

INSTRUCTIONS FOR THE SA 1-2 SHORT FORM – EXCEL FORMAT

The Copyright Office will accept the use of this Excel template for preparing Statements of Account for the 2011/1 accounting period. However, as the Excel form is not a government issued form, the Copyright Office will not be responding to technical and other questions about the instructions for filling out the form.

General Instructions

- **Alphabetization:** When completing Space D, it is strongly recommended that operators list communities in alphabetical order after the first community listing. Similarly, when completing Space G, it is strongly recommended that operators list call signs in alphabetical order. The Copyright Office has indicated that failure to alphabetize either Space may result in a significant delay in processing of the Statement of Account.
- **Protection:** All tabs of the SA 1-2 Short Form Excel spreadsheet have been protected in Excel so that the user does not accidentally edit the underlying formulas that allow the form to function properly. **The form is designed to function with all tabs in protected mode. It is strongly recommended that you do not unprotect any tabs on the form.**
- **Navigation:** To navigate between the tabs, use a mouse to click on the tab listings at the bottom of the screen to select the tab you wish to view/edit. Within a tab, use the mouse or the arrow keys to navigate between fields. Depending on the settings in Excel, hitting the “Tab” button on the keyboard will not necessarily move the user to the next tab nor will it necessarily move the user to populate the next field within a tab.
- The Instructions tab, General Data Input tab and Signals tab are customized tabs for use with the Excel based SA 1-2 Short Form; **these tabs are not part of the official Copyright Office Statement of Account and should not be filed when submitting the form to the Office.**

General Data Input tab

- Ensure that the proper accounting period is filled in numerical format (*e.g.*, “2011/1”) next to the “ACCOUNTING PERIOD:” listing at the top of the page. Failure to enter the accounting period here will cause the form to not populate the correct accounting period on the header of each page of the Statement of Account.
- Space A – fill in the accounting period in text form (*e.g.*, for 2011/1, fill-in “January 1 – June 30, 2011”)
- Space B – If this is the cable system’s first filing, place an “X” in the appropriate box and leave the cable system ID number blank. Otherwise, fill in the cable system ID number. Fill in all other applicable information in the appropriate highlighted boxes.
- Barcode Data – In the highlighted “Filing Period” box fill in the four digit year followed immediately by the number 1 for the January-June accounting period or the number 2 for the July to December accounting period (*e.g.*, for 2011/1 fill-in “2011”). **DO NOT USE A SPACE OR OTHER CHARACTERS, SUCH AS A SLASH OR DASH, IN BETWEEN THE YEAR AND NUMBER.** The Cable system ID # will automatically populate with the information entered in the Space B portion of the General Data Input tab.
- **For the barcode to display properly on the form, a barcode font must be downloaded.** The following address offers a free bar code font:
<http://www.barcoderesource.com/freebarcodefont.shtml>
- Spaces C, E, F, M, N, O – Fill in all applicable information in the appropriate highlighted boxes.

Signals tab

- Enter the call signs, broadcast channel numbers, type of station and location of station.
- Note that this tab can accommodate in excess of 5,000 stations and, if desired, can be used as a master listing for multiple SOA filings. In other words, an operator may fill out the signals tab with all the signals from multiple SOA filings and copy the signal information into other Excel SA 1-2 short form signal tabs to simplify data entry. Signals listed in the signals tab that are not carried on the cable system for which the particular form is being completed will not impact the rest of the form’s operation.

Page 1 – Space A-C

- Spaces A, B and C will automatically populate with information from the General Data Input tab, including a barcode.
- Space D - Community information may be manually entered. For cable systems with more than 12 communities, additional communities may be manually entered on the “Pg 1b – Space D (cont)” tab. **It is strongly recommended that operators list communities in alphabetical order after the first community. The Copyright Office has indicated that failure to do so may result in a significant delay in processing of the Statement of Account.**

Page 2 – Space E-F

- Note that the Accounting Period, Legal Name of the Owner of the Cable system and Cable system ID# (if applicable) will automatically populate on header of this page, and each subsequent page, with information from the General Data Input tab.
- Blocks 1 of both Spaces E and F will automatically populate with information from the General Input Data tab.
- Information can be manually entered into the highlighted areas of Block 2 for both Space E and F.

Page 3 – Space G

- Fill in the call signs carried on the cable system. **It is strongly recommended that operators list call signs in alphabetical order. The Copyright Office has indicated that failure to do so may result in a significant delay in processing of the Statement of Account.**
- The broadcast channel number, type of station and location of station columns will automatically populate with information from the Signals tab.

Page 4 – Space H

- Information can be manually entered into the highlighted areas.

Page 5 – Space I

- Section 1 – **The “No” box has been checked in this section by default.** The “Yes” box can be manually checked for cable systems with substitute carriage.
- Section 2 – Information can be manually entered into the highlighted areas where applicable.

Page 6 – Space K-L

- Space K – input the total gross receipts for the cable system in the highlighted box.
- Space L – The calculation will automatically be performed in the appropriate block depending on the amount of gross receipts entered in Space K. The appropriate interest charge line will populate based on whether any information is input into Space Q.

Page 7 – Space M-O

- Spaces M and N will automatically populate with information from the General Input Data tab.
- Space O – The appropriate box identifying the signatory should be checked. The “Typed or printed name” and “Title” lines will automatically populate with information from the General Input Data tab. **After the form is printed out, users should sign and date the appropriate lines on Space O by hand.**

Page 8 – Space P-Q

- Space P – The “No” box has been checked in this section by default. The “Yes” box may be manually checked and information may be manually input in the highlighted areas.
- Space Q – If applicable, the necessary data can be manually input on Lines 1 and 2. The remaining calculations will be performed automatically. Any interest calculated in Space Q will automatically populate in the appropriate block in Space L.

Printing the Form:

- If the user elects to print the entire Excel workbook (as opposed to individual tabs) tabs that are not part of the Office's official form (including the Instructions, General Data, Gross Receipts and Signals tabs) will print.
- To avoid this result, users may choose to print tabs individually.

ACCOUNTING PERIOD: 2018/2 (for header)

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2018
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B Owner	<p>INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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.</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. 015026</p> <p>1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC</p> <p>2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</p> <p>3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: 4 International Dr Suite 330 <small>(Number, street, rural route, apartment, or suite number)</small> Rye Brook, NY 10573 <small>(City, town, state, zip)</small></p>
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BARCODE DATA
Filing Period
*0150


C System	<p>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.</p> <p>1 IDENTIFICATION OF CABLE SYSTEM:</p> <p>2 MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small></p>
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BLOCK 1			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
E Secondary Transmission Service: Subscribers and Rates	Residential:		
	• Service to first set	362	25.00
	• Service to additional set(s)		
	• FM radio (if separate rate)		
	Motel, hotel		
	Commercial	67	25.00
	Converter		
	• Residential		
	• Non-residential		

BLOCK 1				
	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
F Services Other Than Secondary Transmissions: Rates	Continuing Services:		Installation: Non-residential	
	• Pay cable	19.95	• Motel, hotel	
	• Pay cable—add'l channel		• Commercial	
	• Fire protection		• Pay cable	
	• Burglar protection		• Pay cable-add'l channel	
	Installation: Residential		• Fire protection	
	• First set	64.95	• Burglar protection	
	• Additional set(s)		Other services:	
	• FM radio (if separate rate)		• Reconnect	39.95
	• Converter		• Disconnect	
			• Outlet relocation	20.00
			• Move to new address	39.95

<p>M</p> <p>Channels</p>	<p>CHANNELS</p> <p>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.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations 8</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 194</p>
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<p>N</p> <p>Individual to Be Contacted for Further Information</p>	<p>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)</p> <p>Name Marie Censoplano Telephone 914-235-8313</p> <p>Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number)</p> <p>Rye Brook, NY 10573 (City, town, state, zip)</p> <p>Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363</p>
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<p>O</p> <p>Certification</p>	<p>CERTIFICATION (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"> I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) <ul style="list-style-type: none"> <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (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 <input type="checkbox"/> (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)] <p>  Handwritten signature: _____ Typed or printed name: Daniel J White _____ Title: SVP Financial Planning _____ (Title of official position held in corporation or partnership) Date: _____ </p>
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1. Call Sign	2. B'cast Channel Number	3. Type of Station	6. Location of Station
KLRT-FOX	16	I	LITTLE ROCK, AR
KARK-NBC	4	N	LITTLE ROCK, AR
KASN-CW	38	I	PINE BLUFF, AR
KARZ-MNT	42	I	LITTLE ROCK, AR
KATV-ABC	7	N	LITTLE ROCK, AR
KMYA-MeTV	49	I	CAMDEN, AR
KETS-PBS	2	E	LITTLE ROCK, AR
KTHV-CBS	11	N	LITTLE ROCK, AR
KVTN-IND	25	I	PINE BLUFF, AR
KATV-Comet TV	7.2	I-M	LITTLE ROCK, AR
KTHV-Antenna TV	11.2	I-M	LITTLE ROCK, AR
KTHV-Justice Network	11.3	I-M	LITTLE ROCK, AR
KARZ-Bounce	42.2	I-M	LITTLE ROCK, AR
KATV-Charge TV	7.3	I-M	LITTLE ROCK, AR
KATV-TBD TV	7.4	I-M	LITTLE ROCK, AR
KTHV-Quest	11.4	I-M	LITTLE ROCK, AR
KARK-Laff	4.2	I-M	LITTLE ROCK, AR
KARK-Grit TV	4.3	I-M	LITTLE ROCK, AR
KLRT-Escape	16.2	I-M	LITTLE ROCK, AR
KETS-Create	2.2	I-M	LITTLE ROCK, AR
KETS-PBS Kids	2.3	E-M	LITTLE ROCK, AR
KETS-World	2.4	I-M	LITTLE ROCK, AR

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
2/27/2019	67.00 DL
	ALLOCATION NUMBER
	1011297

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

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: July 1-December 31, 2018																										
B Owner	<p>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. <input type="checkbox"/> List any other name or names under which the owner conducts the business of the cable system. <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> <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. 015026</p> <p>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Vyve Broadband A, LLC</p> <p style="text-align: right;">*01502620182* 015026 2018/2</p> <p>4 International Dr Suite 330 Rye Brook, NY 10573</p>																										
C System	<p>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.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%; text-align: center;">1</td> <td colspan="3">IDENTIFICATION OF CABLE SYSTEM:</td> </tr> <tr> <td style="text-align: center;">2</td> <td colspan="3">MAILING ADDRESS OF CABLE SYSTEM:</td> </tr> </table> <p><small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small></p>			1	IDENTIFICATION OF CABLE SYSTEM:			2	MAILING ADDRESS OF CABLE SYSTEM:																		
1	IDENTIFICATION OF CABLE SYSTEM:																										
2	MAILING ADDRESS OF CABLE SYSTEM:																										
D Area Served	<p>Instructions: 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. 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">CITY OR TOWN</th> <th style="width: 25%;">STATE</th> <th style="width: 25%;">CITY OR TOWN</th> <th style="width: 25%;">STATE</th> </tr> </thead> <tbody> <tr> <td>MENA</td> <td>AR</td> <td></td> <td></td> </tr> <tr> <td>POLK COUNTY</td> <td>AR</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			CITY OR TOWN	STATE	CITY OR TOWN	STATE	MENA	AR			POLK COUNTY	AR														
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MENA	AR																										
POLK COUNTY	AR																										

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#	
D (continued) Area Served	CITY OR TOWN	STATE	CITY OR TOWN	STATE

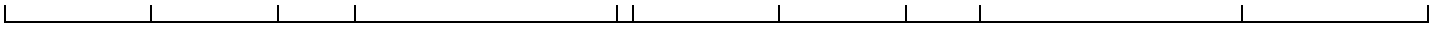
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 015026
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E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all 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 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). Number of Subscribers: 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). 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.</p>				
BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set • Service to additional set(s) • FM radio (if separate rate)	362	25.00			
Motel, hotel					
Commercial	67	25.00			
Converter • Residential • Non-residential					


F Services Other Than Secondary Transmissions: Rates	<p>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 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. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. 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.</p>				
BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	19.95	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel			
Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter	64.95	• Fire protection • Burglar protection			
		Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	39.95 20.00 39.95		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 015026
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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: <ul style="list-style-type: none"> • 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 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. 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
	KLRT-FOX	16	I	LITTLE ROCK, AR
	KARK-NBC	4	N	LITTLE ROCK, AR
	KASN-CW	38	I	PINE BLUFF, AR
	KARZ-MNT	42	I	LITTLE ROCK, AR
	KATV-ABC	7	N	LITTLE ROCK, AR
	KMYA-MeTV	49	I	CAMDEN, AR
	KETS-PBS	2	E	LITTLE ROCK, AR
	KTHV-CBS	11	N	LITTLE ROCK, AR
	KVTN-IND	25	I	PINE BLUFF, AR
	KATV-Comet TV	7.2	I-M	LITTLE ROCK, AR
	KTHV-Antenna TV	11.2	I-M	LITTLE ROCK, AR
	KTHV-Justice Netwo	11.3	I-M	LITTLE ROCK, AR
	KARZ-Bounce	42.2	I-M	LITTLE ROCK, AR
	KATV-Charge TV	7.3	I-M	LITTLE ROCK, AR
	KATV-TBD TV	7.4	I-M	LITTLE ROCK, AR
	KTHV-Quest	11.4	I-M	LITTLE ROCK, AR
	KARK-Laff	4.2	I-M	LITTLE ROCK, AR
	KARK-Grit TV	4.3	I-M	LITTLE ROCK, AR
	KLRT-Escape	16.2	I-M	LITTLE ROCK, AR
	KETS-Create	2.2	I-M	LITTLE ROCK, AR
	KETS-PBS Kids	2.3	E-M	LITTLE ROCK, AR
	KETS-World	2.4	I-M	LITTLE ROCK, AR



LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 015026	Name				
GROSS RECEIPTS Instructions: 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. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.		K Gross Receipts				
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px 5px;">\$</td> <td style="padding: 2px 5px; text-align: right;">75,597.00</td> </tr> <tr> <td colspan="2" style="padding: 2px 5px; text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$	75,597.00	(Amount of gross receipts)	
\$	75,597.00					
(Amount of gross receipts)						
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information.						
BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS						
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00						
Line 1. Royalty fee for accounting period	\$	<u>52.00</u>				
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		<u>0.00</u>				
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	<u>52.00</u>				
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)						
1. Base amount under statutory formula	\$	<u>263,800.00</u>				
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		<u>0.00</u>				
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	\$	<u>263,800.00</u>				
3. Subtract line 2 from line 1		_____				
4. Multiply line 3 by .01		_____				
5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	<u>1,319.00</u>				
6. Interest charge. Enter the amount from line 4, space Q, page 8		<u>0.00</u>				
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		_____				
IMPORTANT: 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.						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC	SYSTEM ID# 015026
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 8 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 194	
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) Name Marie Censoplano Telephone 914-235-8313 Address 4 International Dr Suite 330 (Number, street, rural route, apartment, or suite number) Rye Brook, NY 10573 (City, town, state, zip) Email (optional) marie.censoplano@vyvebb.com Fax (optional) 914-234-8363	
O Certification	CERTIFICATION (This statement of account must be certified 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.) <input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or <input type="checkbox"/> (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 <input checked="" type="checkbox"/> (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: <i>Daniel J White</i> Typed or printed name: Daniel J White Title: SVP Financial Planning (Title of official position held in corporation or partnership) Date: 2/26/2019	

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: Vyve Broadband A, LLC	SYSTEM ID# 015026	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusion
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions. Line 1 Enter the amount of late payment or underpayment _____ <div style="text-align: right; margin-left: 400px;">x _____</div> <hr/> Line 2 Multiply line 1 by the interest rate* and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x _____ days</div> <hr/> Line 3 Multiply line 2 by the number of days late and enter the sum here _____ - <div style="text-align: right; margin-left: 400px;">x 0.00274</div> <hr/> Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ _____ - <div style="text-align: right; margin-left: 400px;">(interest charge)</div> <p>* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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 _____ Address _____ _____ ID number _____ First community served _____ Accounting period _____		Q Interest Assessment

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.

CONTROL #: 6824

REMITTANCE #: 118418



Cable Worksheet

\$16,924.00	27	
Total amount of remittance	Number of SAs rec'd	Initial

02/28/19

Date of remittance Check EFT FILING FEES

Cable ID #	Amount				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">Examined by DL</td> <td style="width: 25%;">Reviewed by</td> <td style="width: 25%;">Date examination completed 06/05/19</td> <td style="width: 25%;">Allocation number</td> </tr> </table>	Examined by DL	Reviewed by	Date examination completed 06/05/19	Allocation number	\$67.00
Examined by DL	Reviewed by	Date examination completed 06/05/19	Allocation number		

Space A Accounting Period	<input type="checkbox"/> January 1 - June 30, 20__ <input checked="" type="checkbox"/> July 1 - December 31, 2018 <input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact
--	---

Space B Owner	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact
--------------------------	--

Space D Area Served	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact
--------------------------------	--

Space E Secondary Transmission Service Subscribers: and Rates	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact
--	--

Space G Primary Transmitters: Television	<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact
---	--

Space H Primary Transmitters: Radio	<input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact
--	--

	Space I Substitute Carriage
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space J Part-time Carriage Lo, (SA3 only)
<input checked="" type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space K Gross Recei
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Phone call/Date/Contact
	Space L Copyright F and Royalty
<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phoe call/Date/Contact
	Space M Channels
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space O Certificatio
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space P Statement Gross Recei
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space Q Interest Assessment
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

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CONTROL #: 6824

REMITTANCE #: 118418



Cable Worksheet

\$16,924.00	27	
Total amount of remittance	Number of SAs rec'd	Initial

02/28/19

Date of remittance Check EFT FILING FEES

Cable ID #	15026	Amount
Examined by	Reviewed by	Allocation number
		1011297
		\$67.00

Space A Accounting Period		
	<input type="checkbox"/> January 1 - June 30, 20__	<input type="checkbox"/> July 1 - December 31, 20__
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

Space B Owner		
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

Space D Area Served		
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

Space E Secondary Transission Service Subscribers: and Rates		
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

Space G Primary Transmitters: Television		
	<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

Space H Primary Transmitters: Radio		
	<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

	Space I Substitute Carriage
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
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<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
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<input type="checkbox"/> Royalty Fee should be	<input type="checkbox"/> Refund request to fiscal
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
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<input type="checkbox"/> Letter sent	<input type="checkbox"/> Information received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact
	Space Q Interest Assessment
<input type="checkbox"/> Letter sent	<input type="checkbox"/> Info/add'l fee received
<input type="checkbox"/> Accepted	<input type="checkbox"/> Phone call/Date/Contact

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