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 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	1				
B Owner	— incorrect information and print of type the correct information beside it.					
	LEGAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM				
	Vyve Broadband J, LLC					
				028743 2024/1		
	Four International Drive, St Rye Brook, NY 10573	uite 330				
С			ify the business and operation of the system u			
System	IDENTIFICATION OF CABLE SYSTEM:	e z, give the mailing address of the	system, if different from the address given in	space в.		
oyoto	1					
	MAILING ADDRESS OF CABLE SYSTEM: 2804B FM 51 South (Number, street, rural route, apartment, or suite number) Decatur TX 76234 (City, town, state, zip code)					
D	Instructions: List each separate comm	unity served by the cable system. A	A "community" is the same as a "community u	nit" as defined		
ט	·		ling unincorporated commuinites within uninco 5(dd). The first community that list will serve	•		
Area	5 5 .	•	se it as the first community on all future filings			
Served	Note: Entities and properties such as ho the identified city.	tels, apartments, condiminiums, or	mobile home parks should be reported in para	atheses below		
- : .	CITY OR TOWN	STATE TX	CITY OR TOWN	STATE		
First Community	Jacksboro Bryson	TX				
,	Graford	TX				
	Possum Kingdom Lake	TX				

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

FORM SA3 PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 028743 **Vyve Broadband J, LLC** SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Е 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 each category by counting the number of billings in that category (the number of persons or organizations charged Rates 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 2 BLOCK 1 NO. OF CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 38.50 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 3 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. DI 00144 ם סכע ז

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 	15.95	Commercial	T&M		
 Fire protection 	N/A	• Pay cable	T&M		
Burglar protection	N/A	Pay cable-add'l channel	T&M		
Installation: Residential		Fire protection	N/A		
 First set 	59.99	Burglar protection	N/A		
 Additional set(s) 	19.99	Other services:			
 FM radio (if separate rate) 	N/A	Reconnect	29.99		
 Converter 		Disconnect			
		Outlet relocation	29.99		
		 Move to new address 	29.99		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband J, LLC

SYSTEM ID#

028743

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- 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-thje-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 identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KAZD 55 (MeTV) Lake		I-M	LAKE DALLAS TX
KAZD-Spectrum News	55.2	I-M	LAKE DALLAS TX
KDAF 33 (CW) Dallas	33.1	I-M	DALLAS TX
KDAF 33.2 (Antenna T	33.2	I-M	DALLAS TX
KDAF 33.3 (Grit) Dalla	33.3	I-M	DALLAS TX
KDAF 33.4 (Charge!)	33.4	I-M	DALLAS TX
KDFI 27 (MyNet) Dalla	27.1	I-M	DALLAS TX
KDFI 27.2 (Movies!) D	27.2	I-M	DALLAS TX
KDFI 27.3 (Buzzr) Dall	27.3	I-M	DALLAS TX
KDFI 27.5 (The Grio)	27.5	I-M	DALLAS TX
KDFI 27.6 (Fox Weath	27.6	I-M	DALLAS TX
KDFW 4 (FOX) Dallas	4.1	I-M	DALLAS TX
KDFW 4.3 (Heroes & I	4.3	I-M	DALLAS TX
KDFW 4.4 (get TV) Dallas	4.4	I-M	DALLAS TX
KDTN 2 (Daystar) Denton	2.1	I	DENTON TX
KDTX 58.2 TBN Inspi	58.2	I-M	DALLAS TX
KDTX 58.3 Smile TV	58.3	I-M	DALLAS TX
KDTX 58.4 Enlace Da	58.4	I-M	DALLAS TX
KDTX 58.5 Positiv TV	58.5	I-M	DALLAS TX
KDTX-TBN 45 Dallas	58.1	I-M	DALLAS TX
KERA 13 (PBS) Dalla	13.1	E-M	DALLAS TX
KERA 13.2 Kids Dalla	13.2	E-M	DALLAS TX
KERA 13.3 Create Da	13.3	E-M	DALLAS TX

ACCOUNTING PERIOD: 2024/1 FORM SA1-2. PAGE 3. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028743 Vvve 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 **Primary** 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 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-thje-air designation. For example, report multicast stream "WETA-2" as 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. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER **STATION KERA 13.4 World Dall** 13.4 E-M **DALLAS TX KPXD 68 ION Dallas H** 68.1 **DALLAS TX** I-M **KPXD-Grit.3** 68.3 I-M **DALLAS TX** KTVT - D1 - CBS HD 11.1 N-M **DALLAS TX** KTVT 11.2 (Start TV) D 11.2 I-M **DALLAS TX** KTVT 11.3 (Dabl) Dalla 11.3 I-M **DALLAS TX** KTVT 11.4 (Fave TV) D 11.4 I-M DALLAS TX

I-M

I-M

I-M

ı

Ν

N-M

I-M

I-M

I-M

I-M

I-M

I-M

I-M

DALLAS TX

DALLAS TX

DALLAS TX

DALLAS TX

DALLAS TX

DALLAS TX

DALLAS TX

KTXA 21.3 (ThisTV) Da

KTXA 21.4 (Circle) Dal

KTXA 21-IND-Fort Wo

KTXD 47 (IND) Dallas

KXAS - Dallas (In Mark

WFAA - D1 - ABC HD

WFAA 8.2 (Local Weather

WFAA 8.3 (True Crime Ne

WFAA 8.4 Quest Dall

KXTX 39 (Telemundo

KXAS 5.2 (Cozi) Dalla

KXAS 5.3 (Lx) Dallas

KXTX (TeleXito) Dalla

21.3

21.4

21.1

47.1

5.1

8.1

8.2

8.3

8.4

39.1

5.2

5.3

39.2

FORM SA1-2. PAGE 4.									
LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC 028743						Name			
	t every radio s	tation ca	rried on a separate and discrence and discrence and discrence and discrence are also as a second control of the						Н
Special Instructive receivable if (1) on the basis of For detailed information Column 1: Identification Column 3: If Signal, indicate Column 4: G	it is carried by monitoring, to prmation about dentify the call state whether to the radio statisthis by placing Sive the station	the system the the sign of each on's sign of a check or sign ocation.	re-Band FM Carriage: Under Cotem whenever it is received at wed at the headend, with the scopyright Office regulations of each station carried. In is AM or FM. In all was electronically processes mark in the "S/D" column. In the community to which the community with which the	t t sy on	opyright Office re the system's hearstem's FM anter in this point, see p d by the cable sy station is licens	gulations, an idend, and (2) inna, during ce page (v) of the vistem as a sepended by the FCC	FM sign it can b ertain sta e genera parate a	al is generally e expected, ited intervals. I instructions. Ind discrete	Primary Transmitters: Radio
	T	T	T	1 1			T		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
KSCS	FM		Arlington, TX						
KWKQ	FM		Graham, TX						
	ļ 	 					 		
	ļ 	 					 		
	 	 						 	

	LEGAL NAME OF OWNER OF O	CABLE SYST	EM:					SYSTEM ID#	
Name	Vyve Broadband J, LL0							028743	
ı	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	y every nor	network televis	ion program broadcast by a cific present and former FC	a distant statio C rules, regula	ations, or autho			
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and Program Log	ent and m Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							⊠No	
	log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space	tute progra ce, please a	m on a separa	al pages.			-		
	Column 1: Give the title of period, was broadcast by a cunder certain FCC rules, req Do not use general categori "NBA Basketball: 76ers vs. I	distant stati gulations, o es like "mo Bulls."	on and that your authorizations vies" or "baske	ur cable system substitute s. See page (v) of the gen tball." List specific progran	d for the prog eral instructio n titles, for ex	ramming of a	nother station.	on	
	Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cans Column 5: Give the mon	sign of the s dcast static adian statio th and day	station broadca on's location (th ns, if any, the o	sting the substitute progra e community to which the community with which the	am. station is lice station is ider	ntified).		n	
	first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette	s when the Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m. sho	ould be		
	to delete under FCC rules a gram was substituted for pro effect on October 19, 1976.	nd regulation	ons in effect du	ring the accounting period	l; enter the let	tter "P" if the li	sted pro		
	S	UBSTITUT	E PROGRAM		CARF	EN SUBSTIT	IRRED	7. REASON FOR DELETION	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII		TON BELL HON	
						_			
						_			
						_			
					-				

FORM SA1-		OVOTEM ID #	
	ME OF OWNER OF CABLE SYSTEM: Broadband J, LLC	SYSTEM ID# 028743	Name
Instruct all amou (as iden	RECEIPTS itons: The figure you give in this space determines the form you fle and the amount you pay. Enter the unts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission tife in space E) during the accounting period. For a further explanation of how to compute this amount i) of the general instructions.	service	K Gross Receipts
Gro	ss receipts from subscribers for secondary transmission service(s)		
	ing the accounting period	665.00 nount of gross receipts)	
Instructio Comple Use bloe Use bloe Use bloe	SHT ROYALTY FEE ns: To compute the royalty fee you owe: te block 1, block 2, or block 3. ck 1 if the amount of gross receipts in space K is \$137,100 or less ck 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,80 ck 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 vi) of the general instructions for more information.	0	Copyright Royalty Fee
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	ons: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six- ng period is \$52.00	month	
Line 1. F	Royalty fee for accounting period	52.00	
Line 2. I	nterest charge. Enter the amount from line 4, space Q, page 8	0.00	
Line 3. 1	OTAL 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. Subtra	act line 2 from line 1		
4. Enter	the amount of gross receipts from space K		
5. Enter	the amount from line 3		
	act line 5 from line 4		
7. Multip	ly line 6 by .005 (enter figure here)		
8. Intere	st charge. Enter the amount from line 4, space Q, page 8	0.00	
9. TOTA	L ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
1. Enter	the amount of gross receipts from space K		
2. Base	amount under statutory formula		
3. Subtra	act line 2 from line 1		
4. Multip	ly line 3 by .01		
5. Royal	ty due on the first \$263,800 of gross recepits (under statutory formula)	19.00	
6. Intere	st charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTA	L ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
F			
n	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
g F 2. F	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
3. 1	TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00	
	EFT Trace # or TRANSACTION ID # No	t Available	
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more	information.	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC 928743
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations.
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
for Further Information	Name Marie Censoplano Telephone 914-234-8313
	Address Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip)
	Email (optional) Fax (optional)
O Certification	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, as explained in the general instructions.) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)
Gertification	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or
Certification	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or [Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
Certification	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified
Certification	(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
Certification	 (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 contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.
Certification	 (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 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)]
Certification	(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 contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] Handwritten signature: /s/ Daniel J White

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028743	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by a lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall rescribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	or the basic not include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction of the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners? X NO		Gross Receipts Exclusion
Name Mailing Address Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a result of a late payment or upon the submitted as a	ınderpayment.	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	-	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,	0.00274	
space L, (page 7)	erest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further ass contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	<i>3</i> ,	
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the	· ·	
Owner Address		
ID number		
First community served Accounting period		
Accounting period		

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