## 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 General instructions are at the 2 - 29 - 24end 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. 0 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 0 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 οκ Skiatook 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 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 fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

									SA3. PAGE 2
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID#
	Vyve Broadband A, LLC								(
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic 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 m separately for the particular servi Rate: Give the standard rate c unit in which it is generally billed. category, but do not include disc Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	pace E should on of television ay cable) in sp (June 30 or Do blocks in space (transmission umber of billing ice at the rate i harged for eacc (Example: "\$2 ounts allowed in space E, the to their subsc a: Where an in- should be cour	cover a and rac ace F, r ecembe ce E cal service. gs in tha ndicate h categ 20/mth") for adva e form li ribers. ( dividual nted as	Ill categories of dio broadcasts I not here. All the er 31, as the cas I for the numbe In general, you t category (the d—not the num ory of service. I . Summarize au ance payment. ists the categor Give the numbe or organizatior a subscriber in	secondar by your sy facts you se may be r of subso u can com number of set nclude bo ny standa ies of sec r of subso r of subso n is receiv each app	state must be t a state must be t a). cribers to the cat apute the numbe of persons or org ts receiving serv oth the amount o rd rate variations condary transmis cribers and rate ing service that licable category.	bers. Give i hose existi ole system, or of subscr anizations ice). f the charg s within a p sion servic for each lis falls under Example:	nformation ng on the broken ibers in charged e and the articular rate e that cable ted category different 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)." <b>Block 2:</b> 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.								
	BLO	DCK 1					BLOCH		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	C 4 T	EGORY OF SE		NO. OF SUBSCRIBERS	RATE
	Residential:	SUBSCRID	LKO		CAI			SUBSCRIBERS	NATE
	Service to first set		531	30.00					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial			59.99					
	Converter								
	• Residential								
	Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services of amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	e (not subscrib hose services t e two exceptio or facilities furm it in which it is rate column. e charged by th your cable sys separate charg	ber) info that are ns: you ished to usually he cable stem fur le was r	rmation with rea not offered in c do not need to o nonsubscribe billed. If any ra e system for ea nished or offere nade or establis	spect to a combination give rate rs. Rate in tes are ch ch of the ed during	on with any secco information com nformation shoul narged on a varia applicable service the accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:     Pay cable	19.95		ation: Non-res tel, hotel	idential				
	• Pay cable—add'l channel	19.95		mmercial					
	Fire protection		_	y cable					
	•Burglar protection		· ·	y cable-add'l ch	annel				
	Installation: Residential			e protection					
	• First set	64.95		glar protection					
	<ul> <li>Additional set(s)</li> </ul>			services:					
	• FM radio (if separate rate)		• Re	connect		39.95			
	• Converter		• Dis	connect					
			• Ou	tlet relocation		20.00			
			• Mo	ve to new addr	ess	39.95			
			۰Ou	tlet relocation	ess	·····			

-	-	
	SYS	TEM

	LEGAL NAME OF OWNER	OF CABLE SYSTEM	•	FORM SA1-2. PAGE 3. SYSTEM ID#				
Name	Vyve Broadband A			0				
	PRIMARY TRANSMITTERS:							
G Primary Transmitters: Television	<ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:</li> <li>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.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. 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, or a noncommercial educational station, by entering the letter "N" (for network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network (for noncommercial educational multicast). "E" (for independent multicast). "E" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). "E" (for the general instructions. 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 netwo</li></ul>							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION				
	KDOR Positiv	17.5	I-M	BARTLESVILLE OK				
	KDOR Smile of a Chi	17.3	I-M	BARTLESVILLE OK				
	KDOR-TBN	17.1	I-M	BARTLESVILLE OK				
	KDOR-TBN Enlace	17.4	I-M	BARTLESVILLE OK				
	KDOR-TBN HD	17.1	I-M	BARTLESVILLE OK				
	KDOR-TBN Inspire	17.2	I-M	BARTLESVILLE OK				
	KGEB-IND	53.1	I	TULSA OK				
	KJRH - D1 - NBC	2.1	N-M	TULSA OK				
	KJRH Bounce TV	2.2	I-M	TULSA OK				
	KJRH Grit	2.5	I-M	TULSA OK				
	KJRH Laff	2.3	I-M	TULSA OK				
	KJRH NBC HD	2.1	N-M	TULSA OK				
	KJRH-Defy	2.4	I-M	TULSA OK				
	KMYT Heroes & Icon	41.4	I-M	TULSA OK				
	KMYT-Cozi	41.2	I-M	TULSA OK				
	KMYT-MyNetwork	41.1	I-M	TULSA OK				
	KMYT-MyNetwork HI	41.1	I-M	TULSA OK				
	KMYT-Start TV	41.3	I-M	TULSA OK				
	KOED Create	11.3	E-M	TULSA OK				
	KOED Kids	11.4	E-M	TULSA OK				
	KOED World	11.2	E-M	TULSA OK				
	KOED-PBS	11.1	E-M	TULSA OK				
	KOED-PBS HD	11.1	E-M	TULSA OK				

-	-	
	SYSTEM	

	LEGAL NAME OF OWNER			FORM SA1-2. PAGE 3. SYSTEM ID#
Name	Vyve Broadband A		-	0
	PRIMARY TRANSMITTERS:			
G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as <b>Substitute Basis Statio</b>	n during the accoun n effect on June 24, e)(2) and (4), or 76.6 s explained in the ne <b>ns:</b> With respect to	ting period, except ( 1981, permitting the 3 (referring to 76.61 ext paragraph. any distant stations	ranslator stations and low power television stations) 1) stations carried only on a part-time basis under e carriage of certain network programs [sections (e)(2) and (4))]; and (2) certain stations carried on a carried by your cable system on a substitute program
	station was carried only of • List the station here, and a basis. For further informa Column 1: List each sta Column 2: Give the num This may be different from t associated with a station ac the same on the form. Column 3: Indicate in ea educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the loca	in space G—but do on a substitute basis also in space I, if the ation concerning sub tion's call sign. Do n ober of the channel of he channel on which cording to its over-th ach case whether the ring the letter "N" (for "E" (for noncommen rms, see page (iv) of ation of each station.	<ul> <li>b) list it in space I (the s.</li> <li>a station was carried positiute basis station iot report origination on which the station' in your cab; e system hje-air designation.</li> <li>b) e station is a networ or network), "N-M" (for cial educational), or of the general instruct.</li> </ul>	ist the community to which the station is licensed by the
		dian stations, if any, 2. B'CAST CHANNEL NUMBER	give the name of the 3. TYPE OF STATION	e community with which the station is identifed.
	KOKI-Dabl	23.3	I-M	TULSA OK
	KOKI-FOX	23.1	I-M	TULSA OK
	KOKI-FOX HD	23.1	I-M	TULSA OK
	KOKI-MeTV	23.2	I-M	TULSA OK
	KOTV-CBS	6.1	N-M	TULSA OK
	KOTV-CBS HD	6.1	N-M	TULSA OK
	KOTV-News on 6	6.3	I-M	TULSA OK
	KQCW-CW	19.1	I-M	TULSA OK
	KQCW-CW HD	19.1	I-M	TULSA OK
	KRSU ETV HD	35.1	I-M	TULSA OK
	KRSU First Nation Ex	35.2	I-M	TULSA OK
	KRSU-ETV	35.1	I-M	TULSA OK
	KTPX Court TV	44.3	I-M	TULSA OK
	KTPX Grit	44.4	I-M	TULSA OK
	KTPX Ion HD	44.1	I-M	TULSA OK
	KTPX ION Mystery	44.5	I-M	TULSA OK
	KTPX-ION	44.1	I-M	TULSA OK
	KTUL - ABC	8.1	N-M	TULSA OK
	KTUL Antenna	8.3	I-M	TULSA OK
	KTUL TBD TV	8.4	I-M	TULSA OK
	KTUL-ABC HD	8.1	N-M	TULSA OK
	KTUL-Charge	8.5	I-M	TULSA OK
	KTUL-Comet	8.2	I-M	TULSA OK

				FOF	RM SA1-2. PAGE 3.				
Name	LEGAL NAME OF OWNE		1:		SYSTEM ID#				
	Vyve Broadband A	A, LLC			0				
	PRIMARY TRANSMITTERS:	TELEVISION							
G Primary Transmitters: Television	<ul> <li>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.</li> <li>Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:</li> <li>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.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.</li> <li>Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.</li> <li>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.</li> <li>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), see page (iv) of the general instructions.</li> <li>Column 4: Give the location of each station. For U.S. stations, is the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of t</li></ul>								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION					
		47.1	1	TULSA OK					
		<b>-</b>							
		Ι							
		•							

## ACCOUNTING PERIOD: 2023/2

FORM SA1-2. F	PAGE 4.						ACCOUNT	NG PERIOD: 2023/
LEGAL NAME OF			YSTEM:				SYSTEM ID#	Name
Vyve Broad	band A, LL	C					0	
PRIMARY TRA			rried on a concrete and disers	to boois and list t	haaa EM atati	000 00r	ind on an	н
			rried on a separate and discre nerally receivable" by your ca					••
	-	-						Deimoni
			-Band FM Carriage: Under C tem whenever it is received at					Primary Transmitters:
			ved at the headend, with the s					Radio
			Copyright Office regulations of	on this point, see p	page (v) of the	e genera	l instructions.	
		-	each station carried. n is AM or FM.					
			nal was electronically processe	ed by the cable sy	stem as a ser	oarate a	nd discrete	
signal, indicate	this by placing	g a check	mark in the "S/D" column.					
			on (the community to which th			C or, in t	he case of	
Mexican or Can	iadian stations	s, if any, 1	the community with which the	station is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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FORM SA1-2. PAGE 5.

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:							SYSTEM ID#
Name	Vyve Broadband A, LL	С								0
Name Substitute Carriage: Special Statement and Program Log	Vyve Broadband A, LLU SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi <b>1. SPECIAL STATEMENT</b> • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. <b>2. LOG OF SUBSTITUTE</b> In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, rea Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the broad the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes.	C SPECIA fy every nor- counting pe ing that mus CONCER iod, did you ion? , leave the EPROGRA itute progra ce, please a of every nor distant stati gulations, o ies like "mor Bulls." n was broac sign of the s idcast static adian statio th and day re "5/7." as when the	L STATEMEN Intervork televis priod, under spe- to be included in NING SUBST r cable system rest of this page IMS Im on a separa attach additionant innetwork televis ion and that your r authorizations vies" or "basked dcast live, enter station broadca on's location (thous, if any, theo when your system substitute pro-	ion program broadcast by cific present and former FC this log, see page (v) of the <b>TIUTE CARRIAGE</b> carry, on a substitute bas the blank. If your answer is the line. Use abbreviations al pages. ision program (substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra r "Yes." Otherwise enter " isting the substitute progra the community to which the community with which the tem carried the substitute gram was carried by your	r a dis CC ru ne ge sis, a s "Ye s who proto proto for nera am til 'No." ram. e sta e sta e sta e pro	ules, regulat eneral instru any nonnets s," you mus erever poss gram) that, or the progr l instruction is, for exa tion is licer tion is licer tion is ident gram. Use le system.	tions, or au ctions. work televi st complete sible, if the during the amming of as for furthe imple, "I Lo used by the ified). numerals, List the tim	thoriz sion e the acco anoi er infu ove L e FCC with	system ca cations. Fo program Yes program aning is unting ther statio ormation. ucy" or C or, in the month ccurately	r a further
	stated as "6:00–6:30 p.m." <b>Column 7:</b> 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 gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
					Т	WHE	N SUBST	TTU	TE	
			E PROGRAM 3. STATION'S						RED s	7. REASON FOR DELETION
	S	UBSTITUT		4. STATION'S LOCATION		CARR	AGE OCO	CURI	RED	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	
	S	UBSTITUT 2. LIVE?	3. STATION'S			CARR 5. MONTH	AGE OCC 6.	CURI	RED s	

FORM SA1-2. PAGE 6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID#	Name
GROSS RECEIPTS	0	
Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission (as identified in space E) during the accounting period. For a further explanation of how to compute this amount page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	service	K Gross Receipts
during the accounting period	79,831.00	
IMPORTANT: You must complete a statement in space P concerning gross receipts. (Ar	mount of gross receipts)	
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80 • 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.	00	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- accounting period is \$52.00	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. 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) \$ 1,3	19.00	
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		
ii i 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
g F 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	
EFT Trace # or TRANSACTION ID # No	ot Available	
See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	e information.	

		FORM SA1-2. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Itanio	Vyve Broadband A, LLC	0
	CHANNELS	
м	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	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	47
	system carried television broadcast stations	47
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	199
	and nonbroadcast services	155
N	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 914-235	5-8313
Information		
	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 regulations,	
0	as explained in the general instructions.)	
Ŭ		
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 system as in line 1 of space B and that the owner is not a corporation or partnership; or	identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed 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: <b>Daniel J White</b>	
	Tatu SVD Eineneiel Blenning	
	Title: SVP Financial Planning (Title of official position held in corporation or partnership)	
	Date: 2/26/24	
l		

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

## ACCOUNTING PERIOD: 2023/2

FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM I	)# Name
/yve Broadband A, LLC	0 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? NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
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	-
x days	_
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) <b>\$</b> -(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	
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requered to identify or trace an individual, such as name, address a	

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