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	ACC	OUNTING 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:							
	1	Cogeco US, LLC							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	201 S. Mechanic Street (Number, street, rural route, apartment, or suite number)							
		Cumberland, MD 21502 (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 (Penn), LLC	352
	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 un discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first comm as the "first community." Please use it as the first community on all	nincorporated communities within unincorporated areas and including single nunity that you list will serve as a form of system identification hereafter kno future filings.
Area		ums, or mobile home parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Davis	WV
Community	Hambleton	
	Hendricks	W
Rows as Necessary	Parsons	WV
	Thomas	WV
	Tucker County	WV
		шининининининининининининининининининин

Accounting Period: 2021/2

FORM SA1-2E. PAGE 2.

Name

Cogeco US (Penn), LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

8YSTEM ID# 35235

## Ε

#### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set	350	\$39.99	Res Expanded	297	\$ 64.99	
<ul> <li>Service to additional set(s)</li> </ul>			Digital Value	37	\$ 69.98	
<ul> <li>FM radio (if separate rate)</li> </ul>			Digital Plus	-	\$114.97	
Motel, hotel	10	\$39.99				
Commercial	24	\$39.99				
Converter						
Residential		\$14.99				
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		НВО	19.99
• Pay cable	1.99 - 19.99	Motel, hotel		CineMax	19.99
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Showtime	19.99
Fire protection		Pay cable		2 Premiums	34.95
•Burglar protection		Pay cable-add'l channel		3 Premiums	49.95
Installation: Residential		Fire protection			
First set	50.00	Burglar protection			
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. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 35235 Cogeco US (Penn), LLC **PRIMARY TRANSMITTERS: TELEVISION** In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION WBOY-ABC 2 Ν Clarksburg, WV 12 Ν WBOY-NBC Clarksburg, WV WDTV-CBS 5 Ν Weston, WV Add Rows as Necessary **WNPB** 10 Ε Morgantown, WV WVFX 11 N Clarksburg, WV WVFX-CW 13 ī Clarksburg, WV

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

35235

#### 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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A	J. 2024 /2								500	1101105 01055
Accounting Perio	d: 2021/2 LEGAL NAME OF OWNER OF	CARLESVS	TEM:						FOR	M SA1-2E. PAGE 5.  SYSTEM ID#
Name	Cogeco US (Penn), LL		OI CIVI.							35235
	Cogcco Go (i ciiii), EE									33233
Substitute	SUBSTITUTE CARRIAG In General: In space I, iden substitute basis during the a explanation of the programm	tify every no accounting p ning that mu	nnetwork televi period, under sp est be included	isior pecif in th	n program, broadcast by fic present and former Fo his log, see page (v) of the	a <i>distant</i> sta CC rules, reg	gulations	, or au	ıthorizatio	ns. For a further
Carriage: Special	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE     During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Statement and Program Log	<ul> <li>During the accounting per broadcast by a distant state</li> </ul>	•	ur cable systei	m ca	arry, on a substitute bas	sis, any non	network	televi	YES	x NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age	blank. If your answer is	"Yes," you	must co	mplet	e the pro	gram
	log in block 2.									
	2. LOG OF SUBSTITUT In General: List each subsclear. If you need more sp. Column 1: Give the tittle period, was broadcast by a under certain FCC rules, ro Do not use general catego "NBA Basketball: 76ers vs Column 2: If the progra Column 3: Give the call Column 4: Give the brothe case of Mexican or Ca Column 5: Give the mofirst. Example: for May 7 g Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograi effect on October 19, 1976	stitute prograce, please of every not a distant state gulations, ories like "mo. Bulls." m was broasign of the adcast statination and day live "5/7." les when th . Example: ter "R" if the and regulatemming that	am on a separ add additional connetwork tele- tion and that your authorization ovies" or "bask adcast live, ent station broadd on's location ( ons, if any, the when your sy e substitute pr a program car e listed prograr ions in effect of	I row visid vour ns. : ketba er "` casti the e co vster rogra ried	ws to the tables. on program ("substitute cable system substitute See page (v) of the ger all." List specific progra Yes." Otherwise enter "ing the substitute progracommunity to which the munity with which them carried the substitute am was carried by your by a system from 6:01 as substituted for prograg the accounting periods.	e program") ed for the program titles, for No." am. e station is le e station is le program. Le cable syste :15 p.m. to le camming tha d; enter the	that, dur rogramm tions for example icensed dentified Jse nume em. List t 6:28:30 p	ing the ing of further, "I Looke, "I Looke, by the by the limber on the time on the looke, and t	e account f another er information for Lucy"  e FCC or, with the researcuration be was requesting the listed principle of the second of the se	ting station stion. or in month ately
	WHEN SUBSTITUTE						7. REASON FOR			
	SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S  5. MONTH  6. TIMES					IES	DELETION			
		Yes or No	CALL SIGN	4.	STATION'S LOCATION	AND DAY	FROM	1 —	ТО	
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Accounting Period:	2021/2		FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Penn), LLC		S	7STEM ID# 35235
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho 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.	secondary transm w to compute this a	ission service amount, see	7,845.00 ss receipts)
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  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less  see page (vi) of the general instructions located in the paper SA1-2 form for more informated.	than \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 C	R LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	at you must pay for	this six-mon	
	Line 1. Royalty fee for accounting period		\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 ar	d 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but			
	Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	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.			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (b	ut less than \$527,	600)	
	Enter the amount of gross receipts from space K			
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1			
	4. Multiply line 3 by .01	· · · <u> </u>		
	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	· · <u> </u>	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and	6		
	FILING FEE AND TOTAL REMITTANCE DUE			
- ·				
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	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
	Important: Your remittance must be in the form of an electronic payment pa See page i of the general instructions in the paper SA1-2 form			nts!

Accounting Period:	<b>2021/2</b> FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Cogeco US (Penn), LLC  SYSTEM ID# 35235
<b>M</b> 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 6  2. Enter the total number of activated channels on which the cable system carried television broadcast stations 189 and nonbroadcast services 189
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)  Name Patrick Bratton Telephone 617-786-8800
Information	Address  2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)  Quincy, MA 02169 (City, town, state, zip)
	Email pbratton@breezeline.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  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]  X /s/ 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 (Title of official position held in corporation or partnership)
	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# 35235 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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