## 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			
3/11/25	\$			
	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	AC	COUNTING PERIOD COVERE	D BY THIS STATEMENT:					
Accounting Period		July 1-December 31, 20	24					
Period								
<b>B</b> Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Vyve Broadband J, LLC						
		•						
				*03	304922	20242*		
					030492	2024/2		
		Four International Drive, S	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							
C	nan	nes already appear in space B. In lir	ne 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: 1501 West Mississippi (Number, street, rural route, apartment, or suite nu Durant, OK 74701 (City, town, state, zip code)						
	Inst	ructions: List each separate comm	nunity served by the cable system	n. A "community" is the same as a "community	unit" as de	efined		
D		· ·		cluding unincorporated communites within unin				
	area	as and including single, discrete uni	ncorporated areas)." 47 C.F.R.	76.5(dd). The first community that list will serv	e as a forn	n		
Area	of s	ystem identification hereafter knowr	n as the "first community."  Pleas	e use it as the first community on all future filing	gs.			
Served		· ·	otels, apartments, condiminiums,	, or mobile home parks should be reported in p	aratheses	below		
	the	identified city.	CTATE	II	1 0-			
First	A.C	CITY OR TOWN HILLE, OK	STATE <b>OK</b>	CADDO, OK	-	ATE <b>)K</b>		
Community		MSTRONG, OK	OK OK	CALERA, OK		)K		
		OKA, OK	OK	CARTWRIGHT, OK	J	)K		
		KCHITO. OK	OK	COALGATE, OK		)K		
		YAN COUNTY, OK	OK	COLBERT, OK	J	)K		
		NCUMBE CREEK, OK	OK	COTTONWOOD, OK		ΣK		
					1			

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

Name	LEGAL NAME OF OWNER OF CABLE SY  Vyve Broadband J, LLC	SIEM:		SYSTEM I 0304
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
	DURANT, OK	OK	CITT OK TOWN	OTATE
D				
	KINGSTON, OK	OK		
(continued)	MARSHALL COUNTY, OK	OK		
Area	RAVIA, OK	ОК		
Served	STONEWALL, OK	ОК		
	TISHOMINGO, OK	OK		
	TUPELO, OK	OK		
	TUPELO, OK	_ UK		
		_	H	
			H	
			-	
			H	

FORM SA3, PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 030492 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 NO. OF NO. OF CATEGORY OF SERVICE SUBSCRIBERS RATE CATEGORY OF SERVICE **SUBSCRIBERS RATE** Residential: · Service to first set 702 40.00 · Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial 206 40.00 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: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates 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 19.95 · Motel, hotel T&M · Pay cable • Pay cable—add'l channel T&M 15.95 Commercial Fire protection N/A • Pay cable T&M Burglar protection N/A • Pay cable-add'l channel T&M Installation: Residential Fire protection N/A First set 59.99 · Burglar protection N/A Additional set(s) 19.99 Other services:

Reconnect

Disconnect

Outlet relocation

· Move to new address

29.99

29.99

29.99

N/A

• FM radio (if separate rate)

Converter

\_\_\_\_\_\_

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 030492

### Vyve Broadband J, LLC



# Primary Transmitters: Television

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
  - Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc.
  - Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community.

This may be different from the channel on which your cab; e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION
KETA 13 (PBS) Oklahoma	13	E	OKLAHOMA CITY OK
KETA 13 Create Oklahoma	13.1	E-M	OKLAHOMA CITY OK
KETA 13 Kids Oklahoma C	13.3	E-M	OKLAHOMA CITY OK
KETA-World 13.2 Oklahon	13.2	E-M	OKLAHOMA CITY OK
KTEN (ABC) Sherman -	10.3	N-M	SHERMAN TX
KTEN (CW) Sherman -	10.2	I-M	SHERMAN TX
KTEN 10 (NBC) Sherman -	10	N	SHERMAN TX
KWTV-News 9 Now 9.2 Ol	9	I-M	OKLAHOMA CITY OK
KXII (MyNet) Sherman -	7.3	I-M	SHERMAN TX
KXII 12 (CBS) Sherman -	7	N	SHERMAN TX
KXII 13 (Fox) Texoma-She	7.2	I-M	SHERMAN TX

FORM SA1-2. PAGE 4.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  SYSTEM ID#  030492					Name				
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			
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 SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				=					
	1	1	<del> </del>	1		<del> </del>			1

	LEGAL NAME OF OWNER OF	CABLE SYSTE	EM:					SYSTEM ID#		
Name	Vyve Broadband J, LL	С						030492		
Substitute Carriage:	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Special Statement and Program Log	<ul> <li>1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE</li> <li>During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program proadcast by a distant station?</li> <li>Yes XNo</li> <li>Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program</li> </ul>									
log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the 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 period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I L"  "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the tir to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the gram was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the gram was substituted for programming that your system was permitted to delete under FCC rules and regulations i						uring the accounting mming of another station for further information. nple, "I Love Lucy" or seed by the FCC or, in fied). umerals, with the month ist the times accurately 30 p.m. should be ur system was required r "P" if the listed pro				
	S	UBSTITUTE			CARR	EN SUBSTIT	RRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? 3 Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM — —	TO			
							-			
							-			

FORM SA1-2. I	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC	SYSTEM ID# 030492	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 identified in space E) during the accounting period. For a further explanation of how to compute this an page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)	ssion service nount, see	K Gross Receipts				
	during the accounting period	(Amount of gross receipts)					
COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:							
	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 the accounting period is \$52.00  Line 1. Royalty fee for accounting period	nis six-mont					
		0.00					
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00					
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2						
	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	28,636.00					
	<u></u>	35,164.00					
	6. Subtract line 5 from line 4	93,472.00					
	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						
	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	4.040.00					
	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						
	FILING FEE AND TOTAL REMITTANCE DUE						
	TEMOTEE AND TOTAL NEWSTITATION DOE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$ 967.36					
Due	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	\$ 987.36					
	EFT Trace # or TRANSACTION ID #	Not Available					
	See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for	or more information.					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Vyve Broadband J, LLC  030492							
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.							
	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 Office 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 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 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: <b>Daniel J. White</b>							
	Title: SVP - Financial Planning  (Title of official position held in corporation or partnership)							
	Date: 2/1/2025							

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LEGAL NAME OF OWNER OF CABLE S  Vyve Broadband J, LLC	YSTEM:		S	O30492	Name
service of providing second		11(d)(1)(A), of the Copy s amounts paid to the ca adcast transmitters, the	right Act by adding the fo able system for the basic system shall not include	sub-	P Special Statement
For more information on when to e  During the accounting period did the made by satellite carriers to satellite  X NO	exclude these amounts, see the no	ote on page (vii) of the gounts of gross receipts fo	eneral instructions.		Concerning Gross Receipts Exclusion
Name Mailing Address		Name Mailing Address			
INTEREST ASSESSMENTS	}				
You must complete this worksheet For an explanation of interest asse			payment or underpaym	ent.	Q
Line 1 Enter the amount of late page	ayment or underpayment		x		Interest Assessment
Line 2 Multiply line 1 by the interes	est rate* and enter the sum here .			-	
			x	days	
Line 3 Multiply line 2 by the numb	per of days late and enter the sum	n here	x 0.00274	-	
Line 4 Multiply line 3 by 0.00274* space L, (page 7)	* enter here and on line 3, block 4		\$ (interest charge	- ge)	
	t click on <i>www.copyright.gov/licer</i> n at (202) 707-8150 or licensing@		or further assistance ple	ase	
** This is the decimal equivaler	nt of 1/365, which is the interest a	ssessment for one day I	ate.		
NOTE: If you are fling this workshe list below the owner, address, first	eet covering a statement of accou	int already submitted to	the Copyright Offce, plea		
Owner Address					
ID number					
First community served					
Accounting period					

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