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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
		ansmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
General instru			9/15/2022		Office Licensing Division at (202) 707-8150.
in the first tab	of this	s workbook.		ALLOCATION NUMBER	
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YYY	Y/(Period))	
		2022/1	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 th subsidiary, not that of the parent corporat		γ of another corporation, give the full corporat	e title of the
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 a statement of account and royalty fee payn		last day of the accounting period should submid.	it a single
		Check here if this is the system's first filing	;. If not, enter the system's ID number ass	igned by the Licensing Division.	63870
		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)			
	INST	•	ess or trade names used to identit	y the business and operation of the sy	stem unless these
С				system, if different from the address gi	
System	1	IDENTIFICATION OF CABLE SYSTEM: Lynchburg FTTH-Glo Fiber			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	Same As Above (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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Shenandoah Cable Television, LLC	638
D	Instructions: List each separate community served by the cable system. A " separate and distinct community or municipal entity (including unincorpora unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ated communities within unincorporated areas and including single, discu t will serve as a form of system identification hereafter known as the "fin
Area Served	city.	r mobile nome parks should be reported in parentneses below the ident
	CITY OR TOWN	STATE
First	Lynchburg	VA
Community		
d Rows as Necessary		

								-2E. PAGE
Name	LEGAL NAME OF OWNER OF C						515	6387
	Shenandoah Cable Tele	vision, LLC						0007
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS AND	RATES				
E	In General: The information in s		-		•			
Secondary	system, that is, the retransmissi about other services (including provide the services)							
Secondary Transmission	last day of the accounting period					nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both					ole system	, broken	
scribers and	down by categories of secondar							
Rates	each category by counting the n	0					charged	
	separately for the particular servert Rate: Give the standard rate of						e and the	
	unit in which it is generally billed	-						
	category, but do not include disc	· ·	,			, mann a p		
	Block 1: In the left-hand block			•	•			
	systems most commonly provid							
	that applies to your system. Not categories, that person or entity		-		-			
	subscriber who pays extra for ca				0,			
	first set" and would be counted of							
	Block 2: If your cable system				service that are	different f	rom those	
	printed in block 1 (for example, t							
	with the number of subscribers a	and rates, in the	right-hand block.	A two- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1				BLOCK	2	
		NO. OF		CAT			NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS RATE	CAI	EGORY OF SEF	VICE	SUBSCRIBERS	RATI
	Service to first set		56 \$45.0	0 Enterta	in		130	\$11
	Service to additional set(s)		50 \$45.0	Delight			130	\$14
	• FM radio (if separate rate)			Indulge			13	\$18
	Motel, hotel			muuige	5		15	φī
	-							
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC			TES				
_	In General: Space F calls for ra				all your cable sys	tem's serv	ices that were	
F	not covered in space E, that is,	•	,	•	• •			
	service for a single fee. There a		a vou do not noo		on with any seco	naary dan		
	5	•		•	information cond	cerning (1)	services	
Services	furnished at cost or (2) services	or facilities furn	ished to nonsubsc	ribers. Rate i	information cond nformation shoul	cerning (1) d include b	services both the	
Other Than	furnished at cost or (2) services amount of the charge and the u	or facilities furn	ished to nonsubsc	ribers. Rate i	information cond nformation shoul	cerning (1) d include b	services both the	
	furnished at cost or (2) services	or facilities furn hit in which it is u rate column.	ished to nonsubsc usually billed. If an	ribers. Rate i y rates are cl	information cond nformation shoul harged on a varia	cerning (1) d include t able per-pr	services both the	
Other Than Secondary	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services that	or facilities furn hit in which it is u rate column te charged by th t your cable sys	ished to nonsubsc usually billed. If an ne cable system fo tem furnished or o	ribers. Rate i y rates are cl r each of the ffered during	information cond nformation shoul harged on a varia applicable servic the accounting p	cerning (1) d include h able per-pr ces listed. period that	services ooth the ogram basis, were not	
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	or facilities furn nit in which it is u rate column. te charged by th t your cable sys separate charge	ished to nonsubsc usually billed. If an ne cable system fo tem furnished or o e was made or est	ribers. Rate i y rates are cl r each of the ffered during ablished. List	information cond nformation shoul harged on a varia applicable servic the accounting p	cerning (1) d include h able per-pr ces listed. period that	services ooth the ogram basis, were not	
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Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a	or facilities furn hit in which it is u rate column. te charged by th t your cable sys separate charge btion and include BLOC	ished to nonsubsc usually billed. If an ne cable system fo tem furnished or o e was made or est e the rate for each	ribers. Rate i y rates are cl r each of the ffered during ablished. List	information cond nformation shoul harged on a varia applicable servic the accounting p	cerning (1) d include t able per-pr ces listed. period that vices in the	services ooth the ogram basis, were not form of a	RATE
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1: Give the standard ra Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	or facilities furn hit in which it is u rate column. te charged by th t your cable sys separate charge otion and include BLOC RATE	ished to nonsubsc usually billed. If an the cable system fo tem furnished or o te was made or est the rate for each K 1	ribers. Rate i y rates are cl r each of the ffered during ablished. List ERVICE	information cond nformation shoul harged on a varia applicable servic the accounting p these other serv	cerning (1) d include t able per-pr ces listed. period that vices in the	services ooth the ogram basis, were not form of a BLOCK 2	RATI
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Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services :	or facilities furn hit in which it is u rate column. te charged by th t your cable sys separate charge otion and include BLOC RATE	ished to nonsubsc usually billed. If an te cable system fo tem furnished or o was made or est te the rate for each CATEGORY OF S Installation: Non-	ribers. Rate i y rates are cl r each of the ffered during ablished. List ERVICE	information cond nformation shoul harged on a varia applicable servic the accounting p these other serv	cerning (1) d include t able per-pr ces listed. period that vices in the	services ooth the ogram basis, were not form of a BLOCK 2	RATI
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Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha 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	or facilities furn hit in which it is u rate column. te charged by th t your cable sys separate charge otion and include BLOC RATE	ished to nonsubsc usually billed. If an e cable system fo tem furnished or o e was made or est e the rate for each CATEGORY OF S Installation: Non- • Motel, hotel • Commercial	ribers. Rate i y rates are cl r each of the ffered during ablished. List ERVICE residential	information cond nformation shoul harged on a varia applicable servic the accounting p these other serv	cerning (1) d include t able per-pr ces listed. period that vices in the	services ooth the ogram basis, were not form of a BLOCK 2	RATI
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Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	or facilities furn hit in which it is u rate column. te charged by th t your cable sys separate charge otion and include BLOC RATE	ished to nonsubsc usually billed. If an ecable system fo tem furnished or o e was made or est e the rate for each CATEGORY OF S Installation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable-add	ribers. Rate i y rates are cl r each of the ffered during ablished. List <u>ERVICE</u> residential	information cond nformation shoul harged on a varia applicable servic the accounting p these other serv	cerning (1) d include t able per-pr ces listed. period that vices in the	services ooth the ogram basis, were not form of a BLOCK 2	RATI
Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un- enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	or facilities furm hit in which it is u rate column. te charged by th t your cable sys separate charge otion and include BLOC RATE	ished to nonsubsc usually billed. If an ecable system fo tem furnished or o e was made or est e the rate for each CATEGORY OF S Installation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protection	ribers. Rate i y rates are cl r each of the ffered during ablished. List <u>ERVICE</u> residential	information cond nformation shoul harged on a varia applicable servic the accounting p these other serv	cerning (1) d include t able per-pr ces listed. period that vices in the	services ooth the ogram basis, were not form of a BLOCK 2	RATI
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Other Than Secondary ransmissions:	furnished at cost or (2) services amount of the charge and the un enter only the letters "PP" in the Block 1 : Give the standard ra Block 2 : List any services tha 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'I channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	or facilities furm hit in which it is u rate column. te charged by th t your cable sys separate charge otion and include BLOC RATE	ished to nonsubsc usually billed. If an are cable system fo tem furnished or of a was made or est a the rate for each CATEGORY OF S Installation: Non- • Motel, hotel • Commercial • Pay cable • Pay cable-add • Fire protection • Burglar protect Other services: • Reconnect	ribers. Rate i y rates are cl each of the ffered during ablished. List ERVICE residential	information cond nformation shoul harged on a varia applicable servic the accounting p these other serv	cerning (1) d include t able per-pr ces listed. period that vices in the	services ooth the ogram basis, were not form of a BLOCK 2	RATI

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM				
Name	Shenandoah Cable T	elevision, LLC		63				
	PRIMARY TRANSMITTERS: TELEVISION							
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 Substitute Basis Stations 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 Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried I on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	I) stations carried only on a part-t carriage of certain network progr e)(2) and (4))]; and (2) certain statistic ried by your cable system on a su Special Statement and Program both on a substitute basis and also ee page (v) of the general instruct ogram services such as HBO, ESI air designation. For example, rep- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	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 bendent), "I-M" tional multicast).				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WBRA	15	E	Roanoke, VA				
	WBRA-2	15.2	E-M	Roanoke, VA				
	WBRA-3	15.3	E-M	Roanoke, VA				
	WBRA-4	15.4	E-M	Roanoke, VA				
	wwcw	21	I	Lynchburg, VA				
	WWCW-3	21.3	I-M	Lynchburg, VA				
	WWCW-4	21.4	I-M	Lynchburg, VA				
	WSET	13	Ν	Lynchburg, VA				
	WSET-2	13.2	N-M	Lynchburg, VA				
d Rows as Necessary	WSET-3	13.3	I-M	Lynchburg, VA				
	WSET-4	13.4	I-M	Lynchburg, VA				
	WDBJ	7	Ν	Roanoke, VA				
	WDBJ-2	7.2	I-M	Roanoke, VA				
	WDBJ-3	7.3	I-M	Roanoke, VA				
	WDBJ-4	7.4	I-M	Roanoke, VA				
	WFXR	27	I	Roanoke, VA				
	WFXR-3	27.3	I-M	Roanoke, VA				
	WFXR-4	27.4	I-M	Roanoke, VA				

unting Period:	-			FORM SA1-2E. PA			
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM			
	Shenandoah Cable Te	elevision, LLC		63			
	PRIMARY TRANSMITTERS:	TELEVISION					
G	carried by your cable system	n during the accounting period, except	translator stations and low power telev (1) stations carried only on a part-time	basis under			
Primary ransmitters:	76.59(d)(2) and (4), 76.61(e		ne carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station				
Television			arried by your cable system on a substi	itute program			
	basis under specific FCC ru	les, regulations, or authorizations:	ne Special Statement and Program Log				
	station was carried only on						
	• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other						
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions.						
	Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream						
	"WETA-2" as the same on the form.						
	Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community						
	of license. For example, WRC is channel 4 in Washington, D.C.						
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the latter "N" (for network) "N M" (for network multicect) "I" (for independent). "I M"						
	educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast).						
	For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.						
	Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the						
	FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.						
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			

Shenandoah	• OWNER OF C							SYSTEM 638
	t every radio st	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	Н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	it is carried by monitoring, to lo prmation about m. lentify the call tate whether the the radio stati this by placing sive the station	the sys be recein the Cop sign of e he static on's sign a check n's locatio	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. nal was electronically processes (mark in the "S/D" column. on (the community to which the the community with which the s	the system's hea ystem's FM anter is point, see page ed by the cable se e station is licens	adend, and (2) nna, during ce e (v) of the gen ystem as a sep ed by the FCC	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	
	7 0. 7	0,12				0,0		

11	: 2022/1						FOR	M SA1-2E. PAGE 5
Namo	EGAL NAME OF OWNER OF C							SYSTEM ID# 63870
l i	SUBSTITUTE CARRIAGE n General: In space I, identif	fy every non	network televisi	<i>ion program,</i> broadcast by a				
Substitute	substitute basis during the ac explanation of the programmi							
Carriage: Special	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Statement and	 During the accounting peri 	od, did your	r cable system	carry, on a substitute basis	s, any nonne	twork telev	vision prograr	
Program Log	proadcast by a distant stat	ion?					YES	X NO
1	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is "	Yes," you mu	ust comple	ete the progra	m
	og in block 2.							
	 LOG OF SUBSTITUTE General: List each substitute 		-	te line. I lse abbreviations v	wherever nos	sible if th	eir meaning i	
c F L	clear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reg	ce, please a of every nor distant stati gulations, or	ndd additional r nnetwork televi on and that you r authorizations	ows to the tables. sion program ("substitute p ur cable system substituted s. See page (v) of the gene	program") the d for the prog ral instructio	at, during t ramming ons for furth	he accounting of another sta her informatio	g tion n.
	Column 3: Give the call s	Bulls." h was broad sign of the s	lcast live, enter tation broadca	- "Yes." Otherwise enter "N sting the substitute program	lo." m.	•		
	the case of Mexican or Cana Column 5: Give the mon first. Example: for May 7 giv	adian station th and day v re "5/7."	ns, if any, the o when your syst	em carried the substitute p	station is ider program. Use	ntified). numerals	s, with the mo	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	program carrie	gram was carried by your o ed by a system from 6:01:1 was substituted for progra	15 p.m. to 6:2	8:30 p.m.	should be	
v	to delete under FCC rules a was substituted for program effect on October 19, 1976.							ram
-	S		E PROGRAM		CARR		TITUTE CURRED TIMES	7. REASON FO
-	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO	
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Accounting Period:	2022/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Shenandoah Cable Television, LLC		63870
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this ar 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.	sion service nount, see	3,440.00 sss 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 \$26 • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26 • 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.	53,800.	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for the accounting period is \$52.00.	s six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	\$	17.91
	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 \$137,10		69.91
		,0)	
	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)		0.00
	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 \$527,6	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		
	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)	69.91	
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	\$	84.91
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC	SYSTEM ID# 63870
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. Enter the total number of channels on which the cable system carried television broadcast stations 	ns 24
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	182
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Petra R. O'Neill Telepho	ne (561) 801-8668
	Address 500 Shentel Way (Number, street, rural route, apartment, or suite number) Edinburgh, VA 22824 (City, town, state, zip)	
	Email petra.o'neill@emp.shentel.com Fax (optional	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as of in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	e B; or e system as identified owner of the cable system
	X /s/ Derek Rieger Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	_
	Typed or printed name: Derek Rieger Title: Vice President Legal/General Counsel	
	Date: Vice resident Legal/General Courses 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	6387
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below. \$	P Special Statement Concerning Gross Receipts Exclusion
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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 2 Multiply line 1 by the interest rate* and enter the sum here 384.40 x 17 days Line 3 Multiply line 2 by the number of days late and enter the sum here 6,534.80 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	

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.