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.

DATE RECEIVED

3/11/25

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

\$

AMOUNT

ALLOCATION NUMBER

SA1-2 Short Form

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 COVERI | ED BY THIS STATEMENT: | | | | | | |
|----------------------|--|---|---|----------------|--|--|--|--|
| Accounting Period | | | | | | | | |
| B Owner | incorrect information and print or type the or Give the full legal name of the owner or rate title of the subsidiary, not that of the pa List any other name or names under w If there were different owners during t a single statement of account and royalty of | of the cable system. If the owner is a subsid arent corporation. vhich the owner conducts the business of the | liary of another corporation, give the full corpore e cable system. I last day of the accounting period should sub period. | | | | | |
| | LEGAL NAME OF OWNER/MAILING AL | DDRESS OF CABLE SYSTEM | | | | | | |
| | Vyve Broadband A, LLC | | | | | | | |
| | | | *P | ending20242* | | | | |
| | | | | Pending 2024/2 | | | | |
| | 4 International Dr Suite 33 Rye Brook, NY 10573 | 0 | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | |
| | 2 (Number, street, rural route, apartment, or suite number) | | | | | | | |
| | (City, town, state, zip code) | | | | | | | |
| D | 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 entitiy (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 | | | | | | | |
| Area Served | 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, condiminiums, or mobile home parks should be reported in paratheses below the identified city. | | | | | | | |
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE | | | | |
| First Community | Hominy | ОК | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Form SA1-2c Rev 04/2011

PRIVATELY REPRODUCED NON-GOVERNMENT FORM (TBMJ123)

| Name | LEGAL NAME OF OWNER OF C | ABLE SYSTEM | : | | | | | S | STEM ID |
|---------------------------|---|------------------|--|---|-------------|--------------------|---------------|-----------------|---------|
| Name | Vyve Broadband A, LLC | | | | | | | | Pendin |
| Е | SECONDARY TRANSMISSION | | | | | | | | |
| E | In General: The information in s | • | | 0 | | , | | | |
| Socondary | system, that is, the retransmission about other services (including p | | | | | • | | | |
| Secondary Transmission | last day of the accounting period | | | | - | | linose exis | ung on the | |
| Service: Sub- | Number of Subscribers: Both | | | | | | ble system | n, broken | |
| scribers and | down by categories of secondary | y transmission | service. | In general, yo | u can con | npute the numbe | er of subsc | ribers in | |
| Rates | each category by counting the n | | | | | | | s charged | |
| | separately for the particular serv Rate: Give the standard rate c | | | | | 0 | , | ne and the | |
| | unit in which it is generally billed | - | - | • | | | | - | |
| | category, but do not include disc | • • | , | | , otaniaa | | | | |
| | Block 1: In the left-hand block | in space E, th | e form li | sts the catego | ries of sec | condary transmis | ssion servi | ce that cable | |
| | systems most commonly provide | | | | | | | | |
| | that applies to your system. Not | | | 0 | | 0 | | | |
| | categories, that person or entity subscriber who pays extra for ca | | | | | | | | |
| | first set" and would be counted of | | | | | | | | |
| | Block 2: If your cable system | 0 | | | · · · | service that are | e different f | from those | |
| | printed in block 1 (for example, t | | | | | | , | | |
| | with the number of subscribers a | and rates, in th | e right-h | and block. A tv | vo- or thre | e-word descript | tion of the | service is | |
| | sufficient. BLC | | | BLOCK | (2 | | | | |
| | | NO. OF | | | | | | NO. OF | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CATE | EGORY OF SEI | RVICE | SUBSCRIBER | S RAT |
| | Residential: | | | | | | | | |
| | Service to first set | | 73 | 40.00 | | | | | |
| | Service to additional set(s) | | | | | | | | |
| | • FM radio (if separate rate) | | | | | | | | |
| | Motel, hotel | | | | | | | | |
| | Commercial | | 4 | 40.00 | | | | | |
| | Converter | | | | | | | | |
| | Residential | | | | | | | | |
| | Non-residential | | | | | | | | |
| | SERVICES OTHER THAN SEC | ONDARY TRA | | SIONS' RATE | s | | | | |
| - | In General: Space F calls for rat | | | | | all your cable sys | stem's serv | vices that were | |
| F | not covered in space E, that is, t | hose services | that are | not offered in | combinatio | on with any sec | ondary trar | nsmission | |
| | service for a single fee. There ar | | | | | | | | |
| Services Other Than | furnished at cost or (2) services amount of the charge and the ur | | | | | | | | |
| Secondary | enter only the letters "PP" in the | | usually | Dilled. If any ra | ales are ci | larged on a van | lable per-p | rogram basis, | |
| ransmissions: | Block 1: Give the standard rat | | the cable | e system for ea | ch of the | applicable servi | ces listed. | | |
| Rates | Block 2: List any services that | t your cable sy | stem fur | nished or offer | ed during | the accounting | period that | t 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) descrip | otion and inclue | de the ra | ite for each. | | | 1 | | |
| | | BLO | | | 105 | DATE | 0.175.0 | BLOCK 2 | |
| | | | LOATEG | ORY OF SER | VICE | RATE | CATEGO | ORY OF SERVIC | E RAT |
| | CATEGORY OF SERVICE | RATE | | tion: Non-ros | idontial | | | | |
| | Continuing Services: | | Installa | tion: Non-res | idential | | | | |
| | Continuing Services: • Pay cable | RATE 19.95 | Installa • Mot | el, hotel | idential | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel | | Installa • Mot • Con | el, hotel nmercial | idential | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection | | Installa • Mot • Con • Pay | el, hotel nmercial cable | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection | | Installa • Mot • Con • Pay • Pay | el, hotel nmercial cable cable-add'l ch | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential | 19.95 | Installa • Mot • Con • Pay • Pay • Fire | el, hotel nmercial cable cable-add'l ch protection | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set | | Installa • Mot • Con • Pay • Pay • Fire • Burg | el, hotel nmercial cable cable-add'l ch protection glar protection | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | 19.95 | Installa • Mot • Con • Pay • Pay • Fire • Burg Other s | el, hotel nmercial cable cable-add'l ch protection glar protection ervices: | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | 19.95 | Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec | el, hotel nmercial cable cable-add'l ch protection glar protection rervices: onnect | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) | 19.95 | Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc | el, hotel nmercial cable-add'l ch protection glar protection ervices: onnect connect | | | | | |
| | Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) | 19.95 | Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Rec • Disc | el, hotel nmercial cable cable-add'l ch protection glar protection rervices: onnect | | | | | |

| Name | LEGAL NAME OF OWNE | R OF CABLE SYSTEM | 1: | S | | | | |
|---|---|---|-----------------|---|--------|--|--|--|
| Nume | Vyve Broadband A | A, LLC | | | Pendin | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | |
| G Primary Transmitters: Television | carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thje-air designation. For example, report multicast stream "WETA-2" as the same on the form. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). | | | | | | | |
| | For the meaning of these t Column 4: Give the loc | | | structions. ns, list the community to which the station is licensed by ` | the | | | |
| | | | | of the community with which the station is identifed. | | | | |
| | | 1 | | 1 | | | | |
| | 1. CALL | 2. B'CAST | 3. TYPE OF | 6. LOCATION OF STATION | | | | |
| | SIGN | CHANNEL NUMBER | STATION | | | | | |
| | KDOR Enlace | 17.4 | I-M | BARTLESVILLE OK | | | | |
| | KDOR Inspire | KDOR Inspire 17.2 I-M BARTLESVILLE OK | | | | | | |
| | KDOR Smile of a Chi | 17.3 | BARTLESVILLE OK | | | | | |
| | KDOR-TBN | 17.1 | I-M | BARTLESVILLE OK | | | | |
| | KDOR-TBN HD | 17.1 | I-M | BARTLESVILLE OK | | | | |
| | KGEB-IND | 53.1 | I | TULSA OK | | | | |
| | KJRH Laff | 2.3 | I-M | TULSA OK | | | | |
| | KJRH-Bounce TV | 2.2 | I-M | TULSA OK | | | | |
| | KJRH-ION PLUS 2.4 | 2.4 | I-M | TULSA OK | | | | |
| | KJRH-NBC | 2.1 | N | TULSA OK | | | | |
| | KJRH-NBC HD | 2.1 | N-M | TULSA OK | | | | |
| | KMYT-Cozi | 41.2 | I-M | TULSA OK | | | | |
| | KMYT-Heroes & Icon | 41.4 | I-M | TULSA OK | | | | |
| | KMYT-MyNetwork | 41.1 | I-M | TULSA OK | | | | |
| | KMYT-MyNetwork HI | 41.1 | I-M | TULSA OK | | | | |
| | KMYT-Start TV | 41.3 | I-M | TULSA OK | | | | |
| | KOED Create | 11.3 | E-M | TULSA OK | | | | |
| | KOED PBS HD | 11.1 | E-M | TULSA OK | | | | |
| | KOED World | 11.2 | E-M | TULSA OK | | | | |
| | KOED-PBS | 11.1 | E-M | TULSA OK | | | | |
| | | . | † | | | | | |
| | KOED-PBS Kids | 11.4 | E-M | TULSA OK | | | | |
| | KOED-PBS Kids KOKI-Dabl | 11.4 23.3 | E-M I-M | TULSA OK TULSA OK | | | | |

| Name | LEGAL NAME OF OWNE | R OF CABLE SYSTEM | 1: | | SYSTEM ID | | | |
|---|--|--------------------------------|--------------------------|--|-----------|--|--|--|
| | Vyve Broadband A | A, LLC | | | Pendin | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | |
| G Primary Transmitters: Television | 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 station's broadcasts are carried in its own community. This may be different from the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which the station. 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 | | | | | | | |
| | | - | - | f the community with which the station is identifed. | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION | | | | |
| | KOKI-FOX HD | 23.1 | I-M | TULSA OK | | | | |
| | KOKI-MeTV | 23.2 | I-M | TULSA OK | | | | |
| | KOTV-CBS | 6.1 | N | TULSA OK | | | | |
| | KOTV-CBS HD | 6.1 | N-M | TULSA OK | | | | |
| | KOTV-News on 6 | 6.3 | I-M | TULSA OK | | | | |
| | KQCW-CW | 19.1 | I-M | TULSA OK | | | | |
| | KQCW-CW HD | 19.1 | I-M | TULSA OK | | | | |
| | KRSU-ETV | 35.1 | I-M | TULSA OK | | | | |
| | KRSU-ETV HD | 35.1 | I-M | TULSA OK | | | | |
| | KRSU-FNX | 35.2 | I-M | TULSA OK | | | | |
| | KTPX Ion HD | 44.1 | I-M | TULSA OK | | | | |
| | KTPX-Court TV | 44.3 | I-M | TULSA OK | | | | |
| | KTPX-ION | 44.1 | I-M | TULSA OK | | | | |
| | KTUL Antenna | 8.3 | I-M | TULSA OK | | | | |
| | KTUL TBD TV | 8.4 | I-M | TULSA OK | | | | |
| | KTUL - ABC | 8.1 | N | TULSA OK | | | | |
| | KTUL-ABC HD | 8.1 | N-M | TULSA OK | | | | |
| | KTUL-Comet | 8.2 | I-M | TULSA OK | | | | |
| | KWHB-IND | 47.1 | I | TULSA OK | | | | |
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| | | | | | | | | |
| | | | I | | | | | |

ACCOUNTING PERIOD: 2024/2

| FORM SA1-2. F LEGAL NAME OF | | | YSTEM [.] | | | | SYSTEM ID# | Nerre |
|---|---|---|--|---|--|---------------------------------------|--------------------------------|-------|
| Vyve Broadl | | | , , , L IVI. | | | | Pending | 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. 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, | | | | | | H Primary Transmitters Radio | | |
| or detailed info Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G | ormation abou dentify the call state whether t the radio stat this by placing Sive the station | t the the sign of e he statio ion's sigr g a check n's locatio | ved at the headend, with the s Copyright Office regulations o each station carried. n is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the the community with which the | n this point, see p ed by the cable sy e station is license | page (v) of the ystem as a sep ed by the FCC | e genera parate a | l instructions. nd discrete | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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FORM SA1-2. PAGE 5.

| Name | LEGAL NAME OF OWNER OF Vyve Broadband A, LL | | TEM: | | | | SYSTEM ID# Pending | | | |
|--------------------------|--|------------------------|---------------------------|----------------------------|---------------------|-----------------------|-----------------------|--|--|--|
| l | SUBSTITUTE CARRIAGI In General: In space I, identi substitute basis during the ac | fy every no | nnetwork televi | sion program broadcast by | a distant stat | | | | | |
| Substitute | age: 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | |
| Carriage: | | | | | | | | | | |
| Special Statement and | • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television pr | | | | | | | | | |
| Program Log | broadcast by a distant sta | Yes | XNo | | | | | | | |
| | - | must complete the prog | ram | | | | | | | |
| | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is | | | | | | | | | |
| | In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "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 FCC or, in 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, with the month 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 times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be | | | | | | | | | |
| | | | | m was substituted for prog | | | | | | |
| l I | to delete under FCC rules a gram was substituted for pr | | | | | | | | | |
| | effect on October 19, 1976 | | | • | | 0 | | | | |
| | SI | JBSTITUT | E PROGRAM | 1 | | EN SUBSTITUTE | 7. REASON | | | |
| | 1. TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | 6. TIMES FROM — TO | FOR DELETION | | | |
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| LEGAL WHAT FOR THE ALL OF OWNER OF CALLS STREME BY THAN Very Broddmand ALLC Products Products Pro | F | ORM SA1-2. PAGE 6. | |
|---|------------|--|------|
| CROSS RECEIPTS INSTRUCTOR: The figure roughes in this space determines the form you figured the amount you pay. Enter the total of the instructions. The figure roughes instructions of the accounting period. Instructions: The figure roughes instructions. Instructions: The figure roughes instructions in the figure roughes in space K is not period. Instructions: The figure roughes instructions in the figure roughes in space K is not period. Instructions: The figure roughes instructions in the figure roughes insthin th | | | Namo |
| Instructions: The figure you give in this space determines the form you pay. Electric the total of all amount (proceedings the space) during period. Image: Space Sp | L | vyve Broauband A, LLC Pending | |
| during the accounting period. \$ 19,160,00 MPCRTATY You must complete a statement in space P concerning gross receipts. L COPYRIGHT ROVALTY FEE Instructions. To complete in transfer to regard fee you over: L Complexite 1.13, those 3.7 in Mos 2. Kes 35,000 but less than a regula to 528,300 but less than 5227,600 See page (W) of the amound of gross receipts in space K is more than 3137,100 or less. E Is be bock 3.1 the amound of gross receipts in space K is more than 3137,100 or less. See page (W) of the amound of gross receipts in space K is more than 3137,100 or less. Is be bock 3.1 the amound of gross receipts in space K is more than 3137,100 or less. See page (W) of the amound of gross receipts of \$137,100 or less. Is a total and the gross receipts in space K is more than 5137,100 or less. See 0.0.00 Is a total arge. Enter the amount form line 4, space Q, page 8 0.000 Is a total arge. Enter the amount form line 4, space Q, page 8. 0.000 Is abord time 4 from line 1 S 263,800.000 S 263,800.000 2. Inter the amount of gross receipts from space K S 263,800.000 S 30000 3. Subbract line 2 from line 1 S 263,800.000 S 30000 2. Inter the amount form line 4, space Q, page 8 0.000 3. Subbract line 6 from line 4. S 263,800.000 S 30000 </td <td></td> <td>Instructions: The figure you give in this space determines the form you fle 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.</td> <td>••</td> | | Instructions : The figure you give in this space determines the form you fle 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. | •• |
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| Instructions: To compute the royality fee you owe: Complete liber, block 2, or block 3 U be block 1 if the amount of grans receipts in space K is \$137,100 or less U be block 1 if the amount of grans receipts in space K is \$137,100 or less Deb block 2 if the amount of grans receipts in space K is \$137,100 or less Deb block 2 if the amount of grans receipts in space K is \$137,100 or less Deb block 2 if the amount of grans receipts of \$137,100 or less, the royality fee that you must pay for this alx-more accounting period is \$52.00 Line 2. Interest charge. Enter the amount from fine 4, space Q, page 8 | | | |
| Instructions: As a cable system with gross receipts of \$137,100 or less, the royally fee that you must pay for this six-mont accounting period is \$22.00 Line 1. Royalty fee for accounting period \$ 52.00 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. \$ 52.00 I. In a summary formula \$ 263,800.00 2. Enter amount of gross receipts from space K. . 3. Subtract line 2 from line 1 . 4. Enter the amount from line 3. . 5. 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 9. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00 9. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00 9. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00 9. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00 9. Interest charge. Enter the amount from line 4, space Q, page 8. 0.00 10. Enter the amount from line 4, space Q, page 8. 0.00 11. Enter the amount from line 4, space Q, page 8. 0.00 2. | • • | istructions : 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 | |
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| 9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8. | | 7. Multiply line 6 by .005 (enter figure here) | |
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| 4. Multiply line 3 by .01 | | 2. Base amount under statutory formula | |
| 5. Royalty due on the first \$263,800 of gross recepits (under statutory formula) | | 3. Subtract line 2 from line 1 | |
| 6. Interest charge. Enter the amount from line 4, space Q, page 8 | | 4. Multiply line 3 by .01 | |
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| i 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) | F | | |
| 2. Filling Fee (see the instructions for more information on filling fee calculations) | | | |
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| | | 3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 67.00 | |
| See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information. | | 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 more information. | |

ACCOUNTING PERIOD: 2024/2

| | | | FORM SA1-2. PAGE 7 |
|--|--|---|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Vyve Broadband A, LLC | | SYSTEM ID Pending |
| | CHANNELS | | |
| Μ | Instructions: You must give (1) the number of | • | |
| Channels | to its subscribers and (2) the cable system's to | otal number of activated channels, during the | accounting period. |
| | 1. Enter the total number of channels on which | h the cable | 42 |
| | system carried television broadcast stations | | |
| | 2. Enter the total number of activated channels | le la | |
| | on which the cable system carried television | | |
| | • | | |
| N Individual to | INDIVIDUAL TO BE CONTACTED IF FURTH we can write or call about this statement of ac | | n individual to whom |
| Be Contacted for Further Information | Name Marie Censoplano | | Telephone 914-235-8313 |
| | Address 4 International Dr Suite 33 (Number, street, rural route, apartment, or s | | |
| | Rye Brook, NY 10573 (City, town, state, zip) | | |
| | Email (optional) marie.censoplano@vy | yvebb.com Fax | (optional) 914-234-8363 |
| _ | CERTIFICATION (This statement of account mu | ust be certifed and signed in accordance with | n Copyright Offce regulations, |
| 0 | as explained in the general instructions.) | | |
| Certifcation | I, the undersigned, hereby certify that (Check or | ne, but only one, of the boxes.) | |
| | Owner other than corporation or partners | hip) I am the owner of the cable system as ider | ntifed in line 1 of space B; or |
| | (Agent of owner other than corporation or in line 1 of space B and that the owner is | partnership] I am the duly authorized agent of not a corporation or partnership; or | the owner of the cable system as identified |
| | (Officer or partner) I am an officer (if a corport in line 1 of space B. | poration) or a partner (if a partnership) of the leg | al entity identifed as owner of the cable system |
| | I have examined the statement of account and have examined the statement of account and have true, complete, and correct to the best of my [18 U.S.C., Section 1001(1986)] | | |
| | Handwritten signature: | 1st Danie | el J White |
| | Typed or printed name: | Daniel J White | |
| | | cial Planning solition held in corporation or partnership) | |
| | Date: | 2/1/2025 | |

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 | SA1-2 | PAGE 8. |
|-------|---------|---------|
| FURIN | SA 1-2. | PAGE 0. |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: S | YSTEM ID# | Nama | | | |
|---|----------------------|---|--|--|--|
| Vyve Broadband A, LLC | Pending | 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 scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119 | c sub-)." | P Special Statement Concerning Gross Receipts | | | |
| 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? X NO | | | | | |
| YES. Enter the total here and list the satellite carrier(s) below | | | | | |
| Name Name Mailing Address Mailing Address | | | | | |
| | | | | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions. | ient. | 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 | - | | | | |
| x | days | | | | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | - , | | | | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | - rge) | | | | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance ple contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | ease | | | | |
| ** 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 Offce, plea list below the owner, address, first community served, ID number, and accounting period as given in the original filin | | | | | |
| Owner Address | | | | | |
| ID number First community served Accounting period | | | | | |
| Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the United States Code authorizes the Copyright Offce to collect the personally identifying information of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the United States Code authorizes the Copyright Offce to collect the personal transformation of the Copyright Offce to code authorizes | tion (PII) requested | on th | | | |

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 it may affect the legal sufficiency of the fing, a determination that would be made by a court of law.