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

STATEM	FNT	OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to
for Seconda	ary Tr	ansmissions by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste General instru in the first tab	uctions	are located	9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YYY	Y/(Period))	
		2202/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
B Owner		Instructions: Give the full legal name of the owner of th subsidiary, not that of the parent corporat List any other name or names under which	ion.	y of another corporation, give the full corporat	e title of the
		If there were different owners during the a statement of account and royalty fee payn		last day of the accounting period should submi d.	it a single
	_	Check here if this is the system's first filing	g. If not, enter the system's ID number ass	igned by the Licensing Division.	2984
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Shenandoah Cable Television, LLC			
		BUSINESS NAME(S) OF OWNER OF	CABLE SYSTEM (IF DIFFERENT)		
		MAILING ADDRESS OF OWNER OF	CABLE SYSTEM		
		PO Box 459 (Number, street, rural route, apartment, or suite n	umber)		
		Edinburg, VA 22824 (City, town, state, zip)			
С				y the business and operation of the sy system, if different from the address giv	
System	1	IDENTIFICATION OF CABLE SYSTEM:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	(Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			

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

Nows	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Shenandoah Cable Television, LLC	29
D	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated com unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will ser community." Please use it as the first community on all future filings.	ity" is the same as a "community unit" as defined in FCC rules: " munities within unincorporated areas and including single, discr ve as a form of system identification hereafter known as the "fire
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile city.	nome parks should be reported in parentheses below the identif
Served	city.	
	CITY OR TOWN	STATE
First Community	Grantsville	WV
community	Mt Zion Portions of Calhoun County	
d Rows as Necessary		~~~~
a nows as necessary		

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							SYS	TEM ID
	Shenandoah Cable Tele	vision, LLC							298
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND R	ATES				
E	In General: The information in s			-		•			
Secondary	system, that is, the retransmissi about other services (including p					•			
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n			•		•			
Rates	separately for the particular serv			•••				charged	
	Rate: Give the standard rate of	-	-	•			-		
	unit in which it is generally billed category, but do not include disc	• •	,			rd rate variation:	s within a p	articular rate	
	Block 1: In the left-hand block					condary transmis	sion servio	ce that cable	
	systems most commonly provide	e to their subso	ribers. (	Give the numb	er of subse	cribers and rate	for each lis	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	0							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.								
	BLO	OCK 1 NO. OF					BLOCK		
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: (Starter HD)								
	<ul> <li>Service to first set</li> </ul>		25	\$30.00		onverter			\$16.9
	<ul> <li>Service to additional set(s)</li> </ul>				Additio	nal Converte	er	2	\$9.9
	• FM radio (if separate rate)				Cable C	Card		-	1.9
	Motel, hotel								
	Commercial								
	Converter     Residential		67	\$5.95	Advanc	ced (Expande	) (	20	\$90.0
	Non-residential		07	<b>\$0.9</b> 0		e(Digital)	50)	16	\$110.0
					Ontiniat	e(Digital)		10	ψ110.0
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
F	In General: Space F calls for ra	•	,			• •			
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services				0		0()		
Other Than	amount of the charge and the ur		usually	billed. If any r	ates are cł	narged on a vari	able per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate		he cable	e svstem for e	ach of the	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a				ished. List	these other serv	vices in the	e form of a	
	brief (two- or three-word) descrip	otion and includ	le the ra	ate for each.					
								BLOCK 2	
		BLO							1
	CATEGORY OF SERVICE	BLO RATE	CATEG	ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:		CATEG Installa	ation: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable		CATEG	ation: Non-res tel, hotel		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel		CATEG Installa • Mot • Cor	ation: Non-res tel, hotel mmercial		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEG Installa • Mot • Cor • Pay	ation: Non-res tel, hotel mmercial / cable	sidential	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection		CATEG Installa • Mot • Cor • Pay • Pay	ation: Non-res tel, hotel mmercial / cable / cable-add'l c	sidential	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	CATEG Installa • Mot • Cor • Pay • Pay • Fire	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection	<b>idential</b> hannel	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE \$99.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur	ation: Non-res tel, hotel mmercial / cable / cable-add'l c	<b>idential</b> hannel	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE \$99.95	CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl e protection glar protectior	<b>idential</b> hannel	RATE	Service		RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE \$99.95	CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl protection glar protectior services:	<b>idential</b> hannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE \$99.95	CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	ation: Non-res tel, hotel mmercial / cable / cable-add'l cl protection glar protection services: connect	<b>idential</b> hannel				

								I-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:					SYS	TEM ID
	Shenandoah Cable Tele	vision, LLC						298
_	SECONDARY TRANSMISSION	SERVICE: SUE	SCRIBERS AND R	ATES				
E	In General: The information in s	space E should c	over all categories o	of secondar	•			
0	system, that is, the retransmission							
Secondary Transmission	about other services (including plast day of the accounting period					lnose exis	ung on the	
Service: Sub-	Number of Subscribers: Both	h blocks in space	e E call for the numb	er of subso	ribers to the cal			
scribers and	down by categories of secondary							
Rates	each category by counting the n separately for the particular serv						s charged	
	Rate: Give the standard rate of						ge and the	
	unit in which it is generally billed	· · ·	,		rd rate variation	s within a	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ondary transmis	ssion servi	ce that cable	
	systems most commonly provide							
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca					•		
	first set" and would be counted of							
	Block 2: If your cable system	has rate categor	ies for secondary tra	ansmission				
	printed in block 1 (for example, t							
	with the number of subscribers a sufficient.	and rates, in the	right-hand block. A t	wo- or thre	e-word descripti	ion of the s	service is	
		OCK 1				BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	RS RATE	CAT	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODECITIDE		0,111			CODOCINDENC	TUTE
	Service to first set			Techno	Technology Fee			\$3.0
	Service to additional set(s)			Copyrig	Copyright Fee			\$0.6
	• FM radio (if separate rate)			Broadc	Broadcast TV Surcharge			\$24.2
	Motel, hotel							
	Commercial							
	Converter							
	Residential (DTA)		2 \$3.99					
	Non-residential							
	SERVICES OTHER THAN SEC			e			•	•
_	In General: Space F calls for rate				ll your cable sys	stem's serv	vices that were	
F	not covered in space E, that is, t	those services th	nat are not offered in	combinati	on with any seco	ondary trai	nsmission	
Comisso	service for a single fee. There are			•		0 (	,	
Services Other Than	furnished at cost or (2) services amount of the charge and the ur							
Secondary	enter only the letters "PP" in the	rate column.			C		- 3,	
Fransmissions:	Block 1: Give the standard rat							
Rates	<b>Block 2:</b> List any services that listed in block 1 and for which a			-				
	brief (two- or three-word) descrip							
		BLOC	K 1				BLOCK 2	
	CATEGORY OF SERVICE		ATEGORY OF SEF	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:	li li	nstallation: Non-res	sidential				
	• Pay cable		<ul> <li>Motel, hotel</li> </ul>					
	<ul> <li>Pay cable—add'l channel</li> </ul>		<ul> <li>Commercial</li> </ul>					
	Fire protection		<ul> <li>Pay cable</li> </ul>					
	•Burglar protection		<ul> <li>Pay cable-add'l c</li> </ul>	hannel				
	Installation: Residential		<ul> <li>Fire protection</li> </ul>					
	• First set		Burglar protection	ı				
	· Additional act/a		Other services:					
	Additional set(s)		<b>D</b>					
	• FM radio (if separate rate)		Reconnect					
	( )		Disconnect					
	• FM radio (if separate rate)							

Name				FORM SA1-2E. PAG
	LEGAL NAME OF OWNER C			SYSTEM I 29
				29
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chanr of license. For example, W <b>Column 3:</b> Indicate in eacl educational station, by enter	TELEVISION entify every television station (including tr m during the accounting period, except ( in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph. <b>s:</b> With respect to any distant stations car ules, regulations, or authorizations: e in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried on concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pro- d with a station according to its over-the-	1) stations carried only on a part-ti carriage of certain network progra (e)(2) and (4))]; and (2) certain statistic ried by your cable system on a sub- special Statement and Program both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESF air designation. For example, repo- sion station for broadcasting over ation, an independent station, or a or network multicast), "I" (for indep	elevision stations) ime basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial pendent), "I-M"
	Column 4: Give the location	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t adian stations, if any, give the name of the	ne community to which the station	-
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCHS	8	N	Charleston, WV
	WSWP	9	Е	Grandview, WV
	WOWK	13	N	Huntington, WV
	WQCW	30	I	Portsmouth, OH
d Rows as Necessary	WSAZ	3	N	Huntington, WV
u nows as necessary	WVAH	11		
				Charleston, WV

Accounting Period:	2202/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTEM ID#
Name	Shenandoah Cable T	Felevision, LLC		2984
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste	lentify every television station (including t em during the accounting period, except in effect on June 24, 1981, permitting th	(1) stations carried only on a part-time	e basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61( substitute program basis, a	(e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. <b>s:</b> With respect to any distant stations ca	I(e)(2) and (4))]; and (2) certain station	ns carried on a
		rules, regulations, or authorizations: re in space G—but do list it in space I (th n a substitute basis.	e Special Statement and Program Log	g)—if the
	basis. For further informati Column 1: List each static	also in space I, if the station was carried ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination pr	see page (v) of the general instruction rogram services such as HBO, ESPN,	is. , etc. Identify each
	"WETA-2" as the same on <b>Column 2:</b> Give the chann	nel number the FCC assigned to the telev	<b>.</b>	
	<b>Column 3:</b> Indicate in eac educational station, by ent	/RC is channel 4 in Washington, D.C. h case whether the station is a network s ering the letter "N" (for network), "N-M" (f	or network multicast), "I" (for indepen	dent), "I-M"
	For the meaning of these t	), "E" (for noncommercial educational), o terms, see page (iv) of the general instru- on of each station. For U.S. stations, list	ctions in the paper SA1-2 form.	,
	FCC. For Mexican or Cana	adian stations, if any, give the name of th	e community with which the station is	identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

LEGAL NAME OI Shenandoal							1	SYSTEM   29
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S	it is carried by monitoring, to prmation about rm. dentify the call state whether t	the sys be recei the Cop sign of e	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM.	the system's hea ystem's FM anter is point, see page	idend, and (2) nna, during ce e (v) of the gen	it can b rtain sta neral ins	e expected, ted intervals. tructions in the.	Primary Transmitters Radio
ignal, indicate Column 4: G	this by placing Give the station	a check i's locati	nal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				r				

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 2984
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	network televisi riod, under spe	<i>on program,</i> broadcast by cific present and former FC	a <i>distant</i> statio CC rules, regul	ations, or aut	horizations. F	or a further
Substitute Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting peribroadcast by a distant stat</li> <li>Note: If your answer is "No, log in block 2.</li> <li>LOG OF SUBSTITUTE</li> <li>In General: List each subst clear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, report to use general categori</li> <li>"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the calls Column 4: Give the broat the case of Mexican or Cantor Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."</li> </ol>	CONCERI iod, did your ion? " leave the i PROGRAU itute prograu ce, please a of every nor distant statii gulations, ou es like "mov Bulls." n was broad sign of the s dcast statio adian statio th and day u e "5/7." es when the Example: a	VING SUBSTI r cable system rest of this pag MS m on a separat idd additional r nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the c when your syst substitute prog program carrie	TUTE CARRIAGE carry, on a substitute bas e blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra "Yes." Otherwise enter " sting the substitute progr e community to which the community with which the iem carried the substitute gram was carried by your ed by a system from 6:01	"Yes," you m "Yes," you m wherever pos program") that ed for the prog teral instruction m titles, for ex No." am. e station is lice station is lice station is ider program. Use cable system :15 p.m. to 6:2	etwork televis ust complete ssible, if their at, during the gramming of ns for furthe cample, "I Lo ensed by the ntified). e numerals, w . List the tim 28:30 p.m. sl	r meaning is accounting another stat r informatior ve Lucy" or FCC or, in with the mor es accuratel hould be	n n tion n.
	Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulatic iming that y	ons in effect du	ring the accounting period s permitted to delete und	d; enter the let er FCC rules a	tter "P" if the	listed progra ons in TUTE	am 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. T FROM -	IMES — TO —	DELETION
							<u>-</u>	

Accounting Period:	2202/1 FORM 5	6A1-2E. PAGE 6.
Name		SYSTEM ID#
Humo	Shenandoah Cable Television, LLC	2984
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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.	8,716.00 ross 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 \$263,800. Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.	
	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 for this six-month accounting period is \$52.00.	
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	13.38
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	65.38
	1. 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	0.00
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. 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 DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)       \$ 65.38	
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	80.38
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information	

Accounting Period:	2202/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Shenandoah Cable T				SYSTEM ID# 2984
M Channels	to its subscribers, and ( 1. Enter the total numb system carried televi 2. Enter the total numb on which the cable s	2) the cable system's er of channels on which sion broadcast station er of activated channe ystem carried televisio	total num th the cab s ls on broadc		12
N Individual to Be Contacted	INDIVIDUAL TO BE CO			DRMATION IS NEEDED (Identify an individual	
for Further Information	Name Petra	a R. O'Neill		Telephon	e (561) 801-8668
	(Numbe	Shentel Way r, street, rural route, apartu burg, VA 22824 wn, state, zip)	ment, or sui	te number)	
	Email	petra.o'neill@er	np.shent	el.com Fax (optional	
O Certification	I, the undersigned, herel     (Owner other     (Agent of own     in line 1     X     (Officer or pa     in line 1     I have examined the star	by certify that (Check o than corporation or p ther other than corpora of space B and that th rtner) I am an officer ( of space B. tement of account and correct to the best of m	ne, <i>but on</i> artnershi ution or p e owner is if a corpor hereby de	tified and signed in accordance with Copyright Office regulations <i>ly one</i> , of the boxes.) <b>p</b> ) I am the owner of the cable system as identified in line 1 of space <b>artnership</b> ) I am the duly authorized agent of the owner of the cable is not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as or clare under penalty of law that all statements of fact contained herei lge, information, and belief, and are made in good faith. /s/ Derek Rieger	e B; or system as identified wner of the cable system
		Typed or printed Title: (Tit	Enter sign name: Vice P	electronic signature on the line above to certify this statement. hature using an "/s/ signature" (e.g., /s/ John Smith) Derek Reiger President Legal/General Counsel (position held in corporation or partnership)	
		Date:		September 15, 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 filing, a determination that would be made by a court of law.

	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	298
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"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."</li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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
	.00 Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	.16
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1 Enter the amount of late payment or underpayment	.16
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	.16 .72
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	.16 .72
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	.16
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	.16
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	.16 .72

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