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

 9/15/2022
 \$

 ALLOCATION NUMBER
 (2)

Return completed workbook by email to

coplicsoa@copyright.gov

For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		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 number)
		Ediburg, VA 22824
	INCT	h
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these is 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Nume	Shenandoah Cable Television, LLC	6364
D	Instructions: List each separate community served by the cable system. A "communit separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile he	nunities within unincorporated areas and including single, discrete e as a form of system identification hereafter known as the "first
Area Served	city.	one parks should be reported in parentneses below the identifie
	CITY OR TOWN	STATE
First	Low Gap	WV
Community	Boone County	WV
	Logan County	WV
Add Rows as Necessary	Mud River	WV
	Six Mile/Greenview	WV
	Hewett	WV
	Lake	WV

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 6364
	Shenandoah Cable Tele	vision, LLC							0304
_	SECONDARY TRANSMISSION	SERVICE: SL	IBSCRI	BERS AND R	ATES				
E	In General: The information in s	pace E should	cover a	Il categories o	f secondar	•			
0	system, that is, the retransmission								
Secondary Transmission	about other services (including particular to a service of the accounting period						nose exis	ting on the	
Service: Sub-	Number of Subscribers: Both						ole system	n, broken	
scribers and	down by categories of secondary					•			
Rates	each category by counting the n							s charged	
	separately for the particular serv Rate: Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•				-	
	category, but do not include disc								
	Block 1: In the left-hand block			-					
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					d in the count un	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					convice that are	different f	from these	
	printed in block 1 (for example, t	0		,					
	with the number of subscribers a					,		, 0	
	sufficient.		-		1				
	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	1
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential: (Starter HD)								
	Service to first set		131	\$30.00		verter HD/D	9	\$16.9	
	<ul> <li>Service to additional set(s)</li> </ul>					onverter HD	DVR	- 2	\$9.9
	• FM radio (if separate rate)				CableC	ard			\$1.9
	Motel, hotel								<b>.</b>
	Commercial								
	Converter			<b>A</b> T AT	Adverse		الم		
	Residential		77	\$5.95		ced (Expande	ea)	289	\$90.0
	Non-residential				Ultimat	e (Digital)		76	\$110.0
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATE	s				
-	In General: Space F calls for ra				-	ll your cable sys	tem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There al furnished at cost or (2) services	•			•		• • •	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rat							twore not	
	<b>Block 2.</b> List any services the								
Rates	Block 2: List any services that listed in block 1 and for which a		ie was n		0	υ.	lices in the	o ionn or a	
	<b>Block 2:</b> List any services that listed in block 1 and for which a brief (two- or three-word) descrip	separate charg		nade or establ	0	υ.	lices in the		
	listed in block 1 and for which a	separate chargon otion and includ	le the ra	nade or establ	0	υ.			
	listed in block 1 and for which a brief (two- or three-word) descrip	separate charge otion and inclue BLO	le the ra CK 1	nade or establ ate for each.	ished. List	these other serv		BLOCK 2	RATE
	listed in block 1 and for which a	separate chargon otion and includ	le the ra CK 1 CATEG	nade or establ	ished. List	υ.		BLOCK 2 ORY OF SERVICE	RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charge otion and inclue BLO	le the ra CK 1 CATEG Installa	nade or establ ate for each. GORY OF SER	ished. List	these other serv			RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charge otion and inclue BLO	le the ra CK 1 CATEG Installa • Mot	nade or establ ate for each. GORY OF SER ation: Non-res	ished. List	these other serv			RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charge otion and inclue BLO	le the ra CK 1 CATEC Installa • Mot • Cor	nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel	ished. List	these other serv			RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	separate charge otion and inclue BLO	de the ra CK 1 CATEC Installa • Mot • Cor • Pay	nade or establ ate for each. GORY OF SER <b>ation: Non-res</b> tel, hotel mmercial	VICE	these other serv			RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	separate charge otion and inclue BLO	CK 1 CATEG Installa • Mot • Cor • Pay	nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial ( cable	VICE	these other serv			RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	separate charge otion and inclue BLO	le the ra CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	nade or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl	WICE sidential	these other serv			RATE
	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	separate charg otion and inclue BLO RATE \$99.95	le the ra CK 1 CATEC Installa • Mot • Cor • Pay • Pay • Fire • Bur	ade or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial / cable / cable-add'l cl protection	WICE sidential	these other serv			RATE
	listed in block 1 and for which a 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 (included 2)	separate charg otion and inclue BLO RATE \$99.95	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ade or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial ( cable ( cable-add'l cl e protection glar protection	WICE sidential	these other serv		ORY OF SERVICE	RATE
	listed in block 1 and for which a 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 (included 2) • Additional set(s)	separate charg otion and inclue BLO RATE \$99.95	e the ra CK 1 CATEG Installa • Mod • Cor • Pay • Pay • Fire • Bur Other s • Rec	ate or establ ate for each. GORY OF SER ation: Non-res tel, hotel mmercial ( cable ( cable-add'l cl e protection glar protection services:	WICE sidential	RATE	CATEG	ORY OF SERVICE	
	listed in block 1 and for which a 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 (included 2) • Additional set(s) • FM radio (if separate rate)	separate charg otion and inclue BLO RATE \$99.95	Le the ra CK 1 CATEG Installa • Mol • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dis	ande or estables atte for each. CORY OF SER ation: Non-rest tel, hotel mmercial ( cable ( cable ( cable-add'l cl protection glar protection services: connect	WICE sidential	RATE	CATEG	ORY OF SERVICE	

								-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA						515	TEM ID 6364
	Shenandoah Cable Tele	vision, LLC						0304
_	SECONDARY TRANSMISSION	SERVICE: SUBS	CRIBERS AND R	ATES				
Е	In General: The information in s		-		•			
Secondary	system, that is, the retransmission about other services (including p							
Transmission	last day of the accounting period						ng on the	
Service: Sub-	Number of Subscribers: Both	•						
scribers and Rates	down by categories of secondary each category by counting the n							
Rates	separately for the particular serv	0	0 , (				charged	
	Rate: Give the standard rate c	-				-		
	unit in which it is generally billed category, but do not include disc	•	,		rd rate variations	within a p	articular rate	
	Block 1: In the left-hand block				ondary transmis	sion servic	e that cable	
	systems most commonly provide	e to their subscribe	ers. Give the numb	er of subso	cribers and rate	or each lis	ted category	
	that applies to your system. <b>Not</b> categories, that person or entity		-		-			
	subscriber who pays extra for ca				0,			
	first set" and would be counted o	once again under "	Service to additior	al set(s)."				
	Block 2: If your cable system	•	,					
	printed in block 1 (for example, t with the number of subscribers a				•	,.		
	sufficient.		,					
	BLC	DCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATE	EGORY OF SER	VICE	NO. OF SUBSCRIBERS	RATE
	Residential:			-		-		
	Service to first set			Technology Fee		544	\$3.0	
	<ul> <li>Service to additional set(s)</li> </ul>			Copyrig			544	\$0.6
	• FM radio (if separate rate)			Broadc	ast TV Surch	arge	544	\$25.5
	Motel, hotel							
	Commercial						19	\$19.9
	Converter	1.06	c2 ¢2 00	TiVo Pl Maestro			<u>22</u> 2	\$6.9 \$14.9
	Residential (DTA)     Non-residential	1,06	52 \$3.99		o Player		7	\$5.0
				Maestre	o Flayer			φ5.0
	SERVICES OTHER THAN SEC	ONDARY TRANSI	MISSIONS: RATE	s				
F	In General: Space F calls for rat	te (not subscriber)	information with a					
Г				•				
	not covered in space E, that is, t		t are not offered in	combinatio	on with any seco	ndary trans	smission	
Services	not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services	e two exceptions:	t are not offered in you do not need to	combination give rate	on with any seco information cond	ndary trans erning (1)	smission services	
Other Than	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur	e two exceptions: or facilities furnish it in which it is usu	t are not offered in you do not need to ed to nonsubscrib	combinatio give rate ers. Rate ir	on with any seco information conc nformation shoul	ndary trans erning (1) d include b	smission services oth the	
Other Than Secondary	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	e two exceptions: or facilities furnish iit in which it is usu rate column.	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r	combinatio give rate ers. Rate ir ates are ch	on with any seco information cond nformation shoul narged on a varia	ndary trans cerning (1) d include b able per-pro	smission services oth the	
Other Than	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	e two exceptions: or facilities furnish iit in which it is usu rate column. e charged by the c	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e	combinatio o give rate ers. Rate ir ates are ch ach of the	on with any seco information cond nformation shoul narged on a varia applicable servic	ndary trans cerning (1) d include b able per-pro	smission services oth the ogram basis,	
Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a	e two exceptions: or facilities furnish iit in which it is usu rate column. e charged by the o your cable system separate charge w	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e n furnished or offe ras made or establ	combination o give rate ers. Rate in ates are ch ach of the red during	on with any seco information cond nformation shoul narged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
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Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a	e two exceptions: or facilities furnish iit in which it is usu rate column. e charged by the o your cable system separate charge w	t are not offered in you do not need to ed to nonsubscrib Jally billed. If any r cable system for e n furnished or offe vas made or establ ne rate for each.	combination o give rate ers. Rate in ates are ch ach of the red during	on with any seco information cond nformation shoul narged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that	smission services oth the ogram basis, were not	
Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1:</b> Give the standard rat <b>Block 2:</b> List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	e two exceptions: or facilities furnish hit in which it is usu rate column. e charged by the o superate charge w tion and include th BLOCK RATE CA	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e n furnished or offe ras made or establ ne rate for each. 1 TEGORY OF SER	combination o give rate ers. Rate in ates are ch ach of the red during ished. List	on with any seco information cond nformation shoul narged on a varia applicable servic the accounting p	ndary trans cerning (1) d include b able per-pro- ces listed. period that rices in the	smission services oth the ogram basis, were not form of a	RATE
Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services</b> :	e two exceptions: or facilities furnish iit in which it is usu rate column. e charged by the of your cable system separate charge w tion and include th BLOCK RATE CA Ins	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e n furnished or offe vas made or establ ne rate for each. 1 TEGORY OF SER tallation: Non-res	combination o give rate ers. Rate in ates are ch ach of the red during ished. List	on with any seco information cond normation shoul harged on a varia applicable servic the accounting p these other serv	ndary trans cerning (1) d include b able per-pro- ces listed. period that rices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE
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Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable—add'l channel • Fire protection	e two exceptions: or facilities furnish hit in which it is usu rate column. Le charged by the of your cable system separate charge w tion and include th BLOCK RATE CA INS	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e n furnished or offe vas made or estable re rate for each. 1 TEGORY OF SER tallation: Non-res Motel, hotel Commercial Pay cable	combination of give rate ers. Rate in actes are ch acch of the st red during ished. List WICE Sidential	on with any seco information cond normation shoul harged on a varia applicable servic the accounting p these other serv	ndary trans cerning (1) d include b able per-pro- ces listed. period that rices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE
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Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Fire protection • Burglar protection <b>Installation: Residential</b>	e two exceptions: or facilities furnish hit in which it is usu rate column. Le charged by the of your cable system separate charge w tion and include th BLOCK RATE CA INS	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e n furnished or offe vas made or estable re rate for each. 1 TEGORY OF SER tallation: Non-res Motel, hotel Commercial Pay cable	combination of give rate ers. Rate in actes are ch acch of the st red during ished. List WICE Sidential	on with any seco information cond normation shoul harged on a varia applicable servic the accounting p these other serv	ndary trans cerning (1) d include b able per-pro- ces listed. period that rices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE
Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Fire protection • Burglar protection	e two exceptions: or facilities furnish hit in which it is usu rate column. Le charged by the of your cable system separate charge w tion and include th BLOCK RATE CA INS	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e n furnished or offe vas made or estable re rate for each. 1 TEGORY OF SER tallation: Non-res Motel, hotel Commercial Pay cable	combination of give rate ers. Rate in actes are ch acch of the st red during ished. List WICE Sidential	on with any seco information cond normation shoul harged on a varia applicable servic the accounting p these other serv	ndary trans cerning (1) d include b able per-pro- ces listed. period that rices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE
Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a sibrief (two- or three-word) descrip CATEGORY OF SERVICE <b>Continuing Services:</b> • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection <b>Installation: Residential</b> • First set (included 2)	e two exceptions: or facilities furnish hit in which it is usu rate column. Le charged by the of your cable system separate charge w tion and include th BLOCK RATE CA INS	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e n furnished or offe vas made or estable re rate for each. 1 TEGORY OF SER tallation: Non-res Motel, hotel Commercial Pay cable	combination of give rate ers. Rate in actes are ch acch of the st red during ished. List WICE Sidential	on with any seco information cond normation shoul harged on a varia applicable servic the accounting p these other serv	ndary trans cerning (1) d include b able per-pro- ces listed. period that rices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE
Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set (included 2) • Additional set(s)	e two exceptions: or facilities furnish hit in which it is usu rate column. Le charged by the of your cable system separate charge w tion and include th BLOCK RATE CA INS	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e n furnished or offe vas made or estable re rate for each. 1 TEGORY OF SER tallation: Non-res Motel, hotel Commercial Pay cable	combination of give rate ers. Rate in actes are ch acch of the st red during ished. List WICE Sidential	on with any seco information cond normation shoul harged on a varia applicable servic the accounting p these other serv	ndary trans cerning (1) d include b able per-pro- ces listed. period that rices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE
Other Than Secondary Fransmissions:	service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the <b>Block 1</b> : Give the standard rat <b>Block 2</b> : List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set (included 2) • Additional set(s) • FM radio (if separate rate)	e two exceptions: or facilities furnish hit in which it is usu rate column. Le charged by the of your cable system separate charge w tion and include th BLOCK RATE CA INS	t are not offered in you do not need to ed to nonsubscrib ually billed. If any r cable system for e n furnished or offe vas made or estable re rate for each. 1 TEGORY OF SER tallation: Non-res Motel, hotel Commercial Pay cable	combination of give rate ers. Rate in actes are ch acch of the st red during ished. List WICE Sidential	on with any seco information cond normation shoul harged on a varia applicable servic the accounting p these other serv	ndary trans cerning (1) d include b able per-pro- ces listed. period that rices in the	smission services oth the ogram basis, were not form of a BLOCK 2	RATE

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE					
Hume	Shenandoah Cable T	elevision, LLC		6					
	PRIMARY TRANSMITTERS:	TELEVISION							
G		entify every television station (including tra	-						
U	FCC rules and regulations	m during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the o	carriage of certain network progra	ams [sections					
Primary ansmitters:		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.							
Television	Substitute Basis Stations	: With respect to any distant stations carri	ied by your cable system on a sul	ostitute program					
	basis under specific FCC rules, regulations, or authorizations: • Do <i>not</i> 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 or	n a substitute basis. also in space I, if the station was carried b	oth on a substitute basis and also	a on some other					
	basis. For further informati	on concerning substitute basis stations, se	ee page (v) of the general instruct	ions.					
		n's call sign. <i>Do not</i> report origination prog d with a station according to its over-the-ai	-	-					
	"WETA-2" as the same on	the form.							
		el number the FCC assigned to the televis RC is channel 4 in Washington, D.C.	sion station for broadcasting over	the air in its community					
	Column 3: Indicate in eacl	n case whether the station is a network sta							
	(for independent multicast)	ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or "	E-M" (for noncommercial education						
	Ũ	erms, see page (iv) of the general instruction of each station. For U.S. stations, list the		is licensed by the					
		idian stations, if any, give the name of the	•						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WCHS	8	N	Charleston, WV					
	WCHS-2	8.2	N-M	Charleston, WV					
	WCHS-3	8.3	I-M	Charleston, WV					
	WLFB	40	I	Bluefield, WV					
	WLPX	29	<u>I</u>	Charleston, WV					
	WNPB	24	E	Morgantown, WV					
Rows as Necessary	WNPB-2	24.2	E-M	Morgantown, WV					
	WOWK	13	Ν	Huntington, WV					
		40.0							
	WOWK-2	13.2	I-M	Huntington, WV					
	WOWK-2 WOWK-3	13.2	I-M I-M	Huntington, WV Huntington, WV					
	WOWK-3	13.3		Huntington, WV					
	WOWK-3 WQCW	13.3 30	I-M I	Huntington, WV Portsmouth, VA					
	WOWK-3 WQCW WSAZ	13.3 30 3	I-M I N	Huntington, WV Portsmouth, VA Huntington, WV					
	WOWK-3 WQCW WSAZ WSAZ-2 HD	13.3 30 3 3.2	I-M I N	Huntington, WV Portsmouth, VA Huntington, WV Huntington, WV					
	WOWK-3 WQCW WSAZ WSAZ-2 HD WVAH	13.3 30 3 3.2 11	I-M I N I-M I	Huntington, WV Portsmouth, VA Huntington, WV Huntington, WV Charleston, WV Charleston, WV					
	WOWK-3 WQCW WSAZ WSAZ-2 HD WVAH WVAH-2	13.3 30 3 3.2 11 11.2	I-M I N I-M I I-M	Huntington, WV Portsmouth, VA Huntington, WV Huntington, WV Charleston, WV					
	WOWK-3 WQCW WSAZ WSAZ-2 HD WVAH WVAH-2 WVAH-3 WVAH-4	13.3       30       3       3.2       11       11.2       11.3       11.4	I-M I N I-M I I-M I-M	Huntington, WV         Portsmouth, VA         Huntington, WV         Huntington, WV         Charleston, WV					
	WOWK-3 WQCW WSAZ WSAZ-2 HD WVAH WVAH-2 WVAH-3	13.3       30       3       3.2       11       11.2       11.3	I-M I N I-M I I-M I-M	Huntington, WV         Portsmouth, VA         Huntington, WV         Huntington, WV         Charleston, WV         Charleston, WV         Charleston, WV					
	WOWK-3 WQCW WSAZ WSAZ-2 HD WVAH WVAH-2 WVAH-3 WVAH-4	13.3       30       3       3.2       11       11.2       11.3       11.4	I-M I N I-M I I-M I-M	Huntington, WV         Portsmouth, VA         Huntington, WV         Huntington, WV         Charleston, WV					
	WOWK-3 WQCW WSAZ WSAZ-2 HD WVAH WVAH-2 WVAH-3 WVAH-4	13.3       30       3       3.2       11       11.2       11.3       11.4	I-M I N I-M I I-M I-M	Huntington, WV         Portsmouth, VA         Huntington, WV         Huntington, WV         Charleston, WV					
	WOWK-3 WQCW WSAZ WSAZ-2 HD WVAH WVAH-2 WVAH-3 WVAH-4	13.3       30       3       3.2       11       11.2       11.3       11.4	I-M I N I-M I I-M I-M	Huntington, WV         Portsmouth, VA         Huntington, WV         Huntington, WV         Charleston, WV					
	WOWK-3 WQCW WSAZ WSAZ-2 HD WVAH WVAH-2 WVAH-3 WVAH-4	13.3       30       3       3.2       11       11.2       11.3       11.4	I-M I N I-M I I-M I-M	Huntington, WV         Portsmouth, VA         Huntington, WV         Huntington, WV         Charleston, WV					

ting Period:	2022, 1			FORM SA1-2E. P/				
Name	LEGAL NAME OF OWNER OF			SYSTEN				
	Shenandoah Cable Te	elevision, LLC		63				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable systen	ntify every television station (including t n during the accounting period, <i>except</i> n effect on June 24, 1981, permitting the	(1) stations carried only on a part-time	basis under				
rimary	76.59(d)(2) and (4), 76.61(e	)(2) and (4), or 76.63 (referring to 76.61						
mitters: evision	substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:							
		in space G—but do list it in space I (th	e Special Statement and Program Log	ı)—if the				
	basis. For further informatio <b>Column 1:</b> List each station	lso in space I, if the station was carried n concerning substitute basis stations, s 's call sign. <i>Do not</i> report origination pr	see page (v) of the general instructions rogram services such as HBO, ESPN,	s. etc. Identify each				
	multicast stream associated "WETA-2" as the same on t	with a station according to its over-the-	-air designation. For example, report r	nultistream				
	<b>Column 2:</b> Give the channer of license. For example, WF	I number the FCC assigned to the telever is channel 4 in Washington, D.C.	6	,				
	Column 3: Indicate in each	case whether the station is a network s						
		ing the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), or	<i>,,</i> (					
	(IOI Independent muticast),	$\mathbf{L}$ (101 homeoninercial educational), of		ar municasi).				
		rms, see page (iv) of the general instruc						
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the station is li					
	Column 4: Give the location		the community to which the station is li					
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the station is li					
	Column 4: Give the location	n of each station. For U.S. stations, list	the community to which the station is li					
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				
	<b>Column 4:</b> Give the location FCC. For Mexican or Canac	n of each station. For U.S. stations, list lian stations, if any, give the name of th	the community to which the station is li e community with which the station is i	identified.				

EGAL NAME OF								SYSTEM 630
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cable				ied on an	н
Special Instruct eceivable if (1) on the basis of it or detailed info paper SA1-2 for Column 1: it Column 2: S Column 3: if isignal, indicate Column 4: G	ctions Concer it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stati this by placing Give the station	rning Al y the sys be received t the Cop sign of e he static ion's sign a check n's location	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 community with which the s	Copyright Office re the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	egulations, an adend, and (2) nna, during ce e (v) of the gen ystem as a sep ed by the FCC	FM sign it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		0,0				0,0		
							·	

Accounting Perio							FOR	M SA1-2E. PAGE 5		
Name	LEGAL NAME OF OWNER OF ( Shenandoah Cable Tel							SYSTEM ID# 63641		
	SUBSTITUTE CARRIAGE									
∎ Substitute	In General: In space I, identifi substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further		
Carriage:	1. SPECIAL STATEMENT	CONCERI	NING SUBSTI	TUTE CARRIAGE						
Special Statement and	<ul> <li>During the accounting peri</li> </ul>	od, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev	ision progran/			
Program 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									
	log in block 2.									
	2. LOG OF SUBSTITUTE		-							
	In General: List each subst clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs.	ce, please a of every nor distant stati gulations, or es like "mov	ndd additional r nnetwork televi on and that you r authorizations	ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the gene	program") tha d for the prog eral instructio	at, during th ramming c ns for furth	he accounting of another sta her information	l tion n.		
	Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time	n was broad sign of the s dcast statio adian statio th and day e "5/7." es when the	tation broadca n's location (th ns, if any, the c when your syst substitute prog	em carried the substitute	m. station is lice station is ider orogram. Use cable system	ntified). e numerals . List the tii	, with the mor mes accurate			
	to the nearest five minutes. stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lette to delete under FCC rules a was substituted for program	er "R" if the nd regulatio	listed program ons in effect du	was substituted for progra ring the accounting period	· imming that y ; enter the let	our systen ter "P" if th	n was <i>require</i> ne listed progr			
	effect on October 19, 1976.			·	WHE	EN SUBST	TITUTE	7. REASON FOR		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	DELETION		
		103 01 10	OALL OIGH		AND DAT	TROM	10			
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Accounting Period:	<b>2022/1</b> FO	RM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Humo	Shenandoah Cable Television, LLC	63641
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 tota all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission serv (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se 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.	ice
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 \$263,800 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	
		h
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mont accounting period is \$52.00.         Line 1. Royalty fee for accounting period       \$         Line 2. Interest charge. Enter the amount from line 4, space Q, page 8       \$	<u>52.00</u> 16.37
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	68.37
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula	
	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
	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)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	<u></u>
	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)       \$ 68.3	37
Due	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	83.37
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrig See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information of the second seco	

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER ( Shenandoah Cable Te				SYSTEM ID# 63641
<b>M</b> Channels	to its subscribers, and ( 1. Enter the total numbersystem carried televis 2. Enter the total number on which the cable system	2) the cable system's t er of channels on which sion broadcast stations er of activated channel ystem carried television	total num h the cab s s n broadc		26 315
<b>N</b> Individual to Be Contacted	INDIVIDUAL TO BE CO			DRMATION IS NEEDED (Identify an individual	
for Further Information	Name Petra	a R. O'Neill		Telep	ohone (561) 801-8668
	Address 500 s	Shentel Way r, street, rural route, apartm	nent, or sui	te number)	
		burg, VA 22824 wn, state, zip)			
	Email	petra.o'neill@em	np.shent	el.com Fax (optional	
0	CERTIFICATION (This sta	atement of account mu	st be cer	tified and signed in accordance with Copyright Office regula	ions)
Certification	I, the undersigned, hereb				D
	(Owner other t	than corporation or pa	artnershi	p) I am the owner of the cable system as identified in line 1 of s	pace B; or
				artnership) I am the duly authorized agent of the owner of the or not a corporation or partnership; or	able system as identified
		<b>rtner)</b> I am an officer (if of space B.	a corpor	ation) or a partner (if a partnership) of the legal entity identified	as owner of the cable system
		correct to the best of my	-	clare under penalty of law that all statements of fact contained h ge, information, and belief, and are made in good faith.	nerein
				/s/ Derek Rieger	
			Enter sigr	nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	name:	Derek Rieger	
				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.

punting Period: 2022/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	6364
<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	
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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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.