:30 p.m. shou our system wa ter "P" if the list	counting other static formation. Lucy" or CC or, in n the month accurately ild be s required ted pro	
	S	UBSTITUT	E PROGRAM	l		BSTITUTE C	ARRIAGE	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. TIM FROM —	ES TO	FOR DELETION
						_		
						_		
						_		
						_		
						_		
					•			
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						_		
						_		
						_		
					1			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 032491	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 turther explanation of how to compute the page (vii) of the general instructions.	Enter the total of smission service	K Gross Receipts
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.	\$ 16,413.25 (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. BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		L Copyright Royalty Fee
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	r 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   \$   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)	
1. 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		
<b>IMPORTANT</b> : 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	

FORM SA1-2. PAGE 6.

		FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 032491						
M	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.							
Channels	1. Enter the total number of channels on which the cable         system carried television broadcast stations	10						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	40						
N Individual to	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> : (Identify an individual to whom we can write or call about this statement of account.)							
Be Contacted for Further Information		14-235-8313						
	Address <u>4 International Dr Suite 330</u> (Number, street, rural route, apartment, or suite number) <u>Rye Brook, NY 10573</u> (City, town, state, zip)							
	Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363							
O Certifcation	<ul> <li>CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regu as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> </ul>	lations						
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	ce B; or						
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cat in line 1 of space B and that the owner is not a corporation or partnership; or	ole 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 a in line 1 of space B.	owner of the cable system						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contai 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)]	ined herein						
	Handwritten signature: /s/ Daniel J. White							
	Typed or printed name: <b>Daniel J White</b>							
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)							
	Date:2/26/2019							

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 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 fing, a determination that would be made by a court of law.

## ACCOUNTING PERIOD: 2018/2

FORM SA1-2. PAGE 8.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Vyve Broadband A, LLC	032491	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 ad lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruct During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions	the basic ot include sub- iction 119."	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?          X       NO         YES. Enter the total here and list the satellite carrier(s) below.       \$		
Name     Name       Mailing Address     Mailing Address		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or u For an explanation of interest assessment, see page (viii) of the general instructions.	nderpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
x       x         Line 2 Multiply line 1 by the interest rate* and enter the sum here	days 	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- st charge)	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	·	
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the o	-	
Owner		
Address		
ID number First community served Accounting period		

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