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

Accounting Particles       DATE RECEIVED       AMOUNT       Confiction Particles         General instructions are located in the first tab of this workbook.       DATE RECEIVED       S       Confiction Particles         08/24/2023       S       ALLOCATION NUMBER       Confiction Particles       Confiction Particles         A       Accounting Particle       ALLOCATION NUMBER       Confiction Particles       Confiction Particles         A       Accounting Particle       Particle 1 - January 1 - June 30       Particle 2 - July 1 - December 31         B       Context the particles       Context the particles       Particle 1 - Junuary 1 - June 30       Particle 2 - July 1 - December 31         B       Context the particles       Context the particles       Particle 1 - Junuary 1 - June 30       Particle 2 - July 1 - December 31         B       Context the line galar and of the particle or particle (optional - see instructions)       Context the solution of the particle or particle (optional - see instructions)         Check here 1 the is the particle or particle (context the business of the cable tystem.       If the work for a display of the accounting particle.       Context the full comparison of the solution of the solution of the solution of the solution of the solution.       Context the full comparison of the solution of	STATEM	ENT	OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	email to
Cable Systems (Short Form)       Contract Control (Mind Contrecontrol (Mind Control (Mind Control (Mind Control (Min	-			DATE RECEIVED	AMOUNT	_
General instructions are located in the first tab of this workbook.       08/24/2023              \$				BARENEOENEB		<u>coplicsoa@copyright.gov</u>
General instructions are located in the first tab of this workbook.       08/24/2023       ALLOCATION NUMBER ALLOCATION NUMBER       Differentiation and a Copyright (202) 707-8120.         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       (202) 707-8120.       (202) 707-8120.         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       (202) 707-8120.       (202) 707-8120.         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       (202) 707-8120.       (202) 707-8120.         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       (202) 707-8120.       (202) 707-8120.         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       (202) 707-8120.       (202) 707-8120.         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       (202) 707-8120.       (202) 707-8120.         A       ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))       (202) 707-8120.       (202) 707-8120.         A       Comment of the owner ow					Ś	
In the first tab of this workbook.       Image: Control of	General instr	uction	s are located	08/24/2023		
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Accounting Period       Period 2 = July 1 - December 31         Barcode Data Fling Period (optional - see instructions)         Barcode Data Fling Period						
Accounting Period       Period 2 = July 1 - December 31         Barcode Data Fling Period (optional - see instructions)         Barcode Data Fling Period						
Accounting Period	Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
Accounting Period         Barcode Data Filing Period (optional - see instructions)           B Over         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. 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.         S3872           LEGAL NAME OF OWNERMAILING ADDRESS OF CABLE SYSTEM Shenadoah Cable Television, LLC         S1872           BUSINESS NAME(s) OF OWNER OF CABLE SYSTEM PO Box 459 Numer: ender, norm date, spoil         MALLING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 459 Numer: ender, norm date, spoil           MALLING ADDRESS OF OWNER OF CABLE SYSTEM Shenadoah Cable To 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 Numer: structure of cable SYSTEM: Salem FTH-GIO Fibor           Mallung ADDRESS CABLE SYSTEM: Salem FTH-GIO Fibor         Mallung ADDRESS CABLE SYSTEM: Salem FTH-GIO Fibor           Mallung ADDRESS CABLE SYSTEM: Salem FTH-GIO Fibor         Salem AS Above				_		
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Accounting Period       Instructions:         B       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.         User 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 1D number assigned by the Licensing Division.       53872         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Shenadoah Cable Television, LLC       50807         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       Shenadoah Cable Television, LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         PO Box 453       Number, steet, real onumber)       Edinburg, VA 22824       Cive, twen states: appi         Cive, twen states:       1       Shenadoah Cable SYSTEM:       PO END (She Shenadoah Cable SysTEM:         1       Same AS Above       1       Same AS Above       1         2       Number, state: near (notine, number)       Same As Above       1						
Accounting Period       Instructions:         B       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.         User 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 1D number assigned by the Licensing Division.       53872         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Shenadoah Cable Television, LLC       50807         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       Shenadoah Cable Television, LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         PO Box 453       Number, steet, real onumber)       Edinburg, VA 22824       Cive, twen states: appi         Cive, twen states:       1       Shenadoah Cable SYSTEM:       PO END (She Shenadoah Cable SysTEM:         1       Same AS Above       1       Same AS Above       1         2       Number, state: near (notine, number)       Same As Above       1				Barcodo Data Filing Period (ontional	con instructions)	
Period         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. 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.         63872           LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Shenadoah Cable Television, LLC BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM PO Box 459 (Number, siteet, ruar looks, apartment, or suite number) Edinburg, VA 22824 (Covert, Streat, Covert, Streat, St				Barcode Data Filing Feriod (optional		
B       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.         Corner       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 1D number assigned by the Licensing Division.       Gistra         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Shenadoah Cable Television, LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF CABLE SYSTEM       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         PO Box 459       Itemate: stere, rual route, apathment, or suble number)       Etinburg, VA 22824         Etinburg, VA 22824       Itemate: stere, rual route, apathment, or suble number)       Etinburg, VA 22824         Explore       In DENTUCTIONS: 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 time 2, give the mailing address of the system, if different from the address given in space B.         System       In DENTUCTION OF CABLE SYSTEM:       MAILING ADDRESS OF CABLE SYSTEM:         2       Same AS Above       MA	-					
B       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.         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.         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.         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.         Image: Contract of the payment covering the owner of CABLE SYSTEM         Shenadoah Cable Television, LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         PO Box 459         Wonther, were different, or aude number)         Ecliphung, VA 22824         (Cly, town, wate, zepi         NSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names aready appear in space B. In line 2, give the mailing address of the system, if different from the address given in space						
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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.       5372         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       5372         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Shenadoah Cable Television, LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF OWNER OF CABLE SYSTEM       6000000000000000000000000000000000000	_					
single statement of account and royalty fee payment covering the entire accounting period.       63872         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       63872         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       5         Shenadoah Cable Television, LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       90         PO Box 459       Womber, street, rural route, apartment, or sule number)         Edinburg, VA 22824       (City, town, state, zip)         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         1       DENTIFICATION OF CABLE SYSTEM: Salem FTTH-GIO Fiber         MAILING ADDRESS OF CABLE SYSTEM:       Salem FTTH-GIO Fiber         MAILING ADDRESS OF CABLE SYSTEM:       Salem FTTH-GIO Fiber         MAILING ADDRESS OF CABLE SYSTEM:       Salem FTTH-GIO Fiber         Same As Above       MAILING address of the subtemint, or sule number)	Owner		List any other name or names under wh	ich the owner conducts the business of	the cable system.	
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         Shenadoah Cable Television, LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         MAILING ADDRESS OF OWNER OF CABLE SYSTEM         PO Box 459         (Wumber, street, rural route, apartment, or sulte number)         Edinburg, VA 22824         (City, town, states, zip)         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         1       DENTIFICATION OF CABLE SYSTEM:         Salem FTTH-Glo Fiber         MAILING ADDRESS OF CABLE SYSTEM:         2       Same As Above         Number, street, rural route, apartment, or suite number)			-			ubmit a
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           Shenadoah 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           (Oby, town, state, 2p)           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           1         IDENTIFICATION of CABLE SYSTEM: Salem FTTH-GIO Fiber           MAILING ADDRESS OF CABLE SYSTEM:         Same As Above Number, street, rural route, apartment, or suite number)			single statement of account and royalty	ree payment covering the entire accouit	nting period.	63872
C         Nstruction, state, zip)           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           1         IDENTIFICATION OF CABLE SYSTEM: Salem FTTH-GIO Fiber           2         Same As Above (Number, street, rural route, apartment, or suite number)			Check here if this is the system's first fili	ng. If not, enter the system's ID number	r assigned by the Licensing Division.	03072
C         Nstruction, state, zp)           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           1         IDENTIFICATION of CABLE SYSTEM: Salem FTTH-GIO Fiber           2         Same As Above (Number, street, rural route, apartment, or suite number)			1			
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PO Box 459         Number, street, rural route, apartment, or suite number)         Edinburg, VA 22824         (Number, street, rural route, apartment, or suite number)         Edinburg, VA 22824         (City, town, state, zip)         Image: street, rural route, apartment, or suite number)         Edinburg, VA 22824         (City, town, state, zip)         Image: street, rural route, apartment, or suite number)         Edinburg, VA 22824         (City, town, state, zip)         Image: street, rural route, apartment, or suite number)         Image: street, rural route, apartment, or suite number)         Image: street, rural route, apartment, or suite number)			BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFEREN	Т)	
PO Box 459         Number, street, rural route, apartment, or suite number)         Edinburg, VA 22824         (Number, street, rural route, apartment, or suite number)         Edinburg, VA 22824         (City, town, state, zip)         Image: street, rural route, apartment, or suite number)         Edinburg, VA 22824         (City, town, state, zip)         Image: street, rural route, apartment, or suite number)         Edinburg, VA 22824         (City, town, state, zip)         Image: street, rural route, apartment, or suite number)         Image: street, rural route, apartment, or suite number)         Image: street, rural route, apartment, or suite number)						
Image: System       Image: Image: System       Image: System       Image: System         1       Image: System       Image: System       Image: System       Image: System         2       Image: System       Salem FTTH-Glo Fiber         3       System       Salem FTTH-Glo Fiber         3       Salem FTTH-Glo Fiber         2       Image: System       Same As Above			MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
Edinburg, VA 22824 (City, town, state, zip)           C         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         IDENTIFICATION OF CABLE SYSTEM: Salem FTTH-Glo Fiber           MAILING ADDRESS OF CABLE SYSTEM:         Same As Above (Number, street, nural route, apartment, or suite number)			PO Box 459			
City, town, state, zip)         C         System         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       IDENTIFICATION OF CABLE SYSTEM:         Salem FTTH-Glo Fiber       MAILING ADDRESS OF CABLE SYSTEM:         2       Same As Above         (Number, street, rural route, apartment, or sulle number)				number)		
Image: System       names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B         System       IDENTIFICATION OF CABLE SYSTEM:         Salem FTTH-Glo Fiber       Salem FTTH-Glo Fiber         2       MAILING ADDRESS OF CABLE SYSTEM:         2       Same As Above         (Number, street, rural route, apartment, or sulte number)						
1     Salem FTTH-Glo Fiber       MAILING ADDRESS OF CABLE SYSTEM:       2       Same As Above       (Number, street, rural route, apartment, or suite number)	С					
Salem FTTH-Glo Fiber         MAILING ADDRESS OF CABLE SYSTEM:         Same As Above         (Number, street, rural route, apartment, or suite number)	System		IDENTIFICATION OF CABLE SYSTEM:			
2 Same As Above (Number, street, rural route, apartment, or suite number)		1	Salem FTTH-Glo Fiber			
2 (Number, street, rural route, apartment, or suite number)			MAILING ADDRESS OF CABLE SYSTE	М:		
		2				
(City, town, state, zip code)		2	(Number, street, rural route, apartment, or suite	number)		
			(City, town, state, zip code)			

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Shenadoah Cable Television, LLC	63
D	Instructions: List each separate community served by the cable system. A "communi "a separate and distinct community or municipal entity (including unincorporated con discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including sing will serve as a form of system identification hereafter kno
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h identified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Salem	VA
Community		
dd Rows as Necessary		

							FUF	RM SA1-2	-
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					5151	
	Shenadoah Cable Telev	ision, LLC							6387
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIBERS AND	RATES					
E	In General: The information in s		-						
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period					iose exisi	ing on the		
Service: Sub-	Number of Subscribers: Bot					le system	, broken		
scribers and	down by categories of secondar	y transmission	service. In general,	you can com	pute the numbe	r of subsc	ribers in		
Rates	each category by counting the n						charged		
	separately for the particular serv				•	,	wa awal tha		
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-					-	0	
	category, but do not include disc	· · ·	,			willina	particular rate	e	
	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				0,	•			
	subscriber who pays extra for ca first set" and would be counted of				in the count un	uer Servi	ce lo lne		
	Block 2: If your cable system				service that are	different f	rom those		
	printed in block 1 (for example, 1	•							
	with the number of subscribers a	and rates, in th	e right-hand block. A	two- or three	e-word description	on of the	service is		
	sufficient.	0.014.4		<u></u>		<b>D</b> 1 0 01			
	BLO	OCK 1 NO. OF				BLOCK	NO. OF	- 1	
	CATEGORY OF SERVICE	SUBSCRIB		CATE	GORY OF SER	VICE	SUBSCRIB		RAT
	Residential:								
	Service to first set			Locals	тν			72	\$4
	<ul> <li>Service to additional set(s)</li> </ul>			Enterta	in TV			266	\$11
	• FM radio (if separate rate)			Delight	TV			36	\$15
	Motel, hotel			Indulge	TV			11	\$19
	Commercial								
	Converter								
	Residential								
	Non-residential								
			••••••						
	SERVICES OTHER THAN SEC		ANSINISSIONS. RAI	ES					
E	In General: Space F calls for ra	te (not subscril	ber) information with	respect to al				re	
F	<b>In General:</b> Space F calls for ran not covered in space E, that is, the space E and the space	te (not subscril those services	ber) information with that are not offered i	respect to al n combinatio	n with any seco	ndary trar	smission	re	
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F Services Other Than	In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There a furnished at cost or (2) services	te (not subscril those services re two exceptic or facilities fur	ber) information with that are not offered i ons: you do not need hished to nonsubscri	respect to al n combinatio to give rate i bers. Rate in	n with any seco information conc formation should	ndary trar erning (1 d include	ismission ) services both the		
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Services Other Than Secondary ransmissions:	In General: Space F calls for ran not covered in space E, that is, t service for a single fee. There as furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ran	te (not subscril those services re two exceptic or facilities furn hit in which it is rate column. te charged by f	ber) information with that are not offered i ons: you do not need nished to nonsubscri usually billed. If any the cable system for	respect to al n combinatio to give rate i bers. Rate in rates are ch each of the a	n with any seco information cond formation should arged on a varia	ndary trar ærning (1 d include able per-p es listed.	esmission ) services both the rogram basis		
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Shenadoah Cable Television, LLC         63           PRIMARY TRANSMITTERS:         TELEVISION           In General:         In Seneral:         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), 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 1 (the Special Statement and Program Log)—if the station was carried only on a substitute basis.         • Column 1: List each station sc all 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, WETA C's at 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, but the station is a network station, an independent station, is licensed by the FCC. For Mexican or Canadian station. For U.S. stations, list the community to which the station is licens		LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
In General: In space G. identify every television station (including translator stations and low power television stations) carried only on a park-ime basis under Fochology and (a) (b) (b) (c) exclusion (c) or c) (c) (c) (c) (c) (c) (c) (c) (c) (c)	Name	Shenadoah Cable Te	levision, LLC		63
G     Interest by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FC5 (96)(2) and (4), or 76.818 (effering to 76.816)(2) and (4), or 76.818 (effering to 76.818)(2) and (4), or 76.818 (effering to 7			· · ·		
I. CALL SIGN     2. B'CAST CHANNEL NUMBER     3. TYPE OF STATION     4. LOCATION OF STATION       WZBJ     24     I     Danville, VA       WZBJ.3     24.3     I-M     Danville, VA       WZBS     10     N     Roanoke, VA       WSLS     10.2     I-M     Roanoke, VA       WSLS-2     10.2     I-M     Roanoke, VA       WSLS-3     21.3     I-M     Lynchburg, VA       WWCW-3     21.4     I-M     Lynchburg, VA       WWCW-4     21.4     I-M     Lynchburg, VA       WSET     13     N     Lynchburg, VA       WSET     13.2     I-M     Lynchburg, VA       WSET-3     13.3     I-M     Lynchburg, VA       WSET-4     13.4     I-M     Lynchburg, VA       WDBJ     7     N     Roanoke, VA       WDBJ     7.2     I-M     Roanoke, VA       WDBJ-3     7.3     I-M     Roanoke, VA       WDBJ-4     7.4     I-M     Roanoke, VA       WFXR     27     N     Roanoke, VA       WFXR-3     27.3     I-M     Roanoke, VA	Primary Transmitters:	In General: In space G, ide carried by your cable systel FCC rules and regulations i 76.59(d)(2) and (4), 76.61(6 substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do not list the station here, station was carried only on • List the station here, and a basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on a Column 2: Give the channe of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the locatio	entify every television station (including t em during the accounting period, except 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. s: With respect to any distant stations car ules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the- the form. The number the FCC assigned to the telev (RC is channel 4 in Washington, D.C. In case whether the station is a network s ering the letter "N" (for network), "N-M" (for the stational), or erms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list the station station is a station is a station is the station of each station.	(1) stations carried only on a part e carriage of certain network prog 1(e)(2) and (4))]; and (2) certain st urried by your cable system on a si- ne Special Statement and Program I both on a substitute basis and al see page (v) of the general instruc- rogram services such as HBO, ES -air designation. For example, rep vision station for broadcasting over station, an independent station, or for network multicast), "I" (for inde r "E-M" (for noncommercial educa ctions in the paper SA1-2 form. the community to which the statio	t-time basis under grams [sections stations carried on a substitute program in Log)—if the lso on some other ictions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). on is licensed by the
WZBJ24IDanville, VAWZBJ-324.3I-MDanville, VAWZBJ-324.3I-MDanville, VAWSLS10NRoanoke, VAWSLS10.2I-MRoanoke, VAWSLS-310.3I-MRoanoke, VAWWCW-321.3I-MLynchburg, VAWWCW-421.4I-MLynchburg, VAWSET13.2I-MLynchburg, VAWSET-213.2I-MLynchburg, VAWSET-313.3I-MLynchburg, VAWSET-413.4I-MLynchburg, VAWDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA					
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WSLS-210.2I-MRoanoke, VAWSLS-310.3I-MRoanoke, VAWWCW-321.3I-MLynchburg, VAWWCW-421.4I-MLynchburg, VAWSET13NLynchburg, VAWSET13.2I-MLynchburg, VAWSET-313.3I-MLynchburg, VAWSET-413.4I-MLynchburg, VAWDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA		WZBJ-3	24.3	I-M	Danville. VA
WSLS-310.3I-MRoanoke, VAWWCW-321.3I-MLynchburg, VAWWCW-421.4I-MLynchburg, VAWSET13NLynchburg, VAWSET-213.2I-MLynchburg, VAWSET-313.3I-MLynchburg, VAWSET-413.4I-MLynchburg, VAWDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	d Rows as Necessary				
WWCW-321.3I-MLynchburg, VAWWCW-421.4I-MLynchburg, VAWSET13NLynchburg, VAWSET-213.2I-MLynchburg, VAWSET-313.3I-MLynchburg, VAWSET-413.4I-MLynchburg, VAWDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	d Rows as Necessary	WSLS	10	N	Roanoke, VA
WWCW-421.4I-MLynchburg, VAWSET13NLynchburg, VAWSET-213.2I-MLynchburg, VAWSET-313.3I-MLynchburg, VAWSET-413.4I-MLynchburg, VAWDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWDBJ-327.3I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	d Rows as Necessary	WSLS WSLS-2	10 10.2	N I-M	Roanoke, VA Roanoke, VA
WSET13NLynchburg, VAWSET-213.2I-MLynchburg, VAWSET-313.3I-MLynchburg, VAWSET-413.4I-MLynchburg, VAWDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	d Rows as Necessary	WSLS WSLS-2 WSLS-3	10 10.2 10.3	N I-M I-M	Roanoke, VA Roanoke, VA Roanoke, VA
WSET-213.2I-MLynchburg, VAWSET-313.3I-MLynchburg, VAWSET-413.4I-MLynchburg, VAWDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	d Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3	10 10.2 10.3 21.3	N I-M I-M I-M	Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA
WSET-313.3I-MLynchburg, VAWSET-413.4I-MLynchburg, VAWDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	d Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4	10 10.2 10.3 21.3 21.4	N I-M I-M I-M	Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA
WSET-413.4I-MLynchburg, VAWDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	d Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET	10 10.2 10.3 21.3 21.4 13	N i-M i-M i-M i-M N	Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA
WDBJ7NRoanoke, VAWDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	d Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2	10 10.2 10.3 21.3 21.4 13 13.2	N I-M I-M I-M I-M I-M N I-M	Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA
WDBJ-27.2I-MRoanoke, VAWDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	d Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-3	10 10.2 10.3 21.3 21.4 13 13.2 13.3	N i-M i-M i-M N i-M i-M	Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA
WDBJ-37.3I-MRoanoke, VAWDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4	10 10.2 10.3 21.3 21.4 13 13.2 13.3 13.4	N i-M i-M i-M i-M i-M i-M i-M i-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA
WDBJ-47.4I-MRoanoke, VAWFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4 WDBJ	10 10.2 10.3 21.3 21.4 13 13.2 13.3 13.4 7	N i-M i-M i-M i-M i-M i-M i-M i-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA
WFXR27NRoanoke, VAWFXR-327.3I-MRoanoke, VA	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2	10 10.2 10.3 21.3 21.4 13 13.2 13.3 13.4 7 7.2	N i-M i-M i-M N i-M i-M i-M i-M i-M i-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA         Roanoke, VA         Roanoke, VA         Roanoke, VA
WFXR-3 27.3 I-M Roanoke, VA	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3	10 10.2 10.3 21.3 21.4 13 13.2 13.3 13.4 7 7.2 7.3	N I-M I-M I-M I-M I-M I-M I-M I-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA         Roanoke, VA         Roanoke, VA         Roanoke, VA         Roanoke, VA         Roanoke, VA         Roanoke, VA
	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4	10 10.2 10.3 21.3 21.4 13 13.2 13.3 13.4 7 7.2 7.3 7.4	N i-M i-M i-M i-M i-M i-M i-M i-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA         Roanoke, VA
	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR	10         10.2         10.3         21.3         21.3         21.4         13         13.2         13.3         13.4         7         7.2         7.3         7.4         27	N I-M I-M I-M I-M I-M I-M I-M I-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Roanoke, VA
	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-3 WDBJ-4 WFXR WFXR-3	10         10.2         10.3         21.3         21.3         21.4         13         13.2         13.3         13.4         7         7.2         7.3         7.4         27         27.3	N i-M i-M i-M i-M i-M i-M i-M i-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA         Roanoke, VA
	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-3 WDBJ-4 WFXR WFXR-3	10         10.2         10.3         21.3         21.3         21.4         13         13.2         13.3         13.4         7         7.2         7.3         7.4         27         27.3	N i-M i-M i-M i-M i-M i-M i-M i-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA         Roanoke, VA
	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-3 WDBJ-4 WFXR WFXR-3	10         10.2         10.3         21.3         21.3         21.4         13         13.2         13.3         13.4         7         7.2         7.3         7.4         27         27.3	N i-M i-M i-M i-M i-M i-M i-M i-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Roanoke, VA
	ld Rows as Necessary	WSLS WSLS-2 WSLS-3 WWCW-3 WWCW-4 WSET WSET-2 WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-3 WDBJ-4 WFXR WFXR-3	10         10.2         10.3         21.3         21.3         21.4         13         13.2         13.3         13.4         7         7.2         7.3         7.4         27         27.3	N i-M i-M i-M i-M i-M i-M i-M i-M	Roanoke, VA         Roanoke, VA         Roanoke, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Lynchburg, VA         Roanoke, VA

EGAL NAME O								SYSTEM II 638
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf isignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be rece to the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under ( stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant his point, see pa sed by the cable s ne station is licen	eadend, and (; enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s leneral ii eparate	be expected, tated intervals. hstructions 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	
							·	
						·		

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Shenadoah Cable Tele	evision, L	LC					63872
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ify every noi	nnetwork televi	s <i>ion program,</i> broadcast by	a distant sta	tion, that ye	our cable sys	stem carried on a
	<i>substitute basis</i> during the a							
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of t	he general ins	structions in	n the paper S	SA1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	ur cable systen	n carry, on a substitute ba	sis, any nonr	network tel	evision prog	gr <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
i i ografit Eog	-				<i>".,</i> "			
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	lete the pro	gram
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst				s wherever po	ossible, if t	heir meanir	ig is
	clear. If you need more spa			rows to the tables. /ision program ("substitute	program") ti	aat during	the account	ting
	period, was broadcast by a							
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.							
				er "Yes." Otherwise enter "				
				asting the substitute progr he community to which the		onsed by	the ECC or	in
	the case of Mexican or Car		```	,		,		,
				stem carried the substitute		,	ls, with the	month
	first. Example: for May 7 giv							
				ogram was carried by your				
	to the nearest five minutes.	Example: a	a program carr	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.m	1. should be	1
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	n was substituted for prog	ramming that	vour evet	m was rea	uired
	to delete under FCC rules a							
	was substituted for program							5
			your system w	as permitted to delete und		anu regui	alions in	
	effect on October 19, 1976.	• •	your system wa	as permitted to delete und		anu regui		
	effect on October 19, 1976.	• •		as permitted to delete und		Ũ		
					WHE	N SUBST	ITUTE	
			E PROGRAM		WHE	N SUBST	ITUTE SURRED	
		UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	7. REASON FOR DELETION
	SI		E PROGRAM		WHE	N SUBST	ITUTE SURRED	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
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	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	
	SI	UBSTITUT	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBST AGE OCC 6.	ITUTE CURRED TIMES	

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	Shenadoah Cable Television, LLC		63872
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transn (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	,425.05
L 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 \$ • Use block 3 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 \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	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 th accounting period is \$52.00.	is 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		
	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		
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	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 \$527,6	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)		
	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	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 #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more the paper SA1-2 form and the Excel instructions tab for more tables and the paper SA1-2 form and the Excel instructions tab for more tables and table		

Accounting Period:	2023/1		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: able Television, LLC	SYSTEM ID# 63872
M Channels	<ol> <li>to its subscriber</li> <li>Enter the tota system carried</li> <li>Enter the tota on which the other</li> </ol>	ou must give (1) the number of channels on which the cable system carried television broadcast s s, and (2) the cable system's total number of activated channels during the accounting period. al number of channels on which the cable d television broadcast stations	stations31193
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	Petra R O'Neill Tel	lephone (561) 801-8668
	Address	500 Shentel Way (Number, street, rural route, apartment, or suite number)	
		Edinburgh, VA 22824 (City, town, state, zip)	
	Email	petra.o'neill@emp.shentel.com Fax (optional)	
<b>O</b> Certification	I, the undersign     (Own     (Ager     in     X     (Offin     in     V     I have examine	I (This statement of account must be certified and signed in accordance with Copyright Office regined, 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 at of owner other than corporation or partnership) I am the duly authorized agent of the owner of the line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identify line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contain te, and correct to the best of my knowledge, information, and belief, and are made in good faith. ion 1001(1986)]	of space B; or the cable system as identified fied as owner of the cable system ned herein
		Date: August 24, 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.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
nadoah Cable Television, LLC	6387
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions	P Special Statement Concerning Gross Receipts Exclusion
located in the paper SA1-2 form.	
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	
	mm
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x	Interest Assessmer
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
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