

ACCOUNTING PERIOD: 2022/1 (for header)

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2022
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B Owner	<p>INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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.</p> <p><input checked="" type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63889</p> <p>1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC</p> <p>2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</p> <p>3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 4 International Dr Suite 330 <small>(Number, street, rural route, apartment, or suite number)</small> Rye Brook, NY 10573 <small>(City, town, state, zip)</small></p>
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BARCODE DATA
Filing Period *638

C System	<p>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.</p> <p>1 IDENTIFICATION OF CABLE SYSTEM:</p> <p>2 MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small></p>
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BLOCK 1			
E Secondary Transmission Service: Subscribers and Rates	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
	Residential:		
• Service to first set		285	25.00
• Service to additional set(s)			
• FM radio (if separate rate)			
Motel, hotel			
Commercial		39	59.99
Converter			
• Residential			
• Non-residential			

BLOCK 1				
F Services Other Than Secondary Transmissions: Rates	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	
• 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

<p>M</p> <p>Channels</p>	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 17</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 207</p>
<p>N</p> <p>Individual to Be Contacted for Further Information</p>	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)</p> <p>Name Marie Censoplano Telephone 914-235-8313</p> <p>Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)</p> <p>Rye Brook, NY 10573 (City, town, state, zip)</p> <p>Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363</p>
<p>O</p> <p>Certification</p>	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) <p><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</p> <p><input type="checkbox"/> (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</p> <p><input type="checkbox"/> (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.</p> <ul style="list-style-type: none"> 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)] <p> Handwritten signature: _____</p> <p>Typed or printed name: Daniel J White</p> <p>Title: SVP Financial Planning (Title of official position held in corporation or partnership)</p> <p>Date: 02/26/2022</p>

1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station
KETS-PBS 2	2	E	Little Rock, AR
KARK-NBC 4 HD	4	N	Little Rock, AR
KATV-ABC 7 HD	7	N	Little Rock, AR
KASN-CW 38 HD	38	I	Pine Bluff, AR
KTHV-CBS 11 HD	11	N	Little Rock, AR
KARZ-MNT 42 HD	42	I	Little Rock, AR
KLRT-FOX 16 HD	16	I	Little Rock, AR
KVTN-IND 25 HD	25	I	Pine Bluff, AR
KETS-Create 2.2	2.2	E-M	Little Rock, AR
KETS-PBS Kids 2.3	2.3	E-M	Little Rock, AR
KETS-World 2.4	2.4	E-M	Little Rock, AR
KARK-Laff 4.2	4.2	I-M	Little Rock, AR
KARZ-Bounce 42.2	42.2	I-M	Little Rock, AR
KATV-Comet TV 7.2	7.2	I-M	Little Rock, AR
KATV-Charge TV 7.3	7.3	I-M	Little Rock, AR
KLRT-Escape 16.2	16.2	I-M	Little Rock, AR
KTHV-Antenna TV 11.2	11.2	I-M	Little Rock, AR

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)].

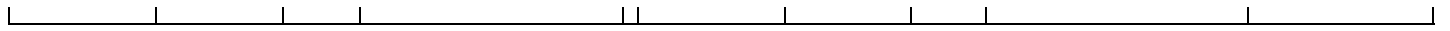
FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8/29/2022	\$
	ALLOCATION NUMBER

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: January 1-June 30, 2022																														
B Owner	<p>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. <input type="checkbox"/> 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.</p> <p><input checked="" type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 63889</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband A, LLC</p> <p style="text-align: right;">*6388920221* 63889 2022/1</p> <p>4 International Dr Suite 330 Rye Brook, NY 10573</p>																														
C System	<p>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.</p> <table border="1"> <tr> <td style="text-align: center;">1</td> <td colspan="2">IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2">MAILING ADDRESS OF CABLE SYSTEM:</td> </tr> </table> <p>(Number, street, rural route, apartment, or suite number) (City, town, state, zip code)</p>			1	IDENTIFICATION OF CABLE SYSTEM:		2	MAILING ADDRESS OF CABLE SYSTEM:																							
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2	MAILING ADDRESS OF CABLE SYSTEM:																														
D Area Served	<p>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, condominiums, or mobile home parks should be reported in parentheses below the identified city.</p> <table border="1"> <thead> <tr> <th>CITY OR TOWN</th> <th>STATE</th> <th>CITY OR TOWN</th> <th>STATE</th> </tr> </thead> <tbody> <tr> <td>Warren</td> <td>AR</td> <td></td> <td></td> </tr> <tr> <td>Bradley Cty</td> <td>AR</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			CITY OR TOWN	STATE	CITY OR TOWN	STATE	Warren	AR			Bradley Cty	AR																		
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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 filing, a determination that would be made by a court of law.



LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 63889	Name
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<p>GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">\$</td> <td style="padding: 2px; font-weight: bold;">57,247.00</td> </tr> <tr> <td colspan="2" style="padding: 2px; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	57,247.00	(Amount of gross receipts)	
\$	57,247.00				
(Amount of gross receipts)					

<p style="font-size: 24px; margin: 0;">K</p> <p style="margin: 0;">Gross Receipts</p>

<p>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</p> <ul style="list-style-type: none"> • 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 <p>See page (vi) of the general instructions for more information.</p>	<p style="font-size: 24px; margin: 0;">L</p> <p style="margin: 0;">Copyright Royalty Fee</p>
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BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
<p>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</p>	
Line 1. Royalty fee for accounting period	\$ <u>52.00</u>
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	\$ <u>52.00</u>

BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
1. Base amount under statutory formula	\$ <u>263,800.00</u>
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	\$ <u>263,800.00</u>
3. Subtract line 2 from line 1	_____
4. Multiply line 3 by .01	_____
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$ <u>1,319.00</u>
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	_____

FILING FEE AND TOTAL REMITTANCE DUE

Filing Fee and Total Remittance Due	<p>1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)</p> <p>2. Filing Fee (See the instructions for more information on filing fee calculations)</p> <p>3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3</p>						
	<table style="width:100%;"> <tr> <td style="padding: 2px;">\$</td> <td style="padding: 2px; font-weight: bold;">52.00</td> </tr> <tr> <td style="padding: 2px;">\$</td> <td style="padding: 2px; font-weight: bold;">15.00</td> </tr> <tr> <td style="padding: 2px;">\$</td> <td style="padding: 2px; font-weight: bold;">67.00</td> </tr> </table>	\$	52.00	\$	15.00	\$	67.00
\$	52.00						
\$	15.00						
\$	67.00						
	<p>EFT Trace # or TRANSACTION ID # Not Available</p> <p style="font-size: small;">See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.</p>						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 63889
M Channels	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 17</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 207</p>	
N Individual to Be Contacted for Further Information	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)</p> <p>Name <u>Marie Censoplano</u> Telephone <u>914-235-8313</u></p> <p>Address <u>4 International Dr Suite 330</u> (Number, street, rural route, apartment, or suite number)</p> <p><u>Rye Brook, NY 10573</u> (City, town, state, zip)</p> <p>Email (optional) <u>marie.censoplano@vyvebb.com</u> Fax (optional) <u>914-234-8363</u></p>	
O Certification	<p>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (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 <input checked="" type="checkbox"/> (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. <p>• 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)]</p> <p> Handwritten signature: <u> /s/ Daniel J White</u></p> <p>Typed or printed name: <u> Daniel J White</u></p> <p>Title: <u> SVP Financial Planning</u> (Title of official position held in corporation or partnership)</p> <p>Date: <u> 8/22/22</u></p>	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 63889	Name
<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</p> <p style="padding-left: 20px;">“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.”</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</p> <p>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> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____</p>		<p style="font-size: 2em;">P</p> <p>Special Statement Concerning Gross Receipts Exclusion</p>
Name _____ Mailing Address _____ _____ _____	Name _____ Mailing Address _____ _____ _____	
<p>INTEREST ASSESSMENTS</p> <p>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.</p> <p>Line 1 Enter the amount of late payment or underpayment _____</p> <p style="text-align: right; padding-right: 20px;">x _____</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ -</p> <p style="text-align: right; padding-right: 20px;">x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here _____ -</p> <p style="text-align: right; padding-right: 20px;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ _____ -</p> <p style="text-align: right; padding-right: 20px;">(interest charge)</p> <p>* 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.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.</p> <p>Owner _____ Address _____ _____ _____</p> <p>ID number _____ First community served _____ Accounting period _____</p>		<p style="font-size: 2em;">Q</p> <p>Interest Assessment</p>

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