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:			
STATEME	ENT OF ACCOUNT	FOR COPYRIGH	FOR COPYRIGHT OFFICE USE ONLY				
	ry Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division			
Cable Syste	ms (Short Form)			101 Independence Ave. SE			
General instru	ctions are at the	02/27/2019	\$	Washington, DC 20557-6400 (202) 707-8150			
end of this form	m [pages (i)-(vii)].	•=•=•	ALLOCATION NUMBER	For courier deliveries,			
				see page ii of the general instructions			
	1						
A	ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT:					
Accounting Period	July 1-December 31, 2018						
	Instructions: Your file has been established	ed under the information given below	If there are any changes, draw a line th	arough the			
B	incorrect information and print or type the	8	in there are any changes, draw a line t	liough the			
Owner	Give the full legal name of the owner of rate title of the subsidiary, not that of the pa	subsidiary of another corporation, give t	he full corpo-				

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.

······································	
Obselv have "Ethic in the content's first films. If not content has content's ID counting a discussion of her the discussion Division	
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 ADDRESS OF CABLE SYSTEM Vyve Broadband A, LLC

iu	л,				

*00356220	1	82
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003562

				2010/2					
	4 International Dr Suite 330	I							
	Rye Brook, NY 10573	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)							
		unber)							
	(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 entitiy (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.								
Served	5		r mobile home parks should be reported in	0					
	the identified city.								
	CITY OR TOWN	STATE	CITY OR TOWN	STATE					
First	Pawhuska	ОК							
Community									
form in order to pro	cess your statement of account. PII is any persona	al information that can be used to identify or	e personally identifying information (PII) requested on trace an individual, such as name, address and telep h includes appearing in the Offce's public indexes an	hone					
search reports prep	pared for the public. The effects of not providing the	e PII requested is that it may delay processir	ig 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.

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						FORMS	TEM ID	
Name	Vyve Broadband A, LLC								00356	
		·								
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the misseparately for the particular serv	pace E should on of television ay cable) in sp (June 30 or Do blocks in space (transmission umber of billing	cover a and rac ace F, i ecembe ce E ca service. is in tha	Ill categories of dio broadcasts to not here. All the er 31, as the cas Il for the numbe In general, you It category (the	secondary by your system facts you se may be r ot subsc u can com number of	stem to subscrit state must be to). ribers to the cat pute the numbe f persons or org	bers. Give hose exist ble system r of subso anizations	information ting on the n, broken ribers in		
	Rate: Give the standard rate c unit in which it is generally billed category, but do not include disc	(Example: "\$2 ounts allowed	20/mth") for adva	. Summarize ar ance payment.	ny standar	d rate variations	s within a	particular rate		
	BIOCK 1: In the left-hand block systems most commonly provide that applies to your system Not	to their subsc	ribers. (Give the numbe	r of subsc	ribers and rate f	or each li	sted category		
	categories, that person or entity subscriber who pays extra for ca first set" and would be counted or Block 2: It your cable system	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								
	sufficient.		Jingint I							
	BLO	DCK 1					BLOC		1	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		77	75.55						
	 Service to additional set(s) 									
	 FM radio (if separate rate) 									
	Motel, hotel									
	Commercial		14	75.55						
	Converter									
	Residential									
	Non-residential									
F Services Other Than Secondary ransmissions: Rates	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 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 furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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.									
					shed. List	these other serv				
	brief (two- or three-word) descrip	tion and includ	le the ra CK 1	ate for each.				BLOCK 2		
	brief (two- or three-word) descrip	tion and includ	le the ra CK 1 CATEC	ate for each. GORY OF SER	VICE	RATE			RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	tion and includ BLO RATE	le the ra CK 1 CATEC Install	ate for each. GORY OF SER' ation: Non-res	VICE			BLOCK 2	RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	tion and includ	le the ra CK 1 CATEC Install	ate for each. GORY OF SER ¹ ation: Non-resi tel, hotel	VICE			BLOCK 2	RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	tion and includ BLO RATE	le the ra CK 1 CATEC Install • Mo • Co	ate for each. GORY OF SER ¹ ation: Non-resi tel, hotel mmercial	VICE			BLOCK 2	RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	tion and includ BLO RATE	le the ra CK 1 CATEC Install • Mo • Co • Pa	ate for each. GORY OF SER' ation: Non-resi tel, hotel mmercial y cable	VICE idential			BLOCK 2	RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	tion and includ BLO RATE	CK 1 CATEC Install • Mo • Co • Pa • Pa	ate for each. GORY OF SER' ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch	VICE idential			BLOCK 2	RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	tion and includ BLO0 RATE 19.95	le the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin	ate for each. GORY OF SER' ation: Non-resi tel, hotel mmercial y cable	VICE idential			BLOCK 2	RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	tion and includ BLO RATE	le the ra CK 1 CATE(Install • Mo • Co • Pa • Pa • Fird • Bu	ate for each. GORY OF SER ¹ ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch e protection	VICE idential			BLOCK 2	RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	tion and includ BLO0 RATE 19.95	e the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Firr • Bu Other	GORY OF SER ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection	VICE idential			BLOCK 2	RATE	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	tion and includ BLO0 RATE 19.95	le the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fin • Bu • Bu • Bu	GORY OF SER ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services:	VICE idential	RATE		BLOCK 2	RATI	
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	tion and includ BLO0 RATE 19.95	le the ra CK 1 CATEC Install • Mo • Co • Pa • Pa • Fird • Bu • Bu • Bu • Bu • Bu	GORY OF SER ation: Non-resi tel, hotel mmercial y cable y cable-add'l ch e protection rglar protection services: connect	VICE idential	RATE		BLOCK 2	RATE	

FORM SA1-2. PAGE 3.

					A1-2. PAGE 3.				
Name	LEGAL NAME OF OWNER		1:	SY	STEM ID# 003562				
	Vyve Broadband A				003302				
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 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. 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. 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 uncommercial educational, or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions. Column 4: Give the location of each station. For U.S. stations. For Mexican or Canadian stations, or a noncommercial educational station, by entering the letter "N								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KJRH-NBC	2	N	Tulsa, OK					
	KRSU-ETV	35	<u> </u>	Claremore, OK					
	KDOR-TBN	17	<u> </u>	Bartlesville, OK					
	KQCW-CW	19	<u> </u>	Muskogee, OK					
	KOTV-CBS	6	N	Tulsa, OK					
	KWHB-IND	47	I	Tulsa, OK					
	KTUL-ABC	8	N	Tulsa, OK					
	KMYT-MNT	41	I	Tulsa, OK					
	KOKI-FOX	23	<u> </u>	Tulsa, OK					
	KOED-PBS	11	E	Tulsa, OK					
	KTPX-ION	44	<u> </u>	Okmulgee, OK					
	KGEB-IND	53	<u> </u>	Tulsa, OK					
	KTPX-Qubo	44.2	I-M	Okmulgee, OK					
	KDOR-JUCE/Smile T	17.3	I-M	Bartlesville, OK					
	KDOR-The Hillsong (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					

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FORM SA1-2. PAGE 3.

	1				A1-2. PAGE 3.				
Name	LEGAL NAME OF OWNER		Л:	SY	STEM ID#				
	Vyve Broadband A				003562				
	PRIMARY TRANSMITTERS:								
G Primary Transmitters: Television	 In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on 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 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. 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 pee 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; 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 noncommercial educational multicast). "I-M" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educat								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
	KMYT-GetTV	41.2	I-M	Tulsa, OK					
	KOKI-Escape	23.3	I-M	Tulsa, OK					
	KMYT-Grit TV	41.3	I-M	Tulsa, OK					
	KOTV-News on 6 No	6.3	I-M	Tulsa, OK					
	KOED-World	11.2	E-M	Tulsa, OK					
	KTUL-Antenna TV	8.3	I-M	Tulsa, OK					
	KMYT-Heroes and Ic	41.4	I-M	Tulsa, OK					
	KOED-Create	11.3	E-M	Tulsa, OK					
	KOED-Kids	11.4	E-M	Tulsa, OK					

ACCOUNTING PERIOD: 2018/2

FORM SA1-2. I LEGAL NAME O		CABLE S	YSTEM:				SYSTEM ID#	IG PERIOD: 2018/
Vyve Broad							003562	Hanit
		DADIS						
PRIMARY TRANSMITTERS: RADIO 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.								Н
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.								Primary Transmitters: Radio
or detailed info Column 1: lo	ormation abou dentify the call	t the the sign of e	Copyright Office regulations of each station carried. n is AM or FM.					
Column 3: If	f the radio stat	ion's sigr	nal was electronically process mark in the "S/D" column.	ed by the cable sy	/stem as a se	parate a	nd discrete	
Column 4: 🤆	Give the station	n's locatio	on (the community to which the the community with which the			C or, in tl	ne case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ON LEE OTOTA		0,D		OF ALL OTON		0,B		
	· · · · · · · · · · · · · · · · · · ·							

								1 SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
	Vyve Broadband A, LL							003562
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identif 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"	y every nor counting pe ng that mus CONCER od, did you ion?	nnetwork televis riod, under spe t be included in NING SUBST r cable system	<i>sion program</i> broadcast by cific present and former F(this log, see page (v) of th TITUTE CARRIAGE carry, on a substitute bas	a distant stal C rules, regu e general ins is, any nonn	lations, or auth tructions. etwork televisio	orizations. Fo	
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is lidentified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month 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 pro							
1	gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.							
	S	JBSTITUT	E PROGRAM			OCCURREE)	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY			I OR DELETION
		100 01 110	CHEE CIGHT					
							-	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 003562	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.	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.	\$ 16,582.75 (Amount of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> 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	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		
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	

FORM SA1-2. PAGE 6.

ACCOUNTING PERI		FORM SA1-2. PAGE 7	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 003562	
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	32	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	238	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED : (Identify an individual to whom we can write or call about this statement of account.)		
Be Contacted for Further Information	Name Marie Censoplano Telephone 914-235-8313 Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)		
	Rye Brook, NY 10573 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional)		
O Certifcation	 CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce 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; 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: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 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 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 003562	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 adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.	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	
** 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 Offce, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address ID number First community served Accounting period	

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 th 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.