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	ACCO	DUNTING 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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	520 Pine Log Road (Number, street, rural route, apartment, or sulte 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	401							
	Instructions: List each separate community served by the cable system	. 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.								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below								
Served	identified city.								
	CITY OR TOWN	STATE							
First	Town of Allendale	SC							
Community	Allendale County (un-incorp)	SC							
	Snelling	SC							
d Rows as Necessary									

Accounting Period: 2021/2

FORM SA1-2E, PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

**SYSTEM ID 40118

Cogeco US (SC), LLC

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	327	39.99	Residential Expanded Basi	296	64.99
Service to additional set(s)			Entertainment +		29.99
• FM radio (if separate rate)			Bulk EBU Expanded Basic		39.99
Motel, hotel	3	39.99	Variety +	33	#####
Commercial	44	39.99	Family +		9.99
Converter					
Residential	0	14.99			
Non-residential					
		T			

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	19.99	 Motel, hotel 			
 Pay cable—add'l channel 		 Commercial 		НВО	19.99
Fire protection		• Pay cable		Showtime	10.99
Burglar protection		 Pay cable-add'l channel 		Cinemax	9.99
Installation: Residential		 Fire protection 		MoviePlex	9.00
• First set	50.00	 Burglar protection 		2 Premium	38.99
 Additional set(s) 	50.00	Other services:		3 Premium	55.99
• 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:

of license. For example, WRC is channel 4 in Washington, D.C.

**SYSTEM ID **40118

Cogeco US (SC), LLC

PRIMARY TRANSMITTERS: TELEVISION

G

Primary Transmitters: Television

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

 Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream

"WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community

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 MY12	12.3	N	Augusta, GA
WAGT-DABL	(569 MHz) Ch 30 - 254	N	Augusta, GA
WRDW	12.1	N	Augusta, GA
WAGT-ANT-TV	26.3	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

40118

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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period, was broadcast by a under certain FCC rules, re Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograi Column 3: Give the call Column 4: Give the broatthe case of Mexican or Cal Column 5: Give the morfirst. Example: for May 7 gi Column 6: State the time	E: SPECIA tify every non accounting p ning that mu T CONCEF riod, did you ation? by, leave the E PROGRA titute progra ace, please of every non a distant star egulations, or ries like "mo Bulls." m was broa sign of the adcast stati addan stati andian stati onth and day ve "5/7." wes when the	AL STATEME Innetwork telev period, under sp ist be included RNING SUBS ur cable system e rest of this pa AMS am on a sepan add additiona connetwork telev tion and that y or authorizatio povies" or "bask adcast live, ent station broadd ion's location (ons, if any, the or when your sy	prision program, broadcast by checific present and former by the in this log, see page (v) of the inthis log, see page log, see inthis log, see page (v) of the great log, see inthis log, see page (v) of the great log, see inthis log, see page (v) of the great log, see inthis log, see inth	a distant state CC rules, regular cCC rules, any nonness "Yes," you rules wherever possible program") the companient of the program titles, for each companient companient cCCC regular cCCC. The companient cCCC rules are substituted to the companient cCCC rules are companient cCCC. The cCCCC rules are companient cCCCC rules are companient cCCCC. The cCCCCC rules are companient cCCCCC. The cCCCCCCCCC rules are companient cCCCCC. The cCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC	ulations, o structions i network te must comp ossible, if nat, during ogramming ions for fu example, "	r authorization the paper levision proverse their meaning the accourting of another information of the formals, with the	ons. For a further SA1-2 form. gram X NO ogram ng is nting station ation. " or i, in month
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to delete under FCC rules	ter "R" if the and regulati	a program car e listed prograi ions in effect c	ried by a system from 6:01 m was substituted for prog during the accounting perio	l:15 p.m. to 6 ramming that od; enter the l	:28:30 p.r your syst etter "P" if	m. should be tem was <i>req</i> f the listed p	uired
effect on October 19, 1976	i.		,	WHE	N SUBST	TITUTE	7. REASON FOR
1. TITLE OF PROGRAM	2. LIVE?			5. MONTH			DELETION
	stated as "6:00–6:30 p.m." Column 7: Enter the let to delete under FCC rules was substituted for prograr effect on October 19, 1976	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulat was substituted for programming that effect on October 19, 1976. SUBSTITUT	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed prograt to delete under FCC rules and regulations in effect of was substituted for programming that your system we effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for prog to delete under FCC rules and regulations in effect during the accounting peric was substituted for programming that your system was permitted to delete unceffect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that to delete under FCC rules and regulations in effect during the accounting period; enter the lewas substituted for programming that your system was permitted to delete under FCC rules effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S SUBSTITUTE PROGRAM 5. MONTH	stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your syst to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" is was substituted for programming that your system was permitted to delete under FCC rules and regulation of the control of the contro	Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was req to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed p was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE

	2021/2		1-2E. PAGI				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (SC), LLC	3	YSTEM II 401				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary tran (as identified in space E) during the accounting period. For a further explanation of how to compute th page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s)	smission service					
	during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	\$ 128 (Amount of gro	5,251.00 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 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 accounting period is \$52.00	or 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 and 2	\$	52.00				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$13	7,100)					
	1. Base amount under statutory formula	0_					
	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	· · <u> </u>	0.00				
	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 \$5	27,600)					
	Enter the amount of gross receipts from space K	<u>—</u>					
	Base amount under statutory formula	0_					
	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, 5, and 6	· · ·					
	FILING FEE AND TOTAL REMITTANCE DUE						
Filing Fee and otal Remittance	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				
	Important: Your remittance must be in the form of an electronic payment payable to the Re	gister of Copyrig	hts!				

Accounting Period:	2021/2			FORM SA1-2E. PAGE 7
Name	Cogeco US (S	OWNER OF CABLE SYSTEM:		SYSTEM ID# 40118
M Channels	to its subscriber: 1. Enter the tota system carried	, and (2) the cable system's total number of channels on which the	annels on which the cable system carried television broadcast stations number of activated channels during the accounting period.	8
		able system carried television broa ast services	adcast stations	306
N Individual to Be Contacted		BE CONTACTED IF FURTHER bout this statement of account.)	INFORMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name	Patrick Bratton	***	17-786-8800
	Address	2 Batterymarch Park, St (Number, street, rural route, apartment, Quincy, MA 02169	or suite number)	
	Email	(City, town, state, zip) pbratton@breezelir	ne.com Fax (optional)	
	CERTIFICATION	(This statement of account must b	e certified and signed in accordance with Copyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check one, <i>l</i>	out only one, of the boxes.)	
	(Owne	r other than corporation or partn	ership) I am the owner of the cable system as identified in line 1 of space B;	; or
			or partnership) I am the duly authorized agent of the owner of the cable syrr is not a corporation or partnership; or	rstem as identified
		er or partner) I am an officer (if a dine 1 of space B.	corporation) or a partner (if a partnership) of the legal entity identified as owne	er of the cable system
		e, and correct to the best of my kno	by declare under penalty of law that all statements of fact contained herein wledge, information, and belief, and are made in good faith.	
		Ent	X /s/ Patrick Bratton er an electronic signature on the line above to certify this statement.	
			er signature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed na		
			nief Financial Officer position held in corporation or partnership)	
		Date:	February 28, 2022	

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 fling, a determination that would be made by a court of law.

Accounting Period: 2021/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Cogeco US (SC), LLC	40118
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 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 Mailing Address Mailing Address	1
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	-
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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