

**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            |
| 02/27/2019                    | \$                |
|                               | 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

| <b>A</b><br>Accounting<br>Period | ACCOUNTING PERIOD COVERED BY THIS STATEMENT:<br><b>July 1-December 31, 2018</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |           |                  |           |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
|----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------|-----------|----------------------------------------|-------|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------|-----------|------------------|-----------|--|---------------|-----------|-----------------|-----------|--|-----------------------|-----------|--|--|--|------------------|-----------|--|--|--|----------------------|-----------|--|--|--|----------------|-----------|--|--|
| <b>B</b><br>Owner                | <p><b>Instructions:</b> 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.<br/>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.</p> <p><input type="checkbox"/> List any other name or names under which the owner conducts the business of the cable system.<br/><i>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.</i></p> <p><input 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. <span style="float: right;"><b>032669</b></span></p> <p><b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br/><b>Vyve Broadband J, LLC</b></p> <p style="text-align: right;"><b>*03266920182*</b><br/><b>032669 2018/2</b></p> <p><b>Four International Drive, Suite 330</b><br/><b>Rye Brook, NY 10573</b></p>                                                                                                                                                                                                                           |           |                  |           |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
| <b>C</b><br>System               | <p><b>INSTRUCTIONS:</b> 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"><b>IDENTIFICATION OF CABLE SYSTEM:</b></td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="2"> <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br/> <b>3213 Highway 25 Ease Suite 1</b><br/> <small>(Number, street, rural route, apartment, or suite number)</small><br/> <b>Tazewell, TN 37879</b><br/> <small>(City, town, state, zip code)</small> </td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |           |                  | 1         | <b>IDENTIFICATION OF CABLE SYSTEM:</b> |       | 2            | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>3213 Highway 25 Ease Suite 1</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>Tazewell, TN 37879</b><br><small>(City, town, state, zip code)</small> |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
| 1                                | <b>IDENTIFICATION OF CABLE SYSTEM:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |           |                  |           |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
| 2                                | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><b>3213 Highway 25 Ease Suite 1</b><br><small>(Number, street, rural route, apartment, or suite number)</small><br><b>Tazewell, TN 37879</b><br><small>(City, town, state, zip code)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |           |                  |           |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
| <b>D</b><br>Area<br>Served       | <p><b>Instructions:</b> 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.<br/>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></th> <th>CITY OR TOWN</th> <th>STATE</th> <th>CITY OR TOWN</th> <th>STATE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">First Community</td> <td><b>New Tazewell</b></td> <td><b>TN</b></td> <td><b>Speedwell</b></td> <td><b>TN</b></td> </tr> <tr> <td></td> <td><b>Arthur</b></td> <td><b>TN</b></td> <td><b>Tazewell</b></td> <td><b>TN</b></td> </tr> <tr> <td></td> <td><b>Cumberland Gap</b></td> <td><b>TN</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>Harrogate</b></td> <td><b>TN</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>Lone Mountain</b></td> <td><b>TN</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td><b>Shawnee</b></td> <td><b>TN</b></td> <td></td> <td></td> </tr> </tbody> </table> |           |                  |           | CITY OR TOWN                           | STATE | CITY OR TOWN | STATE                                                                                                                                                                                                                                   | First Community | <b>New Tazewell</b> | <b>TN</b> | <b>Speedwell</b> | <b>TN</b> |  | <b>Arthur</b> | <b>TN</b> | <b>Tazewell</b> | <b>TN</b> |  | <b>Cumberland Gap</b> | <b>TN</b> |  |  |  | <b>Harrogate</b> | <b>TN</b> |  |  |  | <b>Lone Mountain</b> | <b>TN</b> |  |  |  | <b>Shawnee</b> | <b>TN</b> |  |  |
|                                  | CITY OR TOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STATE     | CITY OR TOWN     | STATE     |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
| First Community                  | <b>New Tazewell</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>TN</b> | <b>Speedwell</b> | <b>TN</b> |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
|                                  | <b>Arthur</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>TN</b> | <b>Tazewell</b>  | <b>TN</b> |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
|                                  | <b>Cumberland Gap</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>TN</b> |                  |           |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
|                                  | <b>Harrogate</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>TN</b> |                  |           |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
|                                  | <b>Lone Mountain</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>TN</b> |                  |           |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |
|                                  | <b>Shawnee</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>TN</b> |                  |           |                                        |       |              |                                                                                                                                                                                                                                         |                 |                     |           |                  |           |  |               |           |                 |           |  |                       |           |  |  |  |                  |           |  |  |  |                      |           |  |  |  |                |           |  |  |

**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.



|             |                                                                      |                                    |
|-------------|----------------------------------------------------------------------|------------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Vyve Broadband J, LLC</b> | <b>SYSTEM ID#</b><br><b>032669</b> |
|-------------|----------------------------------------------------------------------|------------------------------------|

|                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                     |                    |      |
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| <b>E</b><br><br><b>Secondary Transmission Service: Subscribers and Rates</b> | <p><b>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</b><br/> <b>In General:</b> 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 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).<br/> <b>Number of Subscribers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken 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).<br/> <b>Rate:</b> 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.<br/> <b>Block 1:</b> 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. <b>Note:</b> 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)."<br/> <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.</p> |       |                     |                    |      |
| BLOCK 1                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       | BLOCK 2             |                    |      |
| CATEGORY OF SERVICE                                                          | NO. OF SUBSCRIBERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RATE  | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | RATE |
| <b>Residential:</b>                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                     |                    |      |
| • Service to first set                                                       | 2,530                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25.00 |                     |                    |      |
| • Service to additional set(s)                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                     |                    |      |
| • FM radio (if separate rate)                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                     |                    |      |
| <b>Motel, hotel</b>                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                     |                    |      |
| <b>Commercial</b>                                                            | 90                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 25.00 |                     |                    |      |
| <b>Converter</b>                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                     |                    |      |
| • Residential                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                     |                    |      |
| • Non-residential                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |       |                     |                    |      |

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|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|---------|---------------------|------|
| <b>F</b><br><br><b>Services Other Than Secondary Transmissions: Rates</b> | <p><b>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</b><br/> <b>In General:</b> Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.<br/> <b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed.<br/> <b>Block 2:</b> 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.</p> |                                      |         |                     |      |
| BLOCK 1                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                      | BLOCK 2 |                     |      |
| CATEGORY OF SERVICE                                                       | RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | CATEGORY OF SERVICE                  | RATE    | CATEGORY OF SERVICE | RATE |
| <b>Continuing Services:</b>                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Installation: Non-residential</b> |         |                     |      |
| • Pay cable                                                               | 19.95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | • Motel, hotel                       | T&M     |                     |      |
| • Pay cable—add'l channel                                                 | 15.95                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | • Commercial                         | T&M     |                     |      |
| • Fire protection                                                         | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • Pay cable                          | T&M     |                     |      |
| • Burglar protection                                                      | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • Pay cable-add'l channel            | T&M     |                     |      |
| <b>Installation: Residential</b>                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | • Fire protection                    | N/A     |                     |      |
| • First set                                                               | 59.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | • Burglar protection                 | N/A     |                     |      |
| • Additional set(s)                                                       | 19.99                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Other services:</b>               |         |                     |      |
| • FM radio (if separate rate)                                             | N/A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | • Reconnect                          | 29.99   |                     |      |
| • Converter                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | • Disconnect                         |         |                     |      |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | • Outlet relocation                  | 29.99   |                     |      |
|                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | • Move to new address                | 29.99   |                     |      |

|             |                                                                      |                                    |
|-------------|----------------------------------------------------------------------|------------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Vyve Broadband J, LLC</b> | <b>SYSTEM ID#</b><br><b>032669</b> |
|-------------|----------------------------------------------------------------------|------------------------------------|

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                    |                        |
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| <b>G</b><br><br><b>Primary Transmitters: Television</b> | <p><b>PRIMARY TRANSMITTERS: TELEVISION</b></p> <p><b>In General:</b> 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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <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> </ul> <p><b>Column 1:</b> List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.</p> <p><b>Column 2:</b> 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 cable system carried the station. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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 identified.</p> |                          |                    |                        |
|                                                         | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION |
|                                                         | WLMU 14 (LMU) Harro                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 14                       | I                  | Harrogate              |
|                                                         | WATE 6 (ABC) Knoxvil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6                        | N                  | Knoxville              |
|                                                         | WBXX 20 (CW) Knoxvi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 20                       | I                  | Knoxville              |
|                                                         | WVLT 8 (CBS) Knoxvill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8                        | N                  | Knoxville              |
|                                                         | WBIR 10 (NBC) Knoxvi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10                       | N                  | Knoxville              |
|                                                         | WTNZ 43 (FOX) Knoxv                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 43                       | I                  | Knoxville              |
|                                                         | WVLR 48 (IND) Knoxvi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 48                       | I                  | Knoxville              |
|                                                         | WLFG 68 (IND) Harlan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 68                       | I                  | Harlan                 |
|                                                         | WVLT 8.2 (MyNet) Kn                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 8.2                      | I-M                | Knoxville              |
|                                                         | WYMT 57 (CBS) Hazar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 57                       | N                  | Hazard                 |
|                                                         | WKNX 7 (IND) Knoxvil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 7                        | I                  | Knoxville              |
|                                                         | WPXK-ION Life 54.3 Je                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 54.3                     | I-M                | Jellico                |
|                                                         | WATE 6.3 LAFF Knoxvi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 6.3                      | I-M                | Knoxville              |
|                                                         | WATE 6.2 Get TV Knoxvill                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6.2                      | I-M                | Knoxville              |
|                                                         | WBIR 10.2 (MeTV) Knoxvi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10.2                     | I-M                | Knoxville              |
|                                                         | WYMT 57.2 Heroes &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 57.2                     | I-M                | Knoxville              |
|                                                         | WBIR 10.3 Justice Ne                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 10.3                     | I-M                | Knoxville              |
|                                                         | WTNZ 43.3 GritTV Kr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 43.3                     | I-M                | Knoxville              |
|                                                         | WTNZ 43.2 Bounce K                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 43.2                     | I-M                | Knoxville              |
|                                                         | WKNX 7.2 Daystar Kl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 7.2                      | I-M                | Knoxville              |
|                                                         | WETP 2.3 PBS Creat                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.3                      | E-M                | Sneedville             |
|                                                         | WETP 2.2 PBS Kids S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2.2                      | E-M                | Sneedville             |







|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Vyve Broadband J, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SYSTEM ID#</b><br><b>032669</b>                                             | Name                                                                                                                                                |
| <b>GROSS RECEIPTS</b><br><b>Instructions:</b> 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.<br>Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . . |                                                                                | <b>K</b><br><b>Gross Receipts</b>                                                                                                                   |
| <b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>436,829.75</b><br/> <small>(Amount of gross receipts)</small> </div> |
| <b>COPYRIGHT ROYALTY FEE</b><br><b>Instructions:</b> To compute the royalty fee you owe:<br>• Complete block 1, block 2, or block 3.<br>• Use block 1 if the amount of gross receipts in space K is \$137,100 or less<br>• 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<br>• Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600<br>See page (vi) of the general instructions for more information.                                 |                                                                                | <b>L</b><br><b>Copyright Royalty Fee</b>                                                                                                            |
| <b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                |                                                                                                                                                     |
| 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 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                | <div style="border-bottom: 1px solid black; width: 100px;"></div>                                                                                   |
| Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                | <b>0.00</b>                                                                                                                                         |
| Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                | <div style="border: 1px solid black; width: 100px; height: 20px;"></div>                                                                            |
| <b>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                                                                                                                     |
| 1. Base amount under statutory formula . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>\$ 263,800.00</b>                                                           |                                                                                                                                                     |
| 2. Enter amount of gross receipts from space K . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div style="border-bottom: 1px solid black; width: 100px;"></div>              |                                                                                                                                                     |
| 3. Subtract line 2 from line 1 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div style="border-bottom: 1px solid black; width: 100px;"></div>              |                                                                                                                                                     |
| 4. Enter the amount of gross receipts from space K . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="border-bottom: 1px solid black; width: 100px;"></div>              |                                                                                                                                                     |
| 5. Enter the amount from line 3 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <div style="border-bottom: 1px solid black; width: 100px;"></div>              |                                                                                                                                                     |
| 6. Subtract line 5 from line 4 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div style="border-bottom: 1px solid black; width: 100px;"></div>              |                                                                                                                                                     |
| 7. Multiply line 6 by .005 (enter figure here) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <div style="border-bottom: 1px solid black; width: 100px;"></div>              |                                                                                                                                                     |
| 8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>0.00</b>                                                                    |                                                                                                                                                     |
| 9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <div style="border: 1px solid black; width: 100px; height: 20px;"></div>       |                                                                                                                                                     |
| <b>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                |                                                                                                                                                     |
| 1. Enter the amount of gross receipts from space K . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>\$ 436,829.75</b>                                                           |                                                                                                                                                     |
| 2. Base amount under statutory formula . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>\$ 263,800.00</b>                                                           |                                                                                                                                                     |
| 3. Subtract line 2 from line 1 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>\$ 173,029.75</b>                                                           |                                                                                                                                                     |
| 4. Multiply line 3 by .01 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>\$ 1,730.30</b>                                                             |                                                                                                                                                     |
| 5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>\$ 1,319.00</b>                                                             |                                                                                                                                                     |
| 6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>0.00</b>                                                                    |                                                                                                                                                     |
| 7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . .                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <div style="border: 1px solid black; padding: 2px;"> <b>\$ 3,049.30</b> </div> |                                                                                                                                                     |
| <b>IMPORTANT:</b> 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.                                                                                                                                                                                                                                                                                                                                                              |                                                                                |                                                                                                                                                     |



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|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>Name</b>                                                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Vyve Broadband J, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>SYSTEM ID#</b><br><b>032669</b> |
| <b>M</b><br><br><b>Channels</b>                                           | <p><b>CHANNELS</b><br/> <b>Instructions:</b> 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 . . . . . <span style="border: 1px solid black; padding: 5px; float: right;">27</span></p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services . . . . . <span style="border: 1px solid black; padding: 5px; float: right;">249</span></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |
| <b>N</b><br><br><b>Individual to Be Contacted for Further Information</b> | <p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual to whom we can write or call about this statement of account.)</p> <p>Name <u><b>Marie Censoplano</b></u> Telephone <u><b>914-234-8313</b></u></p> <p>Address <u><b>Four International Drive, Suite 330</b></u><br/> <small>(Number, street, rural route, apartment, or suite number)</small></p> <p><u><b>Rye Brook, NY 10573</b></u><br/> <small>(City, town, state, zip)</small></p> <p>Email (optional) _____ Fax (optional) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |
| <b>O</b><br><br><b>Certification</b>                                      | <p><b>CERTIFICATION</b> (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"> <li>• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li><input type="checkbox"/> <b>(Owner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or</li> <li><input type="checkbox"/> <b>(Agent of owner other than corporation or partnership)</b> 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</li> <li><input checked="" type="checkbox"/> <b>(Officer or partner)</b> 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.</li> </ul> <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><i>ISI Daniel J White</i></u></p> <p>Typed or printed name: <u><b>Daniel J. White</b></u></p> <p>Title: <u><b>SVP - Financial Planning</b></u><br/> <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: <u>2/26/2019</u></p> |                                    |

**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:<br><b>Vyve Broadband J, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>SYSTEM ID#</b><br><b>032669</b>                    | <b>Name</b>                                                                  |
| <b>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</b><br>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:<br>"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."<br><br>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.<br><br>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?<br><br><input checked="" type="checkbox"/> NO<br><br><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. .... \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                       | <b>P</b><br><br><b>Special Statement Concerning Gross Receipts Exclusion</b> |
| Name _____<br>Mailing Address _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name _____<br>Mailing Address _____<br>_____<br>_____ |                                                                              |
| <b>INTEREST ASSESSMENTS</b><br><br>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.<br><br>Line 1 Enter the amount of late payment or underpayment ..... _____<br><div style="text-align: right; margin-left: 400px;">x _____</div><br>Line 2 Multiply line 1 by the interest rate* and enter the sum here ..... -<br><div style="text-align: right; margin-left: 400px;">x _____ days</div><br>Line 3 Multiply line 2 by the number of days late and enter the sum here ..... -<br><div style="text-align: right; margin-left: 400px;">x 0.00274</div><br>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) ..... \$ -<br><div style="text-align: right; margin-left: 400px;">(interest charge)</div><br><p style="font-size: small;">* To view the interest rate chart click on <a href="http://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a>. For further assistance please contact the Licensing Division at (202) 707-8150 or <a href="mailto:licensing@loc.gov">licensing@loc.gov</a>.</p> <p style="font-size: small;">** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p style="font-size: small;">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> Owner _____<br>Address _____<br>_____<br>_____<br>ID number _____<br>First community served _____<br>Accounting period _____ |                                                       | <b>Q</b><br><br><b>Interest Assessment</b>                                   |

**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.