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	ļ				
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	RESS OF CABLE SYSTEM				
	Vyve Broadband J, LLC					
				029423 2024/1		
	Four International Drive, Su	uite 330				
	Rye Brook, NY 10573					
С	INSTRUCTIONS: 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.					
System	1 IDENTIFICATION OF CABLE SYSTEM:					
	MAILING ADDRESS OF CABLE SYSTEM: 1007 N. Madison Ave (Number, street, rural route, apartment, or suite number) Douglas, GA 31533 (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 ur	nit" as defined		
U	·		ting unincorporated commuinites within uninco 5(dd). The first community that list will serve a			
Area	5 5 .	• •	se it as the first community on all future filings.			
Served	Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city.					
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First Community	Douglas Ambrose	GA GA				
Community	Broxton	GA GA				
	Coffee County	GA				
	Nichols	GA				

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Form SA1-2c Rev 04/2011

First set

Converter

· Additional set(s)

• FM radio (if separate rate)

FORM SA3 PAGE 2 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 029423 **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: 744 · Service to first set 38.50 · Service to additional set(s) · FM radio (if separate rate) Motel, hotel Commercial 102 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 18.95 · 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

59.99

19.99

N/A

· Burglar protection

Move to new address

Other services:

Reconnect

 Disconnect Outlet relocation N/A

29.99

29.99

29.99

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Vyve Broadband J, LLC

SYSTEM ID#

029423

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 specific 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	3. TYPE OF	6. LOCATION OF STATION
	NUMBER	STATION	
WALB-The 365 10.5 Albany	10.5	I-M	Albany, GA
WALB-ABC 10.2 Albany -	10.2	N-M	Albany, GA
WALB-CW 10.4 Albany -	10.4	I-M	Albany, GA
WALB-NBC 10.1 Albany -	10	N	Albany, GA
WFXL - FOX HD	31	I	Albany, GA
WFXL-TBD TV 31.2 Albany	31.2	I-M	Albany, GA
WSWG-CBS 44 Albany -	44	N	Albany, GA
WSWG-MyNetworkTV 44.2 Alba	44.2	I-M	Albany, GA
WXGA-Create 8.2 Waycross	8.2	E-M	Waycross, GA
WXGA-PBS 8 Waycross -HD O	8	Е	Waycross, GA
WXGA-PBS Kids 8.4 Waycross	8.4	E-M	Waycross, GA
WXGA-PBS Knowledge 8.3 Wa	8.3	E-M	Waycross, GA
WFXL-Comet 31.3 Albany	31.3	I-M	Albany, GA
WFXL-Charge! 31.4 Albany	31.4	I-M	Albany, GA

FORM SA1-2. F LEGAL NAME OF		CABLE SY	YSTEM:					SYSTEM ID#	Name
Vyve Broadl								029423	Namo
PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.						н			
all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (v) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the 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).						Primary Transmitters: Radio			
CALL CION	AM FM	0/D	LOCATION OF STATION		CALL CION	AA4 EA4	0/D	LOCATION OF STATION	
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							029423
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG							
I	In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a							
Substitute	substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.							
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	During the accounting peri		r cable system	carry, on a substitute basi	s, any nonnet			_
Program Log	broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program							
	Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.							
	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, reg	gulations, o	r authorizations	s. See page (v) of the gene	eral instructio	ns for further in	nformation.	// I
	Do not use general categori "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific progran	n titles, for exa	ample, "I Love	Lucy" or	
				"Yes." Otherwise enter "N sting the substitute progra				
	Column 4: Give the broa	dcast static	n's location (th	e community to which the	station is lice		CC or, in	
	the case of Mexican or Cana Column 5: Give the mon	adian statio th and day	ns, if any, the o when your syst	community with which the em carried the substitute	station is iden orogram. Use	tified). numerals, witl	h the month	1
	first. Example: for May 7 giv	e "5/7."		gram was carried by your o				
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m." Column 7: Enter the letter	er "R" if the	listed program	was substituted for progra	ımming that v	our svstem wa	s required	
	to delete under FCC rules a gram was substituted for pro	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the lis	sted pro	
	effect on October 19, 1976.	ogramming	illat your syste	in was permitted to delete	under i CC ii	ules and regul	ations in	
					II whi	EN SUBSTITI	UTE	
	S	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED 7.			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. TIM FROM —	MES TO	TOR DELETION
						_		
						_		
			 		-			
			 		-			
					-			
			 		 			

FORM SA1-2. PAGE	6. LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 029423	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 amount page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) Gross receipts from subscribers for secondary transmission service(s)	n service nt, see 206,406.00	K Gross Receipts		
	IMPORTANT: You must complete a statement in space P concerning gross receipts.	Amount of gross receipts)			
•	DYALTY FEE 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 e 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 si: accounting period is \$52.00	x-month			
	Line 1. Royalty fee for accounting period				
	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				
	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	406.00			
	5. Enter the amount from line 3	394.00			
	6. Subtract line 5 from line 4	012.00			
	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	745.06			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)				
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula				
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
		319.00			
	5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	745.06			
	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	765.06			
	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	029423
	CHANNELS	
N/I		tations.
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast s	tations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Chamileis	Enter the total number of channels on which the cable	
	system carried television broadcast stations	13
	·,···	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	149
	and nonbroadcast services	143
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom	
• •	we can write or call about this statement of account.)	
Individual to		
Be Contacted		
for Further	Name Marie Censoplano Telephone	914-234-8313
Information		
	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)	
	Email (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regula	tions,
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space	B; or
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable	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 identifed as ov	vner 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	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)]	
	Handwritten signature: /s/ Daniel I White	
	Handwritten signature: /s/ Daniel J White	
	Handwritten signature: /s/ Daniel J White Typed or printed name: Daniel J. White	
	Typed or printed name: Daniel J. White	
	Typed or printed name: Daniel J. White Title: SVP - Financial Planning	
	Typed or printed name: Daniel J. White Title: SVP - Financial Planning	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	029423	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 additional 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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	he basic 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. During the accounting period did the cable system exclude any amounts of gross receipts for secondary training the satellite carriers to satellite dish owners? X NO		Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below		
Name 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 unclear for an explanation of interest assessment, see page (viii) of the general instructions.	lerpayment.	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	udys	
	.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	st charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assist	o ,	
contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	and produc	
** 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 Of list below the owner, address, first community served, ID number, and accounting period as given in the original		
Owner Address		
ID number		
First community served		
Accounting period		

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