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							
8-29-22	\$ 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
	20221 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
	Instructions:
В	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	<b>INSTRUCTIONS:</b> 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:
	2 120 Southmont Blvd. (Number, street, rural route, apartment, or suite number)
	Johnstown, PA 15905 (City, town, state, zip code)
	(Only, town, state, 2p 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		LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEMI
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 community. Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.    CITY OR TOWN	Name		152
separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, disc 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 community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.  CITY OR TOWN  STATE  Mifflinburg PA  Hartleton PA  Wiles PA  Lewis PA  Haines PA  Limestone PA  Penn (Miff) PA  Millheim PA  Gregg Adams PA  Spring Cener West Buffalo PA  West Buffalo PA			
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 'community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identicity.  CITY OR TOWN  STATE  Mifflinburg  PA  Hartleton  PA  Lewis  PA  Lewis  PA  Limestone  PA  Penn (Miff)  Millheim  PA  Gregg  PA  Adams  Spring  Cener  PA  West Buffalo  PA  Vest Buffalo  PA  PA  PA  PA  PA  PA  PA  PA  PA  P	<b>n</b>		
Area Served    Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the ident city.    City OR TOWN	ט	unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that y	
Area Served         city.           Served         City.           First         Mifflinburg         PA           Community         Buffalo         PA           Hartleton         PA           Lewis         PA           Haines         PA           Limestone         PA           Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA			
City   City	Area		s, or mobile home parks should be reported in parentheses below the identif
First         Mifflinburg         PA           Community         Buffalo         PA           Hartleton         PA           Rows as Necessary         Miles         PA           Lewis         PA           Haines         PA           Limestone         PA           Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA		city.	
First         Mifflinburg         PA           Community         Buffalo         PA           Hartleton         PA           Miles         PA           Lewis         PA           Haines         PA           Limestone         PA           Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA	-		
First         Mifflinburg         PA           Community         Buffalo         PA           Hartleton         PA           Miles         PA           Lewis         PA           Haines         PA           Limestone         PA           Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA		OTT OF TOWN	- ATATE
Community         Buffalo         PA           Hartleton         PA           Miles         PA           Lewis         PA           Haines         PA           Limestone         PA           Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA	E:rot		
Hartleton			
Rows as Necessary         Miles         PA           Lewis         PA           Haines         PA           Limestone         PA           Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA	,		
Lewis         PA           Haines         PA           Limestone         PA           Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA	Varsace Macassary		
Haines         PA           Limestone         PA           Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA	OWS as Necessur,		
Limestone         PA           Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA			
Penn (Miff)         PA           Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA			
Millheim         PA           Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA			
Gregg         PA           Adams         PA           Spring         PA           Cener         PA           West Buffalo         PA			
Adams PA Spring PA Cener PA West Buffalo PA			
Spring PA Cener PA West Buffalo PA			PA DA
Cener PA West Buffalo PA			
West Buffalo PA			
Hartley PA			
		Hartley	PA

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Penn), LLC

Ε

Name

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.

BLO	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	516	39.99	Res Expanded	458	\$ 64.99		
<ul> <li>Service to additional set(s)</li> </ul>			Digital Value	45	\$ 39.99		
<ul> <li>FM radio (if separate rate)</li> </ul>			Digital Plus	-	\$114.97		
Motel, hotel	2	39.99					
Commercial	16	39.99					
Converter							
Residential		4.99-14.99					
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				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	1.99 - 19.99	Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	50.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	40.00		

15231

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Penn), LLC

PRIMARY TRANSMITTERS: TELEVISION

15231

# 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 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
WITF	11	E	HARRISBURG, PA
WNEP	3	N	WILKES-BARRE, PA
WOLF	5	N	HAZELTON, PA
WQMY	13	<u> </u>	WILLIAMSPORT, PA
WSWB	9	l l	SCRANTON, PA
WVIA	7	E	PITTSTON, PA
WYOU	2	N	SCRANTON, PA
WATM	5	N	ALTOONA, PA
WJAC (NBC)	8	N	JOHNSTOWN, PA
WKBS	3	l	ALTOONA, PA
WJAC (CW)	13	l	JOHNSTOWN, PA
WPSU	9	Е	CLEARFIELD, PA
WTAJ	7	N	ALTOONA, PA
WWCP	6	N	JOHNSTOWN, PA

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WGRC	FM		Lewisburg, PA				
WITF	FM	<del></del>	Harrisburg, PA			<u> </u>	
WITF WQKX	FM		Harrisburg, PA Sunbury, PA			t	
WWBE	FM	l	Selinsgrove, PA			<del> </del>	
			Journagiova, 17t			<del> </del>	
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Accounting Perio		0.4 D. E. 0.40T							FORM	I SA1-2E. PAGE 5.
Name	Cogeco US (Penn), LLC		EM:							SYSTEM ID# 15231
	SUBSTITUTE CARRIAGE	· CDECIA	L STATEMEN	T AND DROCDAM I	26					
<b> </b> Substitute	In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non	network televis eriod, under spe	ion program, broadcast to	by a o	rules, regula	ations, or au	uthorizat	ions. F	or a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	ITUTE CARRIAGE						
Special	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.									
Statement and	atement and rogram Log broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
Program Log										INO
	,	, leave trie	rest of this pag	je blank. II your answer	15 1	es, you mi	ist comple	te the p	rogran	1
	log in block 2.	PROGRA	MS							
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their 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 aperiod, was broadcast by a distant station and that your cable system substituted for the programming of a under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Lov "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 Fthe 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, w 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 time to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. she 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 w 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 w							ne according another information ove Lucion e FCC or with the mes according to the should I may remark the mes according to the should I may remark the mes according to the should I may remark the s	unting er stat mation cy" or or, in e mon curatel be	th y	
	effect on October 19, 1976.					WHE	N SUBST	TTI ITE		
	s	UBSTITUT	E PROGRAM	1			AGE OCC			7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATIO	N	5. MONTH AND DAY	6. FROM	TIMES —	то	DELETION
								_		
								_		
								_		
								_		
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Accounting Period:	2022/1			FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Penn), LLC			s	YSTEM ID# 15231
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an 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) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross re	system's se on of how t	econdary transm to compute this a	ission service mount, see	3,852.00 pss 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 less  Use block 3 if the amount of gross receipts in space K is more than \$263,800 less page (vi) of the general instructions located in the paper SA1-2 form for more in	but less than the second the seco	an \$527,600 า.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	ou must pay for th	is six-month	
	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 lin	nes 1 and 2	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but m	ore than \$137,	100)	_
	Base amount under statutory formula	\$	263,800.00	_	
	Enter amount of gross receipts from space K	\$	153,852.00	=	
	3. Subtract line 2 from line 1	\$	109,948.00	_	
	4. Enter the amount of gross receipts from space K		<u>_</u> \$	153,852.00	
	5. Enter the amount from line 3		\$	109,948.00	
	6. Subtract line 5 from line 4		\$	43,904.00	
	7. Multiply line 6 by .005 (enter figure here)			\$	219.52
	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		\$	219.52
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but	less than \$527	,600)	
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula			-	
	3. Subtract line 2 from line 1		•	-	
	4. Multiply line 3 by .01			-	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)			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 DU	JE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	219.52	
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			\$	239.52
	Important: Your remittance must be in the form of an electronic pays See page i of the general instructions in the paper SA1				nts!

Accounting Period:	2022/1					FORM SA1-2E. PAGE 7.				
Name	LEGAL NAME OF OWI	NER OF CABLE SYSTEM:				SYSTEM ID# 15231				
<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.									
	Enter the total n     on which the cal	umber of activated channel ble system carried television ast services	ls n broadcas	st stations		199				
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accounts		RMATION IS NEEDED (Identify an inc	dividual to whom					
for Further Information		Patrick Bratton	Cuito 2	O.E.	Telephone	617-786-8800				
	(N	P. Batterymarch Park, Number, street, rural route, apartn Quincy, MA 02169 Dity, town, state, zip)	nent, or suite	number)						
	Email	pbratton@atlant	ticbb.com		Fax (optional					
)	CERTIFICATION (Th	nis statement of account mu	ıst be certif	fied and signed in accordance with Co	ppyright Office regulations)					
O Certification	• I, the undersigned,	hereby certify that (Check on	ne, <i>but only</i>	one, of the boxes.)						
	(Owner o	ther than corporation or pa	artnership)	) I am the owner of the cable system as	identified in line 1 of space E	3; or				
		•	-	rtnership) I am the duly authorized age not a corporation or partnership; or	nt of the owner of the cable s	ystem as identified				
		or partner) I am an officer (it line 1 of space B.	f a corporat	tion) or a partner (if a partnership) of the	e legal entity identified as owr	ner of the cable system				
		and correct to the best of my		are under penalty of law that all stateme, e, information, and belief, and are made						
			X	/s/ Patrick Bratton						
				lectronic signature on the line above to co ature using an "/s/ signature" (e.g., /s/ Jo						
		Typed or printed	name:	Patrick Bratton						
		Title:		Financial Officer position held in corporation or partnership)						
		Date:			August 29, 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.

counting Period: 2022/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
geco US (Penn), LLC	15231
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not incluse scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1.  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 transmismade by satellite carriers to satellite dish owners?	asic ude sub- 119."  Special Statement Concerning Gross Receipts Exclusion
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
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 underpa For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 f	
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	
Line 2 Multiply line 1 by the interestrate and enter the summere	
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<del>-</del> 74
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 \$	-
(interest ch	narge)
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	please
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original form	•
Owner	
Address	
ID number	
ID number First community served	
Accounting period	

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CONTROL #: REMITTANCE #:

☐Letter sent

 $\square \mathsf{Accepted}$ 

 $\square$  Accepted

Space H Primary Transmitters: Radio

C	Cable Worksheet	Total amount of remittance	Number of SAs re	c'd Initials				
		Date of remittance	Check □EFT	☐FILING FEES				
Cable ID#				Amount Initials				
Examined by	Reviewed by	Date examination completed	Allocation number					
Space A Accounting Period								
	☐ January 1 - June 30, 2017	[	☐July 1 - December 31, 2017					
	☐ Letter sent	]	☐Information received					
	□Accepted	☐Phone call/Date/Contact						
Space B Owner								
	Letter sent	]	☐Information received					
	□Accepted	]	☐ Phone call/Date/Contact					
Space D Area Served								
	☐ Letter sent	]	☐ Information received					
	□Accepted	]	Phone call/Date/Contact					
Space E Secondary Transission								
Service Subscribers:	☐Letter sent	☐Information received						
and Rates	□Accepted	[	☐Phone call/Date/Contact					
Space G Primary Transmitters:								
Television								

 $\ \ \, \square \\ \ \, Information \ received$ 

☐ Phone call/Date/Contact

 $\square$ Phone call/Date/Contact

		Space I Substitute Carriage
☐Letter sent	☐Information received	
□Accepted	☐Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑Letter sent	☐Information received	(SA3 only)
Accepted	☐Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐Letter sent	☐Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐Royalty Fee should be	☐Refund request to fiscal	
☐Letter sent	☐ Information received	
□Accepted	☐Phoe call/Date/Contact	
		Space M Channels
☐Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐ Information received	
□Accepted	☐Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐Info/add'l fee received	
□Accepted	☐Phone call/Date/Contact	