## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/27/19	\$ ALLOCATION NUMBER

Return to: Library of Congress Copyright Office

Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT:		
Accounting Period	January 1-June 30, 2019	9		
<b>B</b> Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wh If there were different owners during the a single statement of account and royalty fee	prrect information beside it. the cable system. If the owner is a sub- rent corporation. iich the owner conducts the business of the accounting period, only the owner on the the payment covering the entire accounting	the last day of the accounting period should submi	
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM		
	Vyve Broadband A, LLC			
				060527 2019/1
	4 International Dr Suite 330			
	Rye Brook, NY 10573			
С			ify the business and operation of the system	
System	IDENTIFICATION OF CABLE SYSTEM:	e 2, give the mailing address of the	system, if different from the address given in	space в.
Cystem	1			
	MAILING ADDRESS OF CABLE SYSTEM:			
	(Number, street, rural route, apartment, or suite nu	mber)		
	(City, town, state, zip code)			
	Instructions: List each separate comm	unity served by the cable system. A	A "community" is the same as a "community u	ınit" as defined
D	•		ling unincorporated commuinites within uninco	•
Area	0 0 1	•	se it as the first community that list will serve	
Served		otels, apartments, condiminiums, or	mobile home parks should be reported in par-	atheses below
	the identified city.  CITY OR TOWN	STATE	CITY OR TOWN	STATE
First	Peabody	KS		
Community				

Privacy Act Notice: Section 111 of title 17 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 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 fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

Converter

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 060527 Vyve Broadband A, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Transmission 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 falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 13 · Service to first set 25.00 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 11 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, Secondary enter only the letters "PP" in the rate column. Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Rates 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. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 19.95 · Motel, hotel • Pay cable—add'l channel Commercial · Fire protection · Pay cable Burglar protection · Pay cable-add'l channel Installation: Residential · Fire protection 64.95 First set · Burglar protection · Additional set(s) Other services: • FM radio (if separate rate) Reconnect 39.95

DisconnectOutlet relocation

Move to new address

20.00 39.95 **ACCOUNTING PERIOD: 2019/1** FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 060527 **Vvve 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 **Primary** 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 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 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. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN CHANNEL OF NUMBER **STATION KSNW-NBC WICHITA KS** 3 Ν KSAS-FOX 24 **WICHITA KS** ı **KPTS-PBS** 8 Ε **HUTCHINSON KS** KAKE-ABC 10 Ν **WICHITA KS KWCH-CBS** Ν 12 **HUTCHINSON KS KSNW-JUSTICE** 3.4 I-M **WICHITA KS KSCW-CW** 33 ı **WICHITA KS KWCH-WEATHER** 12.2 I-M **HUTCHINSON KS** KSAS-TBD TV 24.2 I-M **WICHITA KS KSAS-Comet** 24.3 I-M **WICHITA KS** 

FORM SA1-2. F									
LEGAL NAME OF			/STEM:					SYSTEM ID#	Name
Vyve Broadk	oand A, LLC							060527	
PRIMARY TRA	NSMITTERS:	RADIO							
In General: List	every radio s	tation ca	rried on a separate and discre	ete	e basis and list t	hose FM statio	ons carri	ied on an	Н
all-band basis w	hose signals v	were "ge	nerally receivable" by your ca	bl	e system during	the accounting	g period	d.	
Special Instruc	tions Concer	nina All	-Band FM Carriage: Under C	ີດ	pyright Office re	gulations, an f	FM sign:	al is generally	Primary
			em whenever it is received a						Transmitters:
			ved at the headend, with the						Radio
			Copyright Office regulations of			-			
			each station carried.			3 ( )	J		
Column 2: S	tate whether tl	he statio	n is AM or FM.						
Column 3: If	the radio stati	on's sign	nal was electronically process	ec	by the cable sy	stem as a sep	arate a	nd discrete	
signal, indicate	this by placing	a check	mark in the "S/D" column.						
Column 4: G	ive the station	's locatio	on (the community to which th	ne	station is license	ed by the FCC	or, in th	ne case of	
Mexican or Can	adian stations	, if any, t	he community with which the	S	tation is identifie	d).			
0411 01011	A B 4	0/0	LOGATION OF STATION	П	0411 01011	A. 14	0/5	LOGATION OF STATION	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Н	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	LEGAL NAME OF OWNER OF (	CABLE SYST	EM:					SYSTEM ID#
Name	Vyve Broadband A, LL	С						060527
1	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every nor	network televis riod, under spec	ion program broadcast by a	a distant statior C rules, regula	tions, or auth		
Substitute Carriage:					e general instit	ictions.		
Special	<ul><li>1. SPECIAL STATEMENT</li><li>During the accounting peri</li></ul>				io any nonnat	work tolovio	on program	
Statement and Program Log	broadcast by a distant stat	ion?	·	•	·		Yes	⊠No
	<b>Note:</b> If your answer is "No" log in block 2.			e blank. If your answer is	"Yes," you mu	st complete	the program	
	the case of Mexican or Can- Column 5: Give the mon first. Example: for May 7 giv	itute progra ce, please a of every nor distant stati gulations, o es like "mor Bulls." n was broac sign of the s dcast static adian statio th and day he "5/7." se when the Example: a er "R" if the nd regulatic ogramming	m on a separa- attach additional network televi- on and that your authorizations- vies" or "baske- deast live, enter- station broadca- on's location (th- ns, if any, the owner your syst- substitute program- program carrie- listed program ons in effect du	al pages. sion program (substitute pur cable system substitute s. See page (v) of the gentball." List specific program "Yes." Otherwise enter "Notherwise en	orogram) that, d for the progreral instruction in titles, for example. The station is licented in the station is idented by the station is idented b	during the a ramming of a ramming of a ramming of a rample, "I Lownsed by the tified). numerals, which is the time 8:30 p.m. shour system ver "P" if the	ccounting another static information. re Lucy" or  FCC or, in rith the month as accurately ould be vas required listed pro	n
	S	UBSTITUT	E PROGRAM			EN SUBSTI IAGE OCC		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. T FROM -	IMES - TO	FOR DELETION
						_	_	
						_	_	
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	STEM ID#	Name
Vyve Broadband A, LLC	060527	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.  (Amount of gross	665.60 s receipts)	<b>K</b> 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 \$263,800  • 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.		L 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 this six-month 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 \$137,100)	32.00	
1. Base amount under statutory formula		
2. Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K		
5. Enter the amount from line 3		
6. Subtract line 5 from line 4		
7. Multiply line 6 by .005 (enter figure here)		
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
Enter the amount of gross receipts from space K		
2. Base amount under statutory formula		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)		
6. Interest charge. Enter the amount from line 4, space Q, page 8		
	$\neg \neg$	
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 page I of the general instructions for more information.		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband A, LLC  960527
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 .  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 for Further Information	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
	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
O Certification	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 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  Title:  SVP Financial Planning  (Title of official position held in corporation or partnership)
	Date: 8/23/2019

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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?  X NO  YES. Enter the total here and list the satellite carrier(s) below.  Name Mailing Address  Name Mailing Address
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?  X NO  YES. Enter the total here and list the satellite carrier(s) below.  \$  Name  Mailing Address  Name  Mailing Address  Name  Mailing Address
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?  X NO  YES. Enter the total here and list the satellite carrier(s) below.  Name  Mailing Address  Name  Mailing Address  INTEREST ASSESSMENTS
made by satellite carriers to satellite dish owners?  X NO YES. Enter the total here and list the satellite carrier(s) below.  Name Mailing Address  Name Mailing Address  INTEREST ASSESSMENTS
Name Mailing Address Mailing Address  INTEREST ASSESSMENTS
Mailing Address  Mailing Address  INTEREST ASSESSMENTS
INTEREST ASSESSMENTS
For an explanation of interest assessment, see page (viii) of the general instructions.
Line 1 Enter the amount of late payment or underpayment
Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here
xdays
Line 3 Multiply line 2 by the number of days late and enter the sum here
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,
space L, (page 7)
(interest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please 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 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

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