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 (SC), 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	IDENTIFICATION OF CABLE SYSTEM:
	Cogeco US, LLC MAILING ADDRESS OF CABLE SYSTEM:
	520 Pine Log Road
	2 (Number, street, rural route, apartment, or suite number)
	Aiken, SC 29803 [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.

		FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM							
Name	Cogeco US (SC), LLC	329							
	Instructions: List each separate community served by the cable syste	em. 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.								
A ====	Note: Entities and properties such as hotels, apartments, condomin	iums, or mobile home parks should be reported in parentheses below the							
Area Served	identified city.								
	CITY OR TOWN	STATE							
First	City of Barnwell	SC							
Community	Barnwell County	SC							
	Blackville	SC							
Rows as Necessary	Elko	SC							
	Fairfax	SC							
	Williston	SC							

Accounting Period: 2021/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

32958

Cogeco US (SC), 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 	739	39.99	Residential Expanded Basi	672	64.99	
 Service to additional set(s) 			Entertainment +		29.99	
 FM radio (if separate rate) 			Bulk EBU Expanded Basic	14	39.99	
Motel, hotel	5	39.99	Variety +	121	#####	
Commercial	47	39.99	Family +		9.99	
Converter						
 Residential 						
 Non-residential 						

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	19.99	 Motel, hotel 		НВО	19.99
 Pay cable—add'l channel 		Commercial		Showtime	10.99
Fire protection		• Pay cable		Cinemax	9.99
•Burglar protection		 Pay cable-add'l channel 		MoviePlex	9.00
Installation: Residential		 Fire protection 		2 Premium	38.99
• First set	50.00	 Burglar protection 		3 Premium	55.99
 Additional set(s) 	50.00	Other services:			
 FM radio (if separate rate) 		 Reconnect 	3.00		
Converter	9.99	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# 32958

Cogeco US (SC), LLC

G

Primary Transmitters: Television

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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGT	26.1	N	Augusta, GA
WAGT-CW	26.2	N	Augusta, GA
WCES	20.1	E	Wrens, GA
WEBA	14.1	E	Allendale, SC
WEBA-SCC	14.2	E	Allendale, SC
WEBA WORLD	14.3	E	Allendale, SC
WFXG	54.1	N	Augusta, GA
WFXG GRIT	54.3	N	Augusta, GA
WFXG/Bounce	54.2	N	Augusta, GA
WJBF	6.1	N	Augusta, GA
WJBF/MeTV	6.2	N	Augusta, GA
WRDW Antenna	12.3	N	Augusta, GA
WAGT-ANT TV	26.3	N	Augusta, GA
WRDW	12.1	N	Augusta, GA
WAGT-DABL	(569 MHz) Ch 30 - 254	N	Augusta, GA
WJBF-ESCAPE	(557 MHz) ch 28 - 240	N	Augusta, GA

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

SYSTEM ID#

Cogeco US (SC), LLC

32958

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
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Accounting Perio	od: 2021/2						FOF	RM SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cogeco US (SC), LLC							32958
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	G			
	In General: In space I, iden	tify every no	nnetwork telev	ision program, broadcast by	a distant stat	tion, that	your cable sy	stem carried on a
				pecific present and former F				
Substitute Carriage:								
Special	1. SPECIAL STATEMEN	_		TITUTE CARRIAGE m carry, on a substitute ba	oio ony nonn	otwork to	oloviojon nro	gram
Statement and	broadcast by a distant sta	•	ui cable syste	in carry, on a substitute bas	515, ally 110111	ICIWOIK I		X NO
Program Log	-				<i>"</i> . "		YES	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	s "Yes," you r	nust com	plete the pro	ogram
	log in block 2. 2. LOG OF SUBSTITUT	F PROGR	ΔMS					
	In General: List each subs			ate line. Use abbreviations	wherever po	ossible, if	their meani	ng is
	clear. If you need more spa				. n.r.a.ra.na"\ th	منسنم م	a the econ	ntin a
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re	egulations,	or authorizatio	ns. See page (v) of the ger	neral instructi	ions for fo	urther inform	ation.
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "basł	etball." List specific progra	m titles, for e	example,	"I Love Lucy	r" or
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter "				
				casting the substitute progr the community to which the		oncod by	, the ECC o	r in
	the case of Mexican or Ca						y tile FCC of	, 111
		,	when your sy	stem carried the substitute	program. Us	se numer	als, with the	month
	first. Example: for May 7 gi		e substitute pr	ogram was carried by your	cable svster	m. List the	e times accu	ıratelv
	to the nearest five minutes	. Example:						
	stated as "6:00–6:30 p.m."		a listed program	n was substituted for progr	amming that	vour eve	tem was rec	ujred
	to delete under FCC rules							
	was substituted for program	•	your system w	as permitted to delete und	er FCC rules	and regu	ulations in	
	effect on October 19, 1976).						
					WHEN SUBSTITUTE			
	S		E PROGRAN				CURRED TIMES	7. REASON FOR DELETION
	TITLE OF PROGRAM	Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
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Accounting Period:	2021/2			FORM SA1-2E. PAGE 7				
Name	LEGAL NAME OF C	DWNER OF CABLE SYSTEM: C), LLC		SYSTEM ID# 32958				
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 2. Enter the total number of activated channels							
		able system carried television cast services	oroadcast stations	306				
N Individual to Be Contacted								
for Further Information	Name	Patrick Bratton		17-786-8800				
	Address	2 Batterymarch Park (Number, street, rural route, apartr Quincy, MA 02169	ent, or suite number)					
		(City, town, state, zip)	Section 1					
	Email	pbratton@bree	eline.com Fax (optional)					
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, 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							
			tion or partnership) I am the duly authorized agent of the owner of the cable syst wner is not a corporation or partnership; or	tem as identified				
		eer or partner) I am an officer (line 1 of space B.	f a corporation) or a partner (if a partnership) of the legal entity identified as owner	r of the cable system				
		e, and correct to the best of my	nereby declare under penalty of law that all statements of fact contained herein knowledge, information, and belief, and are made in good faith.					
			X /s/ Patrick Bratton Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)					
		Typed or printed	name: Patrick Bratton					
		Title:	Chief Financial Officer icial position held in corporation or partnership)					
		Date:	February 28, 2022	11111111111111111111111111111111111111				

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ounting Period: 2021/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
geco US (SC), LLC	32958
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross
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.	Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
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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