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 "20111"). 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 COVERED BY THIS STATEMENT:

July 1-December 31, 2018

	INSTR	RUCTIONS:	
B Owner	corpo In lin If the	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 orate title of the subsidiary, not that of the parent corporation. ie 2, list any other names under which the owner conducts the business of the cable system. iere were different owners during the accounting period, only the owner on the last day of the accounting period should submit uple 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. 128776	BARCODE DAT/ Filing Period *028
		Vyve Broadband J, LLC	
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):	
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: Four International Drive, Suite 330 (Number, street, rural route, apartment, or suite number)	
		Rye Brook, NY 10573	
		(City, town, state, zip)	1
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these salready 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:	
	2	MAILING ADDRESS OF CABLE SYSTEM: 234 N Windriver Drive (Number, street, rural route, apartment, or sulte number) Douglas, WY 82633 (City, town, state, zip code)	

	BLOC	K 1				
E		NO. O	F			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE		
Secondary	Residential:					
Transmission	 Service to first set 		214	25.00		
Service: Sub-	 Service to additional set(s) 					
scribers and	 FM radio (if separate rate) 					
Rates	Motel, hotel		33	25.00		
	Commercial					
	Converter					
	Residential					
	Non-residential					
			•••••			
		BL	OCK 1	1		
_	CATEGORY OF SERVICE	RATE	CATE	GORY OF SERV	/ICE	RATE
F	Continuing Services:		Instal	lation: Non-resid	dential	
	• Pay cable	19.95		 Motel, hotel 		T&M
Services	 Pay cable—add'l channel 	15.95 • Commercial			T&M	
Other Than	Fire protection	N/A		 Pay cable 		T&M
Secondary	 Burglar protection 	N/A		 Pay cable-add' 	l channel	T&M
Transmissions:	Installation: Residential			 Fire protection 		N/A
Rates	• First set	59.99		 Burglar protect 	ion	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 a	ddress	29.99

	CHANNELS									
M	Instructions: You must give ((1) the number of channels on whi	ich the cable syst	em carried television broad	cast stations					
	to its subscribers and (2) the	cable system's total number of act	tivated channels,	during the accounting perio	d.					
Channels										
	1. Enter the total number of channels on which the cable									
	system carried television be	roadcast stations								
	2. Enter the total number of a	ctivated channels								
	on which the cable system	carried television broadcast statio	ons		119					
	and nonbroadcast services									
N	INDIVIDUAL TO BE CONTAC	CTED IF FURTHER INFORMATION	ON IS NEEDED:	(Identify an individual to who	om.					
N	we can write or call about this		ON IS NEEDED.	(identity an individual to with	אווו					
Individual to		,								
Be Contacted										
for Further	Name	Marie Censoplano		Telephone	914-234-8313					
Information										
	Address	Four International Drive								
		(Number, street, rura	al route, apartment	, or suite number)						
		Rye Brook, NY 10573								
		(City, town, state, zip	p)							
	Frankl (antional)			F /ti	I)					
	Email (optional)			гах (орно	nal)					
O Certifcation	as explained in the general instruction. I, the undersigned, hereby cerestly considered in the undersigned of the composition of the undersigned in the undersigned	practify that (Check one, but only one, poration or partnership) I am the chan corporation or partnership) B and that the owner is not a corporation or a practice (if a corporation) or a practice is a corporation of account and hereby declare up to the best of my knowledge, information or a practice of the corporation of account and hereby declare up to the best of my knowledge, information or a practice of the corporation of account and hereby declare up to the best of my knowledge, information or partnership).	owner of the cab I am the duly au oration or partner partner (if a partn	le system as identifed in line thorized agent of the owner ship; or ership) of the legal entity ide	e 1 of space B; or of the cable system as identified entifed as owner of the cable system	m				
		Handwritte	n signature:							
			· ·	Doniel I White						
		l yped or pi	rinted name:	Daniel J. White						
		Title:	SVP - Final	ncial Planning						
		Huc.		sition held in corporation or pa	rtnership)					
			· '		• ,					
		Date:								
			••••••							

2. B'cast

Channel 3. Type of

1. Call Sign	Number Station	6. Location of Station	
KCNC 4 (CBS) Denver	4 N	Denver, CO	2
KCWC 6 (PBS) Riverton	6 E	Riverton, WY	3
KMGH 7 (ABC) Denver	7 N	Denver, CO	4
KTVD 20 (MyNet) Denver	20 I	Denver, CO	5
KUSA 9 (NBC) Denver	9 N	Denver, CO	6
KWGN 2 (CW) Denver	2	Denver, CO	7
KDVR 31 (FOX) Denver	31 I	Denver, CO	8
KKTQ 16 (ABC) Cheyenne	16 N	Cheyenne, CO	1

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				
	\$ 67 TC				
02/27/2019	ALLOCATION NUMBER				

Return to:

Library of Congress Copyright Office

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

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:						
Accounting	July 1-December 31, 2018						
Period							
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 ADI	DRESS OF CABLE SYSTEM					
	Vyve Broadband J, LLC						
			02	2877620182			
				028776 2018/2			
	Four International Drive, Su	uite 330					
	Rye Brook, NY 10573						
С			ify the business and operation of the system u				
System	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. 1 IDENTIFICATION OF CABLE SYSTEM:						
	MAILING ADDRESS OF CABLE SYSTEM: 234 N Windriver Drive						
	(Number, street, rural route, apartment, or suite nu Douglas, WY 82633 (City, town, state, zip code)	mber)					
	Instructions: List each separate commu	unity served by the cable system. A	"community" is the same as a "community ur	nit" as defined			
D	'	, , , , ,	ling unincorporated communities within uninco	•			
Area	5 5 .	• •	5(dd). The first community that list will serve a se it as the first community on all future filings.				
Served		•	mobile home parks should be reported in para				
	CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First Community	Wheatland	WY					
Community	Platte County	WY					

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.

Form SA1-2c Rev 04/2011

ACCOUNTING PERIOD: 2018/2 FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028776 Vyve Broadband J, LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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). Service: Sub-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 scribers and 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 2 BLOCK 1 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS **RATE** CATEGORY OF SERVICE SUBSCRIBERS RATE Residential: · Service to first set 214 25.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel 33 25.00 Commercial 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, Secondary 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. Transmissions: 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 2 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Installation: Non-residential **Continuing Services:** T&M • Pay cable 19 95 Motel hotel Pay cable—add'l channel 15.95 Commercial T&M Pay cable · Fire protection N/A **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)

Converter

• FM radio (if separate rate)

19.99

N/A

Other services: Reconnect

> Disconnect Outlet relocation

· Move to new address

29.99

29.99

29.99

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 028776 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 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary Transmitters: substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-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 identifed. 2. B'CAST 3. TYPE 6. LOCATION OF STATION 1. CALL SIGN CHANNEL OF NUMBER STATION KCNC 4 (CBS) Denver Denver, CO 4 Ν KCWC 6 (PBS) Riverton 6 Ε Riverton, WY 7 Denver, CO KMGH 7 (ABC) Denver Ν KTVD 20 (MyNet) Den 20 Denver, CO KUSA 9 (NBC) Denver 9 Ν Denver, CO 2 Denver, CO KWGN 2 (CW) Denver KDVR 31 (FOX) Denve Denver, CO 31 KKTQ 16 (ABC) Cheyer 16 Cheyenne, CO

FORM SA1-2. F									
LEGAL NAME OF			YSTEM:					SYSTEM ID#	Name
Vyve Broadk	oand J, LLC	;						028776	
PRIMARY TRA	NSMITTERS:	RADIO							
			rried on a separate and discr						н
all-band basis w	hose signals	were "ge	nerally receivable" by your ca	ab	le system during	the accounting	ng period	d.	
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.							Primary Transmitters: Radio		
For detailed info	ormation abou lentify the call	t the the sign of e	Copyright Office regulations each station carried. n is AM or FM.						
			nal was electronically process	sec	d by the cable sy	/stem as a se _l	oarate a	nd discrete	
			mark in the "S/D" column.						
			on (the community to which the				or, in the	ne case of	
Mexican or Can	adian stations	i, it any, t	the community with which the	e s	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				П					
				Н					

1 1	ı	11	ı	1 1	
		11			

Mana	LEGAL NAME OF OWNER OF		TEM:				;	SYSTEM ID#
Name	Vyve Broadband J, LL0	3						028776
	SUBSTITUTE CARRIAGE	E: SPECIA	L STATEME	NT AND PROGRAM LO	 G			
Substitute	In General: In space I, identi substitute basis during the ac explanation of the programmi	fy every nor counting pe	nnetwork televis	ion program broadcast by a cific present and former FC	a distant statio C rules, regula	ations, or aut		
Carriage:	1. SPECIAL STATEMENT							
Special	During the accounting per	_			sis, any nonne	etwork telev	ision program	
Statement and Program Log	broadcast by a distant stat		·	•	•			ХNо
.5	Note: If your answer is "No"	', leave the	rest of this pag	ge blank. If your answer is	"Yes," you m	ust complet	te the progran	n
	log in block 2. 2. LOG OF SUBSTITUTE	DDOCDA	MC					
	In General: List each subst clear. If you need more spa	itute progra	am on a separa		wherever pos	ssible, if the	ir meaning is	
	Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	of every no distant stat gulations, c ies like "mo Bulls."	nnetwork televion and that your authorization wies" or "baske	rision program (substitute our cable system substitute s. See page (v) of the gen etball." List specific progra	ed for the production in titles, for ex	gramming o	f another stat er information	
	Column 3: Give the call	sign of the	station broadca	er "Yes." Otherwise enter " asting the substitute progra he community to which the	am.	oneod by th	o ECC or in	
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the	station is ide	ntified).	•	
	Column 5: Give the mor first. Example: for May 7 gives		when your sys	stem carried the substitute	program. Us	e numerals,	with the mon	th
	Column 6: State the time	es when the		ogram was carried by your				у
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6:	28:30 p.m. s	should be	
	Column 7: Enter the letter			was substituted for progr				d
	to delete under FCC rules a gram was substituted for pr							
	effect on October 19, 1976.		that your syst	em was permitted to delet	c under 1 00	ruics and re	guiations in	
					WHEN SI	IRSTITLITE	CARRIAGE	
	S	UBSTITUT	E PROGRAM	I		OCCURRE		7. REASON
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 0747101101 00471011	5. MONTH		TIMES	FOR DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							<u> </u>	
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC	SYSTEM ID# 028776	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Ente all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identifed in space E) during the accounting period. For a further explanation of how to compute this are page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service	K 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 \$20 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	63,800	L Copyright Royalty Fee
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
1. Base amount under statutory formula		
2. Enter amount of gross receipts from space K		
3. Subtract line 2 from line 1		
4. Enter the amount of gross receipts from space K		
5. Enter the amount from line 3		
6. Subtract line 5 from line 4		
7. Multiply line 6 by .005 (enter figure here)		
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
71 371 3		
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		
3. Subtract line 2 from line 1		
4. Multiply line 3 by .01		
5. Royalty due on the first \$263,800 of gross recepits (under statutory formula)	1,319.00	
6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pag general instructions for more information.	e I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband J, LLC 028776
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	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted 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
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Offce regulations, 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 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
	(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: Isl Daniel J White
	Typed or printed name: Daniel J. White
	Title: SVP - Financial Planning (Title of official position held in corporation or partnership)

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.

EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Vyve Broadband J, LLC	028776	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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not in scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section	e basic nclude sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		Concerning Gross Receipts Exclusion
Name Mailing Address Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	- days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.0	00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	-	
(interest	t charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	nce please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of accounting period as given in the original statement of accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of account already submitted to the Copyright Office list below the owner, address, first community served, ID number, and accounting period as given in the original statement of the contract of the copyright of the cop	• •	
Owner Address		
ID number		
First community served		
Accounting period		

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CONTROL #: 8146 **REMITTANCE #**: 118419



\$17,837.70

Total amount of remittance

Number of SAs rec'd

Initials

02/28/19

			Date of remittance	☐ Check	☑ EFT	☑ FILING FEE	:S
Cable ID#	28776					Amount	Initials
Examined by		Reviewed by	Date examination completed	Allocation	n number		
TC			06/03/19	101:	1376	\$67.00	AM
Space A Accounting Period							
	□ January 1 - June 30, 20 □ July 1 - December 31, 20				per 31, 20		
	□ Letter sent □ Information received □ Accepted □ Phone call/Date/Contact			eived			
				/Contact			
Space B Owner							
	Letter sent				eived		
	□ Accepted □ Phone call/Date/Contact			/Contact			
Space D Area Served							
	□ Letter sent □ Information received				eived		
	☐ Accepted ☐ Phone call/Date/Contac			/Contact			
Space E Secondary Transission							
Service Subscribers:	Letter	sent	С	Information rece	eived		
and Rates	☐ Accep	ted		Phone call/Date/	/Contact		
Space G Primary Transmitters:							
Television	□ Letter	sent	С	Information rece	eived		
	□Accep	ted		Phone call/Date,	/Contact		
Space H Primary Transmitters:							
Radio	☐ Accep	ted	С	Phone call/Date,	/Contact		

		Space I Substitute Carriage
□ Letter sent	☐ Information received	
□Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☐ Letter sent	☐ Information received	(SA3 only)
□Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
□Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
□ Letter sent	☐ Information received	
□Accepted	☐ Phone call/Date/Contact	
		Space O Certification
□ Letter sent	☐ Information received	
Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
□ Letter sent	☐ Information received	
□Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
□Accepted	☐ Phone call/Date/Contact	