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

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED AMOUNT					
3/16/2023	\$ ALLOCATION NUMBER				

Return completed workbook by email to

#### coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))										
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31										
	Barcode Data Filing Period (optional - see instructions)										
Accounting Period											
В	Instructions: 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.										
Owner	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										
	Shenandoah Cable Television, LLC										
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)										
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
	PO Box 459										
	(Number, street, rural route, apartment, or suite number)  Edinburg, VA 22824										
	(City, town, state, zip)										
С	NSTRUCTIONS: 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)										
	$\ker(x) = e^{-x} \cdot e^{-x}$										

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The 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 filing, a determination that would be made by a court of law.

Accounting Period:	2022/2	
nocounting i circui	,-	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
- Tunio	Shenandoah Cable Television, LLC	63478
Area Served	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated comunincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile licity.	munities within unincorporated areas and including single, discrete we as a form of system identification hereafter known as the "first
	OUTVOD TOWN	
Firet	CITY OR TOWN  Ronceverte	STATE WV
First Community	Greenbriar County	WV
Add Rows as Necessary		

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63478

# Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential: (Starter HD)							
<ul> <li>Service to first set</li> </ul>	25	\$30.00	Converter HD/DVR	8	\$16.95		
<ul> <li>Service to additional set(s)</li> </ul>			Add'I Converter HD/DVR	5	\$9.95		
<ul> <li>FM radio (if separate rate)</li> </ul>			Cable Card	-	\$1.99		
Motel, hotel							
Commercial							
Converter	44	\$5.95	Advanced (Expanded)	49	\$90.00		
Residential			Ulitmate (Digital)	37	\$100.00		
Non-residential							
		T		I	T		

# F

#### Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set (includes 2)	\$99.95	Burglar protection			
Additional set(s)	\$14.95	Other services:			
• FM radio (if separate rate)		Reconnect	\$25.00	Service Call	\$49.95
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63478

E

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>			Technology Fee	140	\$3.00		
<ul> <li>Service to additional set(s)</li> </ul>			Copyright Fee	140	\$0.60		
<ul> <li>FM radio (if separate rate)</li> </ul>			Broadcast TV Surcharge	140	\$24.30		
Motel, hotel							
Commercial			TiVo Gateway	10	\$19.95		
Converter			TiVo Player	16	\$6.95		
Residential (DTA)	237	\$3.99	Maestro Box	8	\$14.95		
Non-residential			Maestro Player	20	\$5.00		
		T			T		

F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				RATE
Continuing Services:		Installation: Non-residential			
Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
<ul> <li>First set (includes 2)</li> </ul>		Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63478

PRIMARY TRANSMITTERS: TELEVISION

G

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

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

- 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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**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 in the paper SA1-2 form.

**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	4. LOCATION OF STATION
/DBJ	7	N	Roanoke, VA
VVVA	6	N	Bluefield, WV
WVVA-2	6.2	I-M	Bluefield, WV
WVVA-3	6.3	I-M	Bluefield, WV
WOAY	4	N	Oak Hill, WV
NSWP	9	E	Grandview, WV
WSWP-2	9.2	E-M	Grandview, WV
WVNS	59	N	Lewisburg, WV
WVNS-2	59.2	I-M	Lewisburg, WV
WLPX	29	l	Charleston, WV
WVAH	11	I	Charleston, WV
WLFB	40	l	Bluefield, WV

Add Rows as Necessary

U.S. Copyright Office

	2022/2			FORM SA1-2E. PAGE 3					
N	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM ID:					
Name	Shenandoah Cable Television, LLC								
	PRIMARY TRANSMITTERS	: TELEVISION							
G Primary Transmitters: Television	In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do not list the station he station was carried only o • List the station here, and basis. For further informat Column 1: List each statimulticast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, V Column 3: Indicate in each educational station, by end (for independent multicast)	dentify every television station (including tracem during the accounting period, except (1 s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 (as explained in the next paragraph.  Is: With respect to any distant stations carrivules, regulations, or authorizations: ere in space G—but do list it in space I (the n a substitute basis.  I also in space I, if the station was carried beginn concerning substitute basis stations, secon's call sign. Do not report origination proped with a station according to its over-the-a	) stations carried only on a part-time carriage of certain network programs e)(2) and (4))]; and (2) certain station ied by your cable system on a substitute basis and also or see page (v) of the general instruction gram services such as HBO, ESPN, ir designation. For example, report resion station for broadcasting over the stion, an independent station, or a nor network multicast), "I" (for independent independent independent independent manual independent	basis under s [sections as carried on a  tute program a)—if the a some other s. etc. Identify each multistream air in its community  ncommercial lent), "I-M"					
	Column 4: Give the locat	ion of each station. For U.S. stations, list the adian stations, if any, give the name of the	e community to which the station is I	· · · · · · · · · · · · · · · · · · ·					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Shenandoah Cable Television, LLC

63478

#### 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						<del> </del>	
						<b></b>	
	ļ					<b></b>	
						<b></b>	
						<u> </u>	
						L	
						T	
						<del> </del>	
						<del> </del>	
						<del> </del>	
						<b></b>	
						<b></b>	
	 					<b></b>	
						<b></b>	
						<u></u>	
						L	
						<b></b>	
						<del> </del>	
						<del> </del>	
						<del> </del>	
						<b></b>	
	 					<b></b>	
						<u> </u>	
						<u> </u>	
						T	
						<b></b>	
						<b> </b>	
						<del> </del>	
	<del> </del>					<del> </del>	
						<b></b>	
	ļ					<b></b>	
						<b></b>	
						L	
						L	
						T	
						<b></b>	
						<del> </del>	
						<u> </u>	
	•					•	

Accounting Perio	d. 2022/2								FORI	M SA1-2E. PAGE 5.
Accounting Ferro	LEGAL NAME OF OWNER OF (	CABLE SYST	EM:						FORI	SYSTEM ID#
Name	Shenandoah Cable Tel	evision, L	LC							63478
<b> </b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac explanation of the programmi	y every none counting pe	network televisi riod, under spec	on program, broadcast by cific present and former FC	a o	rules, regula	ations, or au	utho	rizations. F	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special Statement and	During the accounting peri	od, did your	cable system	carry, on a substitute bas	sis,	, any nonne	twork telev	isio	n program	1
Program Log	broadcast by a distant stat	ion?							YES	X NO
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program								n	
	log in block 2.									
	2. LOG OF SUBSTITUTE PROGRAMS 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 add additional rows to the tables.  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 to 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 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 was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976.					WHEN SUBSTITUTE				
	S	UBSTITUT	E PROGRAM			CARR	IAGE OCC			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	FROM	TIME	ES TO	BEELTION
								_		
								_		
								_		
								_		
								_		
								_		
								_		
								_		

Accounting Period: 2	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Shenandoah Cable Television, LLC		63478
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file 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 at 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.	ssion service mount, see	5,138.00 ss receipts)
Copyright Royalty Fee	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 \$2:  • 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 located in the paper SA1-2 form for more information.	63,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this accounting period is \$52.00.	s 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	\$	0.02
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.02
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		02.02
		50)	
	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		-
	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)	
	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)		
	6. Interest charge. Enter the amount from line 4, space Q, page 8		
	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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.02	
Due Due	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	\$	67.02
	EFT Trace # or TRANSACTION ID #		
	Important: 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:	2022/2				FORM SA1-2E. PAGE 7.	
Name		WNER OF CABLE SYSTEM: able Television, LLC			SYSTEM ID# 63478	
<b>M</b> Channels	to its subscriber     The total system carrie     Enter the total on which the	s, and (2) the cable system's	s	ounting period.	315	
N Individual to Be Contacted	we can contact	about this statement of accou	IER INFORMATION IS NEEDED (Identify an indivint.)		24) 204 2002	
for Further Information	Name Address	Fetra R O'Neill  500 Shentel Way  (Number, street, rural route, apartn	ment or suite number)	Telephone (St	61) 801-8668	
		Edinburgh, VA 22824 (City, town, state, zip)				
	Email	petra.o'neill@en	np.shentel.com	Fax (optional		
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)					
Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , 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					
	(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    X					
	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)]					
			X /s/ Derek Rieger  Enter an electronic signature on the line above to certifenter signature using an "/s/ signature" (e.g., /s/ John			
		Typed or printed	name: Derek Rieger			
		Title:	Vice President Legal/General Counse of official position held in corporation or partnership)	el		
		Date:		March 16, 2023		

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The 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 filing, a determination that would be made by a court of law.

ounting Period: 2022/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
enandoah Cable Television, LLC	63478
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 addilowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not scribers and amounts collected from subscribers receiving secondary transmissions pursuant to see For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners?	the basic tinclude subtion 119."  Special Statement Concerning Gross Receipts Exclusion
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address  Mailing Address	
INTEREST ASSESSMENT	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or und	dernayment
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 located in the paper SA	( . )
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA	A1-2 form.
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	A1-2 form.  52.00  Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	A1-2 form.  52.00  Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	52.00 Interest Assessment  0.52
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	1%  0.52  15 days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	1% Interest Assessment  0.52 15 days 7.80
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	1%  0.52  15 days
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	1%  0.52  15 days 7.80 0.00274
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	1% Interest Assessment  0.52 15 days 7.80
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	52.00 1% 0.52 15 days 7.80 0.00274 0.02 est charge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	1%  1%  0.52  15 days  7.80  0.00274  0.02  est charge)
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	1% Interest Assessment  52.00 1% 0.52 15 days 7.80 0.00274 0.002 est charge) cance please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	1%  1%  0.52  15 days  7.80  0.00274  0.02  est charge) cance please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SAL Line 1 Enter the amount of late payment or underpayment	1%  1%  0.52  15 days  7.80  0.00274  0.02  est charge) cance please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SAL Line 1 Enter the amount of late payment or underpayment	1%  1%  0.52  15 days  7.80  0.00274  0.02  est charge) cance please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SAL Line 1 Enter the amount of late payment or underpayment	1%  1%  0.52  15 days  7.80  0.00274  0.02  est charge) cance please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SAL  Line 1 Enter the amount of late payment or underpayment	1%  1%  0.52  15 days  7.80  0.00274  0.02  est charge) cance please
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA  Line 1 Enter the amount of late payment or underpayment	1%  1%  0.52  15 days  7.80  0.00274  0.002 est charge) cance please

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The 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 filing, a determination that would be made by a court of law.