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

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

## SA1-2 Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED AMOUNT				
08/30/2024	\$ ALLOCATION NUMBER			

Library of Congress

Copyright Office

Licensing Division

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

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT:				
Accounting Period	January 1-June 30, 2024	4				
<b>B</b> Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.					
	LEGAL NAME OF OWNER/MAILING ADD	DRESS OF CABLE SYSTEM				
	Vyve Broadband J, LLC					
				002428 2024/1		
	Four International Drive, St Rye Brook, NY 10573	uite 330				
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these					
System	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.    IDENTIFICATION OF CABLE SYSTEM:					
<b>-,</b>	1 BENTIFICATION OF CABLE STOTEM.					
	MAILING ADDRESS OF CABLE SYSTEM:  2504 Westwood Rd (Number, street, rural route, apartment, or suite nu Westlake, LA 70669 (City, town, state, zip code)	mber)				
D	·		A "community" is the same as a "community un			
D	•		ling unincorporated commuinites within uninco 5(dd). The first community that list will serve	•		
Area	of system identification hereafter known	as the "first community." Please us	se it as the first community on all future filings.			
Served	Note: Entities and properties such as ho the identified city.	otels, apartments, condiminiums, or	mobile home parks should be reported in para	atheses below		
First	CITY OR TOWN  Kinder	STATE LA	CITY OR TOWN	STATE		
Community	Allen Parish	LA				
	Elton	LA				
	Oberlin	LA				
			+			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

· Additional set(s)

Converter

• FM radio (if separate rate)

FORM SA3 PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 002428 **Vyve Broadband J, LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and down by categories of secondary transmission service. In general, you can compute the number of subscribers in Rates each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: 87 · Service to first set 38.50 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 22 38.50 Converter Residential Non-residential SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were F not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services Services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. Secondary Transmissions: Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. Rates Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential Pay cable 19.95 · Motel, hotel T&M • Pay cable—add'l channel Commercial T&M 15.95 · Fire protection N/A · Pay cable T&M • Pay cable-add'l channel T&M Burglar protection N/A Installation: Residential · Fire protection N/A First set 59.99 · Burglar protection N/A

19.99

N/A

Other services:

Reconnect

 Disconnect Outlet relocation

Move to new address

29.99

29.99

29.99

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 002428 Vyve Broadband J, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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 Primary Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thie-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION CHANNEL SIGN OF NUMBER STATION KLTL-HD 18 (PBS) Lake Charles 18 Ε Lake Charles, LA KLTL-PBS Create 18.3 E-M Lake Charles, LA KLTL-PBS Kids 18.4 E-M Lake Charles, LA KPLC 7 HD (NBC) Lake Charles 7 Ν Lake Charles, LA 7.3 I-M Lake Charles, LA **KPLC-Bounce 7.3 Lake Charles** 7.2 Lake Charles, LA I-M **KPLC-CW 7.2 Lake Charles** 7.4 I-M Lake Charles, LA **KPLC-GritTV 7.4 Lake Charles** 17 Ν Lake Charles, LA KSWL-CBS 17 Lake Charles, LA F 29 Lake Charles, LA KVHP 18 (FOX) Lake Charles HD ı KVHP 18.2 (ABC) Lake Charles H 29.2 N-M Lake Charles, LA 19.1 Lake Charles, LA KWWE-MyNetwork

FORM SA1-2. F									
LEGAL NAME OF			YSTEM:					SYSTEM ID# 002428	Name
	t every radio s	tation ca	urried on a separate and discre						н
receivable if (1) on the basis of a For detailed info Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to premation about dentify the call tate whether the radio statithis by placing	the system that the the sign of each the station on's sign a check	tem whenever it is received at ved at the headend, with the se Copyright Office regulations of each station carried.  In is AM or FM.  In all was electronically processed mark in the "S/D" column.	t thesys	ne system's hea stem's FM anter this point, see p by the cable sy	adend, and (2) nna, during ce page (v) of the vstem as a sep	it can b rtain sta genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters: Radio
			on (the community to which the the community with which the			-	or, in tr	ie case oi	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:				;	SYSTEM ID#
Name	Vyve Broadband J, LL0							002428
ı	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute		explanation of the programming that must be included in this log, see page (v) of the general instructions.						
Carriage: Special	1. SPECIAL STATEMENT							
Statement and Program Log	IDIOACCASI DV A DISIANI SIANON?						⊠No	
	log in block 2.	, leave trie	rest or this pag	e blank. Il your answer is	res, you m	usi complete	e trie program	
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages.  Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was refered to October 19, 1976.							
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REA					7. REASON		
	1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S 5. MONTH 6. TIMES Yes or No CALL SIGN 4. STATION'S LOCATION AND DAY FROM —			FOR DELETION				
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FORM SA1-2. F	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 002428	Name		
	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmissio (as identifed in space E) during the accounting period. For a further explanation of how to compute this amout page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	n service	<b>K</b> Gross Receipts		
		Amount of gross receipts)			
Instructions:	TROYALTY FEE  To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,8 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 If the general instructions for more information.	300	L Copyright Royalty Fee		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this size accounting period is \$52.00	x-month			
	Line 1. Royalty fee for accounting period	52.00			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	52.00			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	-			
	1. Base amount under statutory formula				
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)				
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula         \$ 263,800.00				
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) \$ 1,50	319.00			
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6				
FILING FEE AND TOTAL REMITTANCE DUE					
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00			
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00			
	EFT Trace # or TRANSACTION ID #	lot Available			
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	re information.			

Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#				
Name	Vyve Broadband J, LLC	002428				
	CHANNELS					
М		tations				
IVI	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	stations				
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.					
Gildinicis	Enter the total number of channels on which the cable					
	system carried television broadcast stations	11				
	Enter the total number of activated channels					
	on which the cable system carried television broadcast stations	139				
	and nonbroadcast services					
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom					
	we can write or call about this statement of account.)					
Individual to						
Be Contacted	Name Mario Conconlano Talanhana	014 224 9212				
for Further Information	Name Marie Censoplano Telephone	914-234-8313				
omaaon						
	Address Four International Drive, Suite 330					
	(Number, street, rural route, apartment, or suite number)					
	Rye Brook, NY 10573 (City, town, state, zip)					
	(Oily, town, state, 21p)					
	Email (optional) Fax (optional)					
	<b>CERTIFICATION</b> (This statement of account must be certifed and signed in accordance with Copyright Offce regula as explained in the general instructions.)	tions,				
0						
Certifcation	I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)					
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	R· or				
	(Which date than do potation of particles hip) fain the dwiler of the cable system as identified in line for space	5, 01				
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or					
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.					
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contains are two complete, and account to the heat of my knowledge, information, and heliof, and are made in good faith.	ed 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)]					
	, and the same of					
	Omial 7 9116 to					
	Handwritten signature: /s/ Daniel J White					
	Typed or printed name: <b>Daniel J. White</b>					
	Typed of printed frame. Damer 3. Writte					
	THE OVER THE PROPERTY OF THE P					
	Title: SVP - Financial Planning  (Title of official position held in corporation or nathership)					
	Title: SVP - Financial Planning  (Title of official position held in corporation or partnership)					

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	002428	Hame
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction.  During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	rpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.0	0274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	_	
(interest	charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistant contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Offclist below the owner, address, first community served, ID number, and accounting period as given in the origin	-	
Owner Address		
ID number		
First community served		
Accounting period		

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