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					
03/01/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20212 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							
	Cogeco US (Penn), LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM 2 Batterymarch Park, Suite 205							
	(Number, street, rural route, apartment, or suite number)							
	Quincy, MA 02169 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	Cogeco US, LLC MAILING ADDRESS OF CABLE SYSTEM:							
	120 Southment Rivd							
	2 (Number, street, rural route, apartment, or suite number)							
	Johnstown, PA 15905 (City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Name		FORM SA1-2E. PAG						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
Name	Cogeco US (Penn), LLC	152						
	Instructions: List each separate community served by the cable system	n. A "community" is the same as a "community unit" as defined in FCC rule						
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
		ms, or mobile home parks should be reported in parentheses below the						
Area Served	identified city.	no, or mostic name participants and activities in participants and activities						
	CITY OR TOWN	STATE						
First	Mifflinburg	PA						
Community	Buffalo	PA						
	Hartleton	PA						
l Rows as Necessary	Miles	PA						
	Lewis	PA						
	Haines	PA						
	Limestone	PA						
	Penn (Miff)	PA						
	Milheim	PA						
		PA						
	Gregg							
	Adams	PA						
	Spring	PA						
	Cener	PA						
	West Buffalo	PA						
	Hartley	PA						

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

15231

Cogeco US (Penn), LLC

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:							
Service to first set	532	39.99	Res Expanded	466	\$ 64.99		
 Service to additional set(s) 			Digital Value	51	\$ 39.99		
 FM radio (if separate rate) 			Digital Plus	-	\$114.97		
Motel, hotel	2	39.99					
Commercial	16	39.99					
Converter							
Residential		\$14.99					
Non-residential							
		1		l			

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	1.99 - 19.99	Motel, hotel		HBO	19.99
 Pay cable—add'l channel 		Commercial		Cinemax	19.99
 Fire protection 		• Pay cable		Showtime	19.99
Burglar protection		Pay cable-add'l channel		MoviePlex	9.00
Installation: Residential		Fire protection		2 Premiums	34.95
• First set	50.00	Burglar protection		3 Premiums	49.95
Additional set(s)	40.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	40.00		

Accounting Period: 2021/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 15231

G

Primary Transmitters: Television PRIMARY TRANSMITTERS: TELEVISION

Cogeco US (Penn), LLC

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.

Add Rows as Necessary

	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE	4	N	WILKES-BARRE, PA
	WGAL	8	N	LANCASTER, PA
y	WITF	11	E	HARRISBURG, PA
	WNEP	3	N	WILKES-BARRE, PA
	WOLF	5	N	HAZELTON, PA
	WQMY	13	I	WILLIAMSPORT, PA
	WSWB	9	ı	SCRANTON, PA
	WVIA	7	E	PITTSTON, PA
	WYOU	2	N	SCRANTON, PA
	WATM	5	N	ALTOONA, PA
	WJAC	8	N	JOHNSTOWN, PA
	WKBS	3	<u> </u>	ALTOONA, PA
	WJAC	13	<u> </u>	JOHNSTOWN, PA
	WPSU	9	E	CLEARFIELD, PA
	WTAJ	7	N	ALTOONA, PA
	WWCP	6	N	JOHNSTOWN, PA

Accounting Period: 2021/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Penn), LLC

15231

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).

0411 01011	A N.4 E 2.4	0/0	LOGATION OF OTATION	0411 0101	AN4 E24	0/0	LOGATION OF OTATION
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WGRC	FM FM		Lewisburg, PA				
WITF WQKX	FM		Harrisburg, PA				
WQKX	FM		Sunbury, PA				
WWBE	FM		Selinsgrove, PA				
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Accounting Perio	od: 2021/2						FO	RM SA1-2E. PAGE 5.	
Name	LEGAL NAME OF OWNER OF		STEM:					SYSTEM ID# 15231	
- Itulio	Cogeco US (Penn), LLC								
1	SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a	ify every no	nnetwork telev eriod, under sp	ision program, broadcast by pecific present and former F	a distant stat CC rules, reg	ulations, d	r authorizat	ions. For a further	
Substitute Carriage:	explanation of the programm 1. SPECIAL STATEMEN				ne generai ins	structions	in the paper	SA1-2 form.	
Special	During the accounting per	_			sis. anv nonr	network te	elevision pro	ogram	
Statement and Program Log	broadcast by a distant sta	•	,	3 ·	, ,		YES	X NO	
	Note: If your answer is "No		rest of this pa	age blank. If your answer is	s "Yes " vou r	nust com			
	log in block 2.	,		.9	, , , , , , , , , , , , , , , , , , ,		, p.	- 9	
	2. LOG OF SUBSTITUTE								
	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 stat under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the mon 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 accuratel 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.								
	S	UBSTITUT	E PROGRAM	1		N SUBS ⁻ AGE OC	TITUTE CURRED	7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES TO	DELETION	
		163 01 140	CALL SIGN	4. STATIONS ECCATION	ANDDAT	TROW			
								·	
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- T	2021/2				A1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Penn), LLC			S	YSTEM II 1523
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	ystem's sec	condary transm	ission service	
	during the accounting period			\$ 15 (Amount of gr	8,968.00 oss 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	n \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royall accounting period is \$52.00	y fee that yo	ou must pay for	this six-mon	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add in	nes 1 and 2		· · <u> </u>	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	re than \$137,1	00)	
	Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1	\$	104,832.00		
	4. Enter the amount of gross receipts from space K	•		158,968.00	
	5. Enter the amount from line 3			104,832.00	
	6. Subtract line 5 from line 4		\$	54,136.00	
	7. Multiply line 6 by .005 (enter figure here)				270.68
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	' and 8		\$	270.68
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but l	ess than \$527	,600)	
	Enter the amount of gross receipts from space K				
	Base amount under statutory formula				
	3. Subtract line 2 from line 1				
	4. Multiply line 3 by .01				
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	•		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	•		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4				
I	FILING FEE AND TOTAL REMITTANCE DU	IE .			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	270.68	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	290.68

Accounting Period:	2021/2					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: nn), LLC				SYSTEM ID# 15231
M Channels	to its subscribers, 1. Enter the total is system carried to the total is on which the call	u must give (1) the number of and (2) the cable system's to number of channels on which elevision broadcast stations. number of activated channels ble system carried television bust services	the cable oroadcast stations	annels during the ac	counting period.	7+
N Individual to Be Contacted		BE CONTACTED IF FURTHE		EDED (Identify an inc	dividual to whom	
for Further Information	Name	Patrick Bratton			Telepho	ne 617-786-8800
	Address	2 Batterymarch Park, (Number, street, rural route, apartm				
		Quincy, MA 02169 (City, town, state, zip)				
	Email	pbratton@atlant	icbb.com		Fax (optional)	
•	CERTIFICATION (This statement of account mu	st be certified and signed in	n accordance with C	Copyright Office regulation	s)
O Certification	• I, the undersigned	d, hereby certify that (Check or	ne,but only one, of the boxe	s.)		
	(Owner	other than corporation or pa	artnership) I am the owner	of the cable system a	as identified in line 1 of spa	ce B; or
		of owner other than corporatine 1 of space B and that the over			ent of the owner of the cab	le system as identified
		e r or partner) I am an officer (it ne 1 of space B.	f a corporation) or a partner	(if a partnership) of th	he legal entity identified as	owner of the cable system
		the statement of account and h , and correct to the best of my n 1001(1986)]				rein
			X /s/ Patrick Br			_
			Enter an electronic signature Enter signature using an "/s/			
		Typed or printed	name: Patrick Brat	ton		
			Chief Financial Offi			
		Date:			February 28, 2022	

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Accounting Period: 2021/2 FORM SA1-2E. PAGE 8 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 15231 Cogeco US (Penn), LLC 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-"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-**Special Statement** scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." **Concerning Gross** Receipts Exclusion For more information on when to exclude these amounts, see the note on page (vii) of the general instructions 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 Mailing Address INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. **Interest Assessment** davs Line 3 Multiply line 2 by the number of days late and enter the sum here x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. Owner Address ID number First community served Accounting period

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