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:

Library of Congress FOR COPYRIGHT OFFICE USE ONLY STATEMENT OF ACCOUNT Copyright Office for Secondary Transmissions by DATE RECEIVED AMOUNT Licensing Division Cable Systems (Short Form) 101 Independence Ave. SE \$ Washington, DC 20557-6400 (202) 707-8150 2 - 29 - 24General instructions are at the end of this form [pages (i)-(vii)]. ALLOCATION NUMBER For courier deliveries, see page ii of the general instructions Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2023 Accounting Period Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the В 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-Owner 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. 060527 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 060527 2023/2 4 International Dr Suite 330 Rye Brook, NY 10573 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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. IDENTIFICATION OF CABLE SYSTEM: System 1 MAILING ADDRESS OF CABLE SYSTEM: 2 (Number, 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 D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated commuinites 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. Area 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 Peabody ĸs First Community

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

Form SA1-2c Rev 04/2011

Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS			
Name	Vyve Broadband A, LLC								06052		
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBEI	RS AND RATE	S						
E	In General: The information in s					transmission s	ervice of th	ne cable			
	system, that is, the retransmission										
Secondary	about other services (including p						hose existi	ng on the			
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						le system	broken			
scribers and		•					•				
Rates	down by categories of secondary transmission service. In general, you can compute the number of subscribers in 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.										
	category, but do not include disc	· · ·	,		otandare		, with the p				
	Block 1: In the left-hand block	•		-		•					
	systems most commonly provide										
	that applies to your system. Note categories, that person or entity			-		-					
	subscriber who pays extra for ca					• •	•				
	first set" and would be counted o	nce again und	er "Service	to additional s	set(s)."						
	Block 2: If your cable system I										
	printed in block 1 (for example, ti with the number of subscribers a										
	sufficient.	ind rates, in the	ingin-nanc	DIOCK. A two-	or timee	-word descripti					
	BLO	DCK 1					BLOCI	٢2			
		NO. OF						NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	GORY OF SE	RVICE	SUBSCRIBERS	RAT		
	Residential:		40								
	Service to first set		16	30.00							
	Service to additional set(s)										
	• FM radio (if separate rate)										
	Motel, hotel										
	Commercial		9	59.99							
	Converter										
	Residential			······ -···							
	Non-residential										
	SERVICES OTHER THAN SEC		NSMISSIO								
-	In General: Space F calls for rat				ect to all	your cable sys	tem's servi	ces that were			
F	not covered in space E, that is, th										
•	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										
Services Other Than											
Secondary	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.										
ransmissions:	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.										
		BLO	-			DATE	CATEO	BLOCK 2	DAT		
	CATEGORY OF SERVICE Continuing Services:	RATE		NY OF SERVIC		RATE	CATEG	ORY OF SERVICE	RAT		
	Pay cable	19.95	• Motel,		Jindiai						
	Pay cable—add'l channel	10100	• Comm								
	Fire protection		• Pay ca								
	•Burglar protection			ble-add'l chan	nel						
	Installation: Residential		•	otection							
	• First set	64.95	•	r protection							
			Other ser								
	Additional set(s)	1	2								
	 Additional set(s) FM radio (if separate rate) 		 Recon 			39.95					
	• FM radio (if separate rate)		Recon Discor	nect		39.95					
			 Discor 	nect nect							
	• FM radio (if separate rate)		• Discor • Outlet	nect	s	39.95 20.00 39.95					

Name	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	1:	S	YSTEM ID
Name	Vyve Broadband A	, LLC			06052
	PRIMARY TRANSMITTERS:	TELEVISION			
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Statio basis under specifc FCC ru • Do not list the station here, station was carried only • List the station here, and basis. For further inform Column 1: List each sta Column 2: Give the num This may be different from associated with a station at the same on the form. Column 3: Indicate in ee educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the loc	m during the accour in effect on June 24 e)(2) and (4), or 76.6 as explained in the n ons: With respect to ules, regulations, or a e in space G—but de on a substitute basi also in space I, if the nation concerning su ation's call sign. Do n mber of the channel the channel on whic ccording to its over-t each case whether the ering the letter "N" (fe , "E" (for noncomme erms, see page (iv) o ation of each station	ating period, exce , 1981, permitting G3 (referring to 76 ext paragraph. any distant static authorizations: b list it in space I s. e station was carr bstitute basis stat not report originat on which the stat h your cab;e syst hje-air designatio e station is a nettor or network), "N-M rcial educational) of the general ins: . For U.S. station	ng translator stations and low power television stations) pt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections .61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. ion's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). tructions. s, list the community to which the station is licensed by the i the community with which the station is identifed.	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	KAAS - Comet	24.3	I-M	Wichita KS	
	KAAS-Fox Wichita, K	24	I	Wichita KS	
	KAAS-MyNetwork 24	24.2	I-M	Wichita KS	
	KAKE-ABC 10 Wichit	10	N	Wichita KS	
	KPTS-PBS 8 Hutchin	8	Е	Hutchinson KS	
	KSCW-CW 33 Witchia	33	I	Wichita KS	
	KSNW-NBC 3 Wichita	3	N	Wichita KS	
	KSNW-True Crime C	3.4	I-M	Wichita KS	
	KWCH-CBS 12 Hutch	12	N	Hutchinson KS	
	KWCH-Weather 12.2	12.2	I-M	Hutchinson KS	
		1	I		

ACCOUNTING PERIOD: 2023/2

EGAL NAME OF	PAGE 4.	CABLE SY	/STEM:					SYSTEM ID#	Name
/yve Broadb								060527	ivallie
, 10 Di Jaun		-						000527	
			rried on a separate and discr	rete	e basis and list t	hose FM statio	ons carr	ied on an	н
			nerally receivable" by your ca						••
necial Instruc	tions Concer	ning All	-Band FM Carriage: Under (<u>_</u>	ovright Office re	gulations and	FM sian	al is generally	Primary
			em whenever it is received a						Transmitters
n the basis of r	nonitoring, to	be receiv	ved at the headend, with the	sy	stem's FM anter	nna, during ce	rtain sta	ted intervals.	Radio
			Copyright Office regulations	on	n this point, see p	page (v) of the	e genera	l instructions.	
			ach station carried. n is AM or FM.						
			al was electronically process	sec	d by the cable sy	stem as a sep	oarate a	nd discrete	
			mark in the "S/D" column.						
			on (the community to which the second s			-	cor, in th	ne case of	
lexican or Cana	adian stations	s, if any, t	he community with which the	e s	tation is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
				-					
		1	L	-					

FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF O	ABLE SYST	EM:						SYSTEM ID#
Name	Vyve Broadband A, LL	C							060527
_	SUBSTITUTE CARRIAGE	: SPECIA		NT AND PROGRAM LO	G				
I	In General: In space I, identif substitute basis during the ac								
Substitute	explanation of the programmi				e general ir	structions.			
Carriage: Special	 SPECIAL STATEMENT During the accounting peri 				sis any nor	network tele	vicio	n program	
Statement and Program Log	broadcast by a distant stat	ion?	-	-	-]	Yes	⊠No
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	je blank. If your answer is	"Yes," you	must compl	ete th	e program	
	2. LOG OF SUBSTITUTE								
	In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a of under certain FCC rules, reg Do not use general categori	ce, please a of every nor distant stati gulations, o	attach additiona nnetwork televi on and that yo r authorization	al pages. ision program (substitute ur cable system substitute s. See page (v) of the gei	program) th ed for the p neral instruc	at, during th ogramming tions for fur	ne acc of an ther ir	counting other statio	n
	"NBA Basketball: 76ers vs. I	Bulls."				, -			
	Column 2: If the program Column 3: Give the call s								
	Column 4: Give the broa the case of Mexican or Cana	dcast statio	on's location (th	ne community to which the	e station is l		he FO	CC or, in	
	Column 5: Give the mon	th and day					s, witl	h the month	1
	first. Example: for May 7 giv Column 6: State the time		substitute pro	gram was carried by your	cable svste	em. List the	times	accuratelv	
	to the nearest five minutes.								
	stated as "6:00–6:30 p.m." Column 7: Enter the lette								
	to delete under FCC rules a gram was substituted for pro								
	effect on October 19, 1976.						. ogun		
			E PROGRAM	1		HEN SUB			7. REASON
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MON		6. TIN		FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DA	Y FROM	_	ТО	
			•		-				
					-		_		
							_		
					_				
					_				
					_				
					_				
					_		_		

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 060527	Name
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter th all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissio (as identified in space E) during the accounting period. For a further explanation of how to compute this amou page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	on service int, see	K Gross Receipt
		\$ 5,310.00 (Amount of gross receipts)	
		(Amount of gross receipts)	
nstructions • • •	TROYALTY FEE 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 \$263,4 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 of the general instructions for more information.	800	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 si accounting period is \$52.00	x-month	
	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
	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	
	o. Interest charge. Enter the amount from line 4, space Q, page 6	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) \$,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		
	FILING FEE AND TOTAL REMITTANCE DUE		•
Filing Fee			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 67.00]

	-	FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
	Vyve Broadband A, LLC	060527
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stat	ions
	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	10
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	54
	and nonbroadcast services	54
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
	we can write or call about this statement of account.)	
Individual to		
Be Contacted for Further	Name Marie Censoplano Telephone 91	4-235-8313
Information	Name Marie Censopiano Telephone 91	4 200 0010
	Address A International Dr. Suite 220	
	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	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulation a contract instructions)	ns,
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed 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 sy	stem 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 identifed as owned	r of the cable system
	in line 1 of space B.	for the cable system
	. I have examined the statement of account and hereby dealars under penalty of law that all statements of fast contained	acroin
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	lereni
	[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: 2/26/24	
	I	

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ACCOUNTING PERIOD: 2023/2

FORM SA1-2. PAG	E 8	3.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Vyve Broadband A, LLC 060527	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? X NO YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address 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	
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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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 suffciency of the filing, a determination that would be made by a court of law.