This form is effective beginning with the January 1 to June 30, 2017, accounting period (201	7/1)
If you are filing for a prior accounting period, contact the Licensing Division for the correct form.	

## SA1-2E Short Form

STATEM	ENT OF ACC		FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to
for Seconda	ary Transmissio	ns by	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
General instru	ems (Short Form actions are located of this workbook.	))	9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING P	ERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2022/1		Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
Accounting Period			Barcode Data Filing Period (optional	I - see instructions)	
В	subsidiary, not	hat of the parent corpor-	ation.	iary of another corporation, give the full corpora	ate title of the
Owner	If there were di	ferent owners during the	ch the owner conducts the business of th e accounting period, only the owner on th yment covering the entire accounting per	ne last day of the accounting period should subn	-
	Check here if th	is is the system's first fili	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	63424
	LEGAL NAM	E OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
		Cable Television, LLC			
	BUSINESS N	AME(S) OF OWNER O	F CABLE SYSTEM (IF DIFFERENT)	,	
	MAILING ADD	RESS OF OWNER OF	CABLE SYSTEM		
	Edinburg,		number)		
	(City, town, state, : INSTRUCTIONS: In		iness or trade names used to iden	tify the business and operation of the s	vstem unless these
С	names already appe	ear in space B. In line		e system, if different from the address g	
System		N OF CABLE SYSTEM:			
		ESS OF CABLE SYSTE			
	(City, town, state,				
		(			<u>_</u>

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Shenandoah Cable Television, LLC	634
D	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings.	" is the same as a "community unit" as defined in FCC rules: " inities within unincorporated areas and including single, discr as a form of system identification hereafter known as the "fir
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	me parks should be reported in parentheses below the identi
First	CITY OR TOWN Rockingham County	STATE VA
Community	(Preston Lake)	VA
-	(VA Mennonite Ret Comm)	VA
d Rows as Necessary		
a nons as necessary		

									1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C							SYS	6342 6342
	Shenandoah Cable Tele	vision, LLC							0342
_	SECONDARY TRANSMISSION	SERVICE: SUB		AND RA	TES				
E	In General: The information in s	pace E should c	over all categ	ories of	secondary				
Cocondom	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	, , ,	,		,			ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary each category by counting the n								
Rates	separately for the particular serv							charged	
	Rate: Give the standard rate of	charged for each	category of s	service.	Include bo	th the amount o	of the charg	-	
	unit in which it is generally billed	· ·	,		ny standar	d rate variation	s within a p	particular rate	
	category, but do not include disc Block 1: In the left-hand block				ies of sec	ondary transmis	sion 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	Ű							
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.		ngin nana bi	5011.711					
	BL	OCK 1					BLOCK		1
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF	RS RA	TE	CATE	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential: (Starter HD)							_	
	<ul> <li>Service to first set</li> </ul>		1 \$	30.00	1st Con	st Converter HD/DVR			\$16.9
	<ul> <li>Service to additional set(s)</li> </ul>				DVR Ad			8	\$9.9
	• FM radio (if separate rate)				Techno	logy Fee		2	\$3.0
	Motel, hotel								
	Commercial							20	\$40.0
	Converter     Residential		161	\$5.95	TiVo Ga TiVo Pla			28 50	
	Non-residential		101	<b>\$5.95</b>	Ultimate			155	··· ·
					Ontillat			100	φ110.0
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIONS	RATES	;				
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								
Other Than	amount of the charge and the ur		sually billed.	lf any ra	tes are ch	arged on a vari	able per-pi	rogram basis,	
Secondary Fransmissions:	enter only the letters "PP" in the <b>Block 1:</b> Give the standard rate		e cable svste	m for ea	ch of the a	applicable servi	ces listed.		
Rates	Block 2: List any services that							were not	
	listed in block 1 and for which a	congrato chargo	was made o		had list	these other serv	vices in the	e form of a	
					sneu. List				
	brief (two- or three-word) descrip		the rate for e		sneu. List				
	brief (two- or three-word) descrip	otion and include BLOC	K 1	each.				BLOCK 2	1
	brief (two- or three-word) descrip CATEGORY OF SERVICE	otion and include BLOC RATE	K 1 CATEGORY (	each. DF SER	/ICE	RATE	CATEG	BLOCK 2 DRY OF SERVICE	RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	otion and include BLOC RATE	K 1 CATEGORY ( Installation: N	each. DF SER Non-res	/ICE		CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	otion and include BLOC RATE	K 1 CATEGORY C nstallation: N • Motel, hote	each. DF SER <sup>\</sup> <b>Non-res</b> i	/ICE		CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and include BLOC RATE	K 1 CATEGORY C Installation: N • Motel, hote • Commerci	each. DF SER <sup>\</sup> <b>Non-res</b> i	/ICE		CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	otion and include BLOC RATE	K 1 CATEGORY C nstallation: N • Motel, hoto • Commerci • Pay cable	each. DF SER Non-res el al	/ICE dential		CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	otion and include BLOC RATE	K 1 CATEGORY C Installation: N • Motel, hote • Commerci • Pay cable • Pay cable	each. DF SER Non-res el al -add'l ch	/ICE dential		CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	otion and include BLOC RATE	K 1 CATEGORY C nstallation: N • Motel, hoto • Commerci • Pay cable	each. DF SER` <b>Non-res</b> el al -add'l ch	/ICE dential		CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC RATE C	K 1 CATEGORY C Installation: N • Motel, hoto • Commerci • Pay cable • Pay cable • Fire protect	each. DF SER Non-resi el al -add'l ch ction otection	/ICE dential		CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC RATE C	K 1 CATEGORY ( nstallation: N • Motel, hoto • Commerci • Pay cable • Pay cable • Fire protect • Burglar protect	each. DF SER Non-resi el al eadd'I ch ction obtection Ps:	/ICE dential		CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC RATE C	K 1 CATEGORY ( nstallation: N • Motel, hoto • Commerci • Pay cable • Pay cable • Fire protect • Burglar pro Other service	each. DF SER' Non-resident al add'I cha ction otection ps: t	/ICE dential		CATEG		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE 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)	BLOC RATE C	K 1 CATEGORY C Installation: N • Motel, hoto • Commerci • Pay cable • Pay cable • Pay cable • Fire protect • Burglar pro Other service • Reconnec	each. DF SER' Non-resident al add'I ch ction btection ss: t t	/ICE dential		CATEGO		RATE

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	Shenandoah Cable T	elevision, LLC		634
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: 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 Station</b> basis under specific FCC r • Do <i>not</i> list the station here 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 charn of license. For example, W <b>Column 3:</b> Indicate in eac educational station, by ent (for independent multicast For the meaning of these t <b>Column 4:</b> Give the location	also in space I, if the station was carried b ion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-ai	) stations carried only on a part-ti- carriage of certain network progr- e)(2) and (4))]; and (2) certain sta- ed by your cable system on a su Special Statement and Program oth on a substitute basis and also re page (v) of the general instruct gram services such as HBO, ESI ir designation. For example, rep- tion station for broadcasting over tion, an independent station, or a network multicast), "I" (for indep E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream r the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHSV	3	N	Harrisonburg, VA
	WHSV-4	3.2	I-M	
١				
	WSVF	43	N	Harrisonburg, VA Harrisonburg, VA
		43 43.2	N N-M	Harrisonburg, VA
	WSVF			
	WSVF WSVF-2	43.2		Harrisonburg, VA Harrisonburg, VA Manassas, VA
	WSVF WSVF-2 WPXW	43.2 66	N-M I	Harrisonburg, VA Harrisonburg, VA
	WSVF WSVF-2 WPXW WVPY	43.2 66 51	N-M I E	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA
	WSVF WSVF-2 WPXW WVPY WVPY-2	43.2 66 51 51.2	N-M I E E-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA
ows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3	43.2 66 51 51.2 51.3	N-M I E E-M E-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA
ows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR	43.2 66 51 51.2 51.3 29	N-M I E E-M E-M N	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
ows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA
Rows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
ows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
Rows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
Rows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
Rows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
Rows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
Rows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
Rows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
Rows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA
Rows as Necessary	WSVF WSVF-2 WPXW WVPY WVPY-2 WVPY-3 WVIR WVIR WVIR-2 WRC *	43.2 66 51 51.2 51.3 29 29.2 4	N-M I E E-M E-M N N-M	Harrisonburg, VA Harrisonburg, VA Manassas, VA Front Royal, VA Front Royal, VA Front Royal, VA Charlottesville, VA Charlottesville, VA

					OVOTEM
Name	LEGAL NAME OF OWNER OF				SYSTEM
	Shenandoah Cable Te	elevision, LLC			63 <sub>4</sub>
	PRIMARY TRANSMITTERS:	TELEVISION			
~		entify every television station (including tr			
G		m during the accounting period, <i>except</i> (			
<b>.</b>		in effect on June 24, 1981, permitting the $(4)$ and $(4)$ are 70.02 (referring to 70.04)			
Primary ransmitters:		e)(2) and (4), or 76.63 (referring to 76.61) s explained in the next paragraph.	(e)(2) and (4))]; and (2) certain stauc	ons carried on a	
Television		: With respect to any distant stations car	ried by your cable system on a subs	titute program	
	basis under specific FCC ru	ules, regulations, or authorizations:			
		e in space G—but do list it in space I (the	e Special Statement and Program Lo	g)—if the	
	station was carried <i>only</i> on	a substitute basis. also in space I, if the station was carried	both on a substitute basis and also r	n como other	
		on concerning substitute basis stations, s			
	Column 1: List each station	n's call sign. Do not report origination pro	ogram services such as HBO, ESPN	l, etc. Identify each	
		d with a station according to its over-the-a	air designation. For example, report	multistream	
	"WETA-2" as the same on t	the form. el number the FCC assigned to the televi	ining station for broadcasting over th	i- in its community	
		5	ISION Station for produces any over an	e air in its community	
		O( 'ie channel 4 in Washington 1) (;			
		RC is channel 4 in Washington, D.C. n case whether the station is a network st	ation, an independent station, or a n	oncommercial	
	<b>Column 3:</b> Indicate in each educational station, by enter	n case whether the station is a network st ring the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for indeper	ident), "I-M"	
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast),	n case whether the station is a network st pring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or	or network multicast), "I" (for indeper "E-M" (for noncommercial education	ident), "I-M"	
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te	n case whether the station is a network st ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or erms, see page (iv) of the general instruc	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form.	ident), "I-M" nal multicast).	
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n case whether the station is a network st pring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is	ndent), "I-M" nal multicast). licensed by the	
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n case whether the station is a network st pring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or prms, see page (iv) of the general instruc on of each station. For U.S. stations, list th	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is	ndent), "I-M" nal multicast). licensed by the	
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n case whether the station is a network st pring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or prms, see page (iv) of the general instruc on of each station. For U.S. stations, list th	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is	ndent), "I-M" nal multicast). licensed by the	
	Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n case whether the station is a network st pring the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or prms, see page (iv) of the general instruc on of each station. For U.S. stations, list th	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is	ndent), "I-M" nal multicast). licensed by the	ATION
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad	n case whether the station is a network st ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the dian stations, if any, give the name of the	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is a community with which the station is	ndent), "I-M" nal multicast). licensed by the ; identified.	ATION
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad	n case whether the station is a network st ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the dian stations, if any, give the name of the	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is a community with which the station is	ndent), "I-M" nal multicast). licensed by the ; identified.	ATION
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad	n case whether the station is a network st ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the dian stations, if any, give the name of the	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is a community with which the station is	ndent), "I-M" nal multicast). licensed by the ; identified.	ATION
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad	n case whether the station is a network st ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the dian stations, if any, give the name of the	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is a community with which the station is	ndent), "I-M" nal multicast). licensed by the ; identified.	ATION
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad	n case whether the station is a network st ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the dian stations, if any, give the name of the	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is a community with which the station is	ndent), "I-M" nal multicast). licensed by the ; identified.	ATION
	<b>Column 3:</b> Indicate in each educational station, by enter (for independent multicast), For the meaning of these te <b>Column 4:</b> Give the location FCC. For Mexican or Canad	n case whether the station is a network st ering the letter "N" (for network), "N-M" (for "E" (for noncommercial educational), or erms, see page (iv) of the general instruc on of each station. For U.S. stations, list the dian stations, if any, give the name of the	or network multicast), "I" (for indeper "E-M" (for noncommercial education tions in the paper SA1-2 form. he community to which the station is a community with which the station is	ndent), "I-M" nal multicast). licensed by the ; identified.	ATION
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EGAL NAME OF								SYSTEM 63
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) on the basis of it for detailed info paper SA1-2 for <b>Column 1:</b> lo <b>Column 2:</b> S <b>Column 3:</b> If ignal, indicate	it is carried by monitoring, to ormation about m. lentify the call tate whether t the radio stati this by placing	the sys be received the Cop sign of e he statio on's sign a check	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s oyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes ( mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter is point, see page ed by the cable sy	dend, and (2) nna, during ce e (v) of the ger rstem as a sep	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
Aexican or Can	adian stations	, if any, t	the community with which the	station is identifie	d).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		<b></b>						

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF ( Shenandoah Cable Tel							SYSTEM ID# 63424
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 F	a <i>distant</i> statio CC rules, regula	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 spar Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv 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 PROGRAI itute prograt ce, please a of every nor distant statii gulations, oi res like "mov Bulls." n was broad sign of the s dcast statio adian statio th and day n re "5/7."	VING SUBSTI r cable system rest of this pag MS m on a separat dd 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	TUTE CARRIAGE carry, on a substitute ba e blank. If your answer is te line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitut s. See page (v) of the get tball." List specific progra "Yes." Otherwise enter " sting the substitute progr e community to which the community with which the tem carried the substitute gram was carried by your	"Yes," you m "Yes," you m wherever pos program") the ed for the prog heral instructio m titles, for ex No." am. e station is lice station is lice program. Use	ssible, if thei at, during the gramming of ns for furthe cample, "I Lo ensed by the htified). e numerals, "	sion program YES e the program r meaning is e accounting another stat r information ve Lucy" or FCC or, in with the mor ies accurate	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 perio s permitted to delete und	d; enter the let er FCC rules a	tter "P" if the	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
						· · · · ·	 	
						· · · · ·	 	
						· · · · · · · · · · · · · · · · · · ·	 	

Accounting Period:	<b>2022/1</b> FG	ORM SA1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Shenandoah Cable Television, LLC	63424
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 tot all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission ser (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, so 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.	vice
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>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.</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	
	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-mor accounting period is \$52.00.	nth
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	42.07
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$	94.07
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	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	
	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	.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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$ 94.	.07
	2. Filing Fee (See the instructions for more information on filing fee calculations)	.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	109.07
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyri See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more inform	

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Cable Television, LLC		SYSTEM ID# 63424
M Channels	to its subscrib 1. Enter the to system carr 2. Enter the to on which th	ers, and (2) the cable system's total n tal number of channels on which the ried television broadcast stations tal number of activated channels the cable system carried television broad		ations 21 303
N Individual to Be Contacted		ct about this statement of account.)	IFORMATION IS NEEDED (Identify an individual	
for Further Information	Name	Petra R O'Neill	Teleş	ohone (561) 801-8668
	Address 	500 Shentel Way (Number, street, rural route, apartment, or Edinburgh, VA 22824 (City, town, state, zip)	suite number)	
	Email	petra.o'neill@emp.sh	entel.com Fax (optional	
<b>O</b> Certification	I, the undersign     (Owr     (Age     X     (Offi     I have examine are true, comp	ned, hereby certify that (Check one, but her other than corporation or partner nt of owner other than corporation o in line 1 of space B and that the owner icer or partner) I am an officer (if a cor in line 1 of space B. ed the statement of account and hereby lete, and correct to the best of my know ction 1001(1986)] Liter Corporation of the statement of account and hereby lete, and correct to the best of my know ction 1001(1986)]	ship) I am the owner of the cable system as identified in line 1 of s         r partnership) I am the duly authorized agent of the owner of the or         r is not a corporation or partnership; or         poration) or a partner (if a partnership) of the legal entity identified         declare under penalty of law that all statements of fact contained hedge, information, and belief, and are made in good faith.         /s/ Derek Reiger         an electronic signature on the line above to certify this statement.         signature using an "/s/ signature" (e.g., /s/ John Smith)	space B; or cable system as identified as owner of the cable system
			President Legal/General Counsel icial 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 II
enandoah Cable Television, LLC	6342
<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:         <ul> <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> </ul> </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	
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
	Q Interest Assessmer
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	-
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	-
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	-
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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	-

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