This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

Return completed workbook

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	by email to:		
		ansmissions by	DATE RECEIVED	AMOUNT		
Cable Syste General instru in the first tab	ictions	are located	02/26/2020	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150		
A	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))		
		2019/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31		
		2017	Barcode Data Filing Period (optiona	I - see instructions)		
Accounting Period						
		Instructions:				
В			•	idiary of another corporation, give the full co	rporate title	
Owner		List any other name or names under whi	ich the owner conducts the business of t	he cable system.		
		If there were different owners during the single statement of account and royalty		the last day of the accounting period should s ting period.		
		Check here if this is the system's first filin	ng. If not, enter the system's ID number	assigned by the Licensing Division.	63739	
		LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM			
		Chesapeake Bay Communications	, LLC			
		BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT)		
		Chesapeake Bay Communications	i			
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM			
		107 Mason Ave (Number, street, rural route, apartment, or suite				
		(Number, street, that route, apartment, or suite Cape Charles, Virginia, 23 (City, town, state, zip)	,			
С				ntify the business and operation of the esystem, if different from the address	5	
System		IDENTIFICATION OF CABLE SYSTEM:		•		
	1	Bay Creek, Cape Charles				
		MAILING ADDRESS OF CABLE SYSTE	M:			
	2	107 Mason Ave (Number, street, rural route, apartment, or suite	number)			

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 effect 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.

Cape Charles, Virginia, 23310

(City, town, state, zip code)

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Chesapeake Bay Communications, LLC	63739
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single,
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	nome parks should be reported in parentheses below the
Area Served	identified city.	
	CITY OR TOWN	STATE
First	Bay Creek (Cape Charles)	Virginia
Community		
d Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:				FORM SA1-	TEM ID		
Name	Chesapeake Bay Com						010	6373		
			,							
Е	SECONDARY TRANSMISSION In General: The information in s				v transmission	service of t	he cable			
—	system, that is, the retransmission	-	-		•					
Secondary	about other services (including p									
Transmission	last day of the accounting period					-1	h ma lua m			
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondar	-				•				
Rates	each category by counting the n	•	-	•	•					
	separately for the particular serv									
	Rate: Give the standard rate of unit in which it is generally billed	-								
	category, but do not include disc	· · ·	,			s wiu iir a				
	Block 1: In the left-hand block				ondary transmis	sion servi	ce that cable			
	systems most commonly provide									
	that applies to your system. Not categories, that person or entity		-		-					
	subscriber who pays extra for ca					•				
	first set" and would be counted of	once again und	ler "Service to additi	onal set(s)."						
	Block 2: If your cable system	0								
	printed in block 1 (for example, t with the number of subscribers a									
	sufficient.		e fight-fiand block. P							
	BLC	DCK 1	-			BLOCK				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE		
	Residential:									
	Service to first set			Basic C	Cable	43	16.9			
	 Service to additional set(s) 			Expand	led Basic Ca	ble	215	52.9		
	 FM radio (if separate rate) 			Digital	Gateway Ca	ble	14	57.9		
	Motel, hotel			Digital	Deluxe Cabl	e	113	68.9		
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC			TES						
-	In General: Space F calls for ra				Il your cable sys	stem's serv	vices that were			
F	not covered in space E, that is, t									
Services	service for a single fee. There and furnished at cost or (2) services	•		•						
Other Than	amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.			-		0 /			
ransmissions:	Block 1: Give the standard rat Block 2: List any services that	• •			••		wore 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.								
		BLO	CK 1				BLOCK 2			
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE	RATE	CATEG	DRY OF SERVICE	RATE		
	Continuing Services:		Installation: Non-r	esidential						
	• Pay cable		 Motel, hotel 							
	 Pay cable—add'l channel 		 Commercial 							
	Fire protection		 Pay cable 							
	•Burglar protection		 Pay cable-add'l 	channel						
	Installation: Residential		 Fire protection 							
	• First set	49.99	 Burglar protection 	on						
	Additional set(s)		Other services:							
			 Reconnect 							
	• FM radio (if separate rate)									
	 FM radio (if separate rate) Converter 		Disconnect							
	· · · /									

ccounting Period: 2	2019/2			FOR	RM SA1-2E. PAGE 3.			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:			SYSTEM ID# 63739			
	Chesapeake Bay Communications, LLC							
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, an Substitute Basis Stations basis under specific FCC ru- • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	entify every television station (including m during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.5 s explained in the next paragraph. : With respect to any distant stations of les, regulations, or authorizations: e in space G—but do list it in space I (a substitute basis. also in space I, if the station was carrie in concerning substitute basis stations s's call sign. <i>Do not</i> report origination d with a station according to its over-th he form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instr n of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a substitute the Special Statement and Program Low ed both on a substitute basis and also by see page (v) of the general instruction program services such as HBO, ESPN tele-air designation. For example, report evision station for broadcasting over the station, an independent station, or a rais (for network multicast), "I" (for independent (for network multicast), "I" (for independent station), and the paper SA1-2 form. The community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF ST	TATION			
	WAVY	10	N-M	Norfolk, VA				
	WGNT	27	N-M	Norfolk, VA				
d Rows as Necessary	WGNT	7	I	Norfolk, VA				
	WHRO	15	N-M	Norfolk, VA				
	WPXV	9	1	Norfolk, VA				
	WPXV	49	I	Norfolk, VA				
	WSKY	4	I	Norfolk, VA				
	WTKR	3	N-M	Norfolk, VA				
	WTPC	8	I	Norfolk, VA				
	WTVZ	43	N-M	Norfolk, VA				
	WVBT	14	N-M	Norfolk, VA				
	WVEC	13	N-M	Norfolk, VA				

Chesapeake	Bay Comr							SYSTEM I 637
	every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: Id Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation abour m. lentify the call tate whether t the radio stat this by placing ive the statior	y the sys be recei t the Co sign of e he statio ion's sign g a check i's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the s pyright Office regulations on t each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s le station is licens	adend, and (2 nna, during c ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
SALE SIGN		0,0		ON LE OION		0,0		
						·		
						·		

Accounting Perio							FORM	A SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Chesapeake Bay Com	municatio	ons, LLC					63739
	SUBSTITUTE CARRIAG)G			
I	In General: In space I, ident	-	-			tion that you	r ophlo ovo	tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	isis, any noni	network telev	ision prog	ram
Statement and Program Log	broadcast by a distant sta	-			-		YES	× NO
Trogram Log	-				<i>"</i> ```		-	
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer i	s "Yes," you i	must comple	te the prog	jram
	log in block 2.							
	2. LOG OF SUBSTITUTI			ata lina. Lisa abbroviation	s whorever p	ossible if the	ir mooning	n ic
	In General: List each subs clear. If you need more spa				s wherever p		ii meaning	J 15
				vision program ("substitute	e program") t	hat, during th	e account	ing
	period, was broadcast by a	distant sta	tion and that y	our cable system substitu	ted for the pro	ogramming c	of another s	station
	under certain FCC rules, re							
	Do not use general categor "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "I L	ove Lucy"	or
			dcast live ent	er "Yes." Otherwise enter	"No "			
				asting the substitute prog				
				the community to which th			e FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numerals,	with the n	nonth
			e substitute pr	ogram was carried by you	r cable syste	m List the tir	nes accura	atelv
	to the nearest five minutes.							atoly
	stated as "6:00–6:30 p.m."							
				n was substituted for prog				
	to delete under FCC rules a was substituted for program							ogram
	effect on October 19, 1976		your system w			s anu regulat		
		-						r
						N SUBSTIT		
	S	1	E PROGRAN			AGE OCCU		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIN FROM —		_
					·			
						_		
						_		
1								

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S١	STEM ID#
	Chesapeake Bay Communications, LLC		63739
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmers (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form 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.	nission service amount, se	,886.51
	COPYRIGHT ROYALTY FEE		
L 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 \$ Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	5263,80(
	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 th accounting period is \$52.00	nis six-month	
	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
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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)	<u> </u>	
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
			0.00
	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 receipts (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		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2019/2		FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: ay Communications, LLC	SYSTEM ID# 63739
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the c	ou must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	291 291
N Individual to Be Contacted		DBE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name	Rob Harris Telephone	757 331-8710
	Address 	107 Mason Ave (Number, street, rural route, apartment, or suite number) Cape Charles, VA 23310 (City, town, state, zip) rob.harris@chesbaycommunications.net Fax (optional)	
O Certification	I, the undersign (Owne X (Agen in (Offic in · I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space E t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable s line 1 of space B and that the owner is not a corporation or partnership; or ther or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	ystem as identified ner of the cable system
		Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Robert Harris Title: General Manager (Title of official position held in corporation or partnership) 2/24/20	

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unting Period: 2019/2	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
sapeake Bay Communications, LLC	6373
 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:	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
x 2%	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
	_
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here	_
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	-
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 days - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on www.copyright.gov/licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	-
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on it (202) 707-8150 or licensing@copyright.gov.	
x 0 days Line 3 Multiply line 2 by the number of days late and enter the sum here x 0 days Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * - (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on www.copyright.gov/licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	

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