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

	FOR COPYRIC	GHT OFFICE USE ONLY	 Return completed workbook by email to
	DATE RECEIVED	AMOUNT	-
ems (Short Form)		\$	<u>coplicsoa@copyright.gov</u> For additional information,
uctions are located	9/15/2022		contact the U.S. Copyright Office Licensing Division at
of this workbook.	0/10/2022	ALLOCATION NUMBER	(202) 707-8150.
ACCOUNTING PERIOD COVER	RED BY THIS STATEMENT: (YY	YY/(Period))	
	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
2022/1	rendu r - Sandary r - Sune So		
	Barcode Data Filing Period (optional	- see instructions)	
Instructions:			
-		iary of another corporation, give the full corporat	te title of the
List any other name or names unde	r which the owner conducts the business of th	e cable system.	
			it a single
Check here if this is the system's fir	st filing. If not, enter the system's ID number a	ssigned by the Licensing Division.	68872
LEGAL NAME OF OWNER/MA	AILING ADDRESS OF CABLE SYSTEM		
Shenadoah Cable Television,	LLC		
BUSINESS NAME(S) OF OWNE	ER OF CABLE SYSTEM (IF DIFFERENT)		
MAILING ADDRESS OF OWNE	R OF CABLE SYSTEM		
PO Box 459			
(Number, street, rural route, apartment, o Edinburg, VA 22824	r suite number)		
Edinburg, VA 22824 (City, town, state, zip)			
Edinburg, VA 22824 (City, town, state, zip) INSTRUCTIONS: In line 1, give any	business or trade names used to iden	tify the business and operation of the sy e system, if different from the address gi	
Edinburg, VA 22824 (City, town, state, zip) INSTRUCTIONS: In line 1, give any names already appear in space B. Ir 1 IDENTIFICATION OF CABLE SYST	business or trade names used to iden n line 2, give the mailing address of the	, , ,	
Edinburg, VA 22824 (City, town, state, zip) INSTRUCTIONS: In line 1, give any names already appear in space B. Ir 1 IDENTIFICATION OF CABLE SYST Salem FTTH-GIO Fiber	business or trade names used to iden n line 2, give the mailing address of the EM:	, , ,	
Edinburg, VA 22824 (City, town, state, zip) INSTRUCTIONS: In line 1, give any names already appear in space B. Ir 1 IDENTIFICATION OF CABLE SYST Salem FTTH-GIO Fiber MAILING ADDRESS OF CABLE SY Same As Above	business or trade names used to iden n line 2, give the mailing address of the EM:	, , ,	
Edinburg, VA 22824 (City, town, state, zip) INSTRUCTIONS: In line 1, give any names already appear in space B. Ir 1 IDENTIFICATION OF CABLE SYST Salem FTTH-GIO Fiber	business or trade names used to iden n line 2, give the mailing address of the TEM: (STEM:	, , ,	
Edinburg, VA 22824 (City, town, state, zip) INSTRUCTIONS: In line 1, give any names already appear in space B. In 1 IDENTIFICATION OF CABLE SYST Salem FTTH-Glo Fiber MAILING ADDRESS OF CABLE SYST Same As Above	business or trade names used to iden n line 2, give the mailing address of the TEM: (STEM:	, , ,	
é	2022/1 Instructions: Give the full legal name of the own subsidiary, not that of the parent co List any other name or names unde If there were different owners durin statement of account and royalty fe Check here if this is the system's fir LEGAL NAME OF OWNER/MA Shenadoah Cable Television, BUSINESS NAME(S) OF OWNE MAILING ADDRESS OF OWNE	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsid subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the full legal name of the owner conducts the business of the full system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system of the system of the system of the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's ID number at the system's first filling. If not, enter the system's ID number at the system's first filling. If not, enter the system's ID number at the system's ID number of the system's ID owner of the system (IF DIFFERENT)	ary Transmissions by erms (Short Form) DATE RECEIVED AMOUNT y 9/15/2022 ALLOCATION NUMBER 9/15/2022 ALLOCATION NUMBER ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) ALLOCATION NUMBER 2022/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) 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 corporal subsidiary, on that of the parent corporation. 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 subm 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 Shenadoah Cable Television, LLC BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM

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.

Nerre	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
Name	Shenadoah Cable Television, LLC	68872
D	Instructions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings.	'community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, c city.	r mobile home parks should be reported in parentheses below the identified
	CITY OR TOWN	STATE
First	Salem	VA
Community		
dd Rows as Necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C							SYS	TEM ID
	Shenadoah Cable Telev	ision, LLC							6887
_	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIB	ERS AND R	ATES				
E	In General: The information in s	•		-		•			
Secondary	system, that is, the retransmissi about other services (including p								
Transmission	last day of the accounting period							ing on the	
Service: Sub-	Number of Subscribers: Both						ble system	, broken	
scribers and	down by categories of secondary	•		•		•			
Rates	each category by counting the n separately for the particular serv	•						charged	
	Rate: Give the standard rate of							e 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					I in the count un	der "Servio	e to the	
	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	0							
	with the number of subscribers a					,		, U	
	sufficient.								
	BLO	OCK 1 NO. OF					BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	RS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Residential:								
	 Service to first set 		57	\$45.00	Enterta	in		248	\$11
	 Service to additional set(s) 				Delight			39	\$14
	 FM radio (if separate rate) 				Indulge	•		9	\$18
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRAN	ISMISSI	ONS: RATE	s				
-	In General: Space F calls for ra	te (not subscrib	er) inforn	nation with re	espect to a	ll your cable sys	tem's serv	ices 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	
Fransmissions:	Block 1: Give the standard rat Block 2: List any services that							wara not	
Rates	listed in block 1 and for which a				0	υ.			
	brief (two- or three-word) descrip								
		PL OC	יא 1					BLOCK 2	
	CATEGORY OF SERVICE	BLOO	CATEGO	RY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
		RATE	Installat			RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	RATE	Installat • Mote	on: Non-res		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable	RATE	Installat • Mote	i on: Non-res I, hotel mercial		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	• Mote • Com • Pay o	i on: Non-res I, hotel mercial	idential	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installati • Mote • Com • Pay o • Pay o	ion: Non-res I, hotel mercial cable	idential	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installati • Mote • Com • Pay o • Pay o • Fire p	ion: Non-res I, hotel mercial cable cable-add'l c	idential	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	RATE	Installati • Mote • Com • Pay o • Pay o • Fire p	on: Non-res I, hotel mercial cable cable-add'l cl protection ar protectior	idential	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	RATE	Installati • Mote • Comi • Pay o • Pay o • Fire p • Burgl	on: Non-res I, hotel mercial cable cable-add'l cl protection ar protectior rvices:	idential	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	RATE	Installati • Mote • Comi • Pay o • Pay o • Fire p • Burgi Other se	on: Non-res I, hotel mercial cable cable-add'I cl protection ar protectior rvices: nnect	idential	RATE		DRY OF SERVICE	RATE
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	RATE	Installati • Mote • Comi • Pay o • Pay o • Fire p • Burgi Other seco • Disco	on: Non-res I, hotel mercial cable cable-add'I cl protection ar protectior rvices: nnect	idential	RATE		DRY OF SERVICE	RATE

Nomo	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM		
Name	Shenadoah Cable Te	elevision, LLC		68		
	PRIMARY TRANSMITTERS	TELEVISION				
G Primary Transmitters: Television	In General: In space G, ic carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC • Do not list the station he station was carried only o • List the station here, and basis. For further informat Column 1: List each stati multicast stream associate "WETA-2" as the same or Column 2: Give the chan of license. For example, V Column 3: Indicate in eac educational station, by emi (for independent multicast For the meaning of these Column 4: Give the locat	dentify every television station (including tra em during the accounting period, <i>except</i> (1 s in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph. s: With respect to any distant stations carr rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. I also in space I, if the station was carried b tion 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-a) stations carried only on a part-ti carriage of certain network progra e)(2) and (4))]; and (2) certain station ied by your cable system on a sub Special Statement and Program both on a substitute basis and also ee page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep 'E-M" (for noncommercial educat ions in the paper SA1-2 form. e 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" ional multicast). is licensed by the		
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION		
	WZBJ	24		Danville, VA		
	WZBJ-3	24.3	I-M	Danville, VA		
" 	WSLS	10	N	Roanoke, VA		
·	WSLS-2	10.2	I-M	Roanoke, VA		
	WSLS-3	10.3	I-M	Roanoke, VA		
	WWCW-3	21.3	I-M	Lynchburg, VA		
	WWCW-4	21.4	I-M	Lynchburg, VA		
	WSET	13				
	WOLI	10	N	Lynchburg, VA		
	WSET-2	13.2	N I-M	Lynchburg, VA Lynchburg, VA		
				Lynchburg, VA		
	WSET-2	13.2	I-M			
	WSET-2 WSET-3	13.2 13.3	I-M I-M	Lynchburg, VA Lynchburg, VA		
	WSET-2 WSET-3 WSET-4	13.2 13.3 13.4	I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA		
	WSET-2 WSET-3 WSET-4 WDBJ	13.2 13.3 13.4 7	I-M I-M I-M N	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA		
	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2	13.2 13.3 13.4 7 7.2	I-M I-M I-M N I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA		
	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3	13.2 13.3 13.4 7 7.2 7.3	I-M I-M I-M N I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA		
	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4	13.2 13.3 13.4 7 7.2 7.3 7.4	I-M I-M I-M N I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA		
	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR	13.2 13.3 13.4 7 7.2 7.2 7.3 7.4 27	I-M I-M I-M N I-M I-M I-M N	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA		
	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR WFXR-3	13.2 13.3 13.4 7 7.2 7.3 7.4 27 27.3	I-M I-M I-M N I-M I-M I-M N I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA		
	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR WFXR-3	13.2 13.3 13.4 7 7.2 7.3 7.4 27 27.3	I-M I-M I-M N I-M I-M I-M N I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA		

ounting Period:	2022/1			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM
Name	Shenadoah Cable Tele	evision, LLC		688
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	ntify every television station (including tr n during the accounting period, <i>except</i> (n effect on June 24, 1981, permitting the	1) stations carried only on a part-time b	basis under
Primary Transmitters:	76.59(d)(2) and (4), 76.61(e) substitute program basis, as)(2) and (4), or 76.63 (referring to 76.61) s explained in the next paragraph.	(e)(2) and (4))]; and (2) certain stations	s carried on a
Television	basis under specific FCC rul • Do <i>not</i> list the station here	: With respect to any distant stations car les, regulations, or authorizations: e in space G—but do list it in space I (the		
	station was carried only on a			
	basis. For further information	Iso in space I, if the station was carried I n concerning substitute basis stations, s s call sign. <i>Do not</i> report origination pro	see page (v) of the general instructions.	
	multicast stream associated "WETA-2" as the same on th	with a station according to its over-the-a	air designation. For example, report m	nultistream
		I number the FCC assigned to the televi	ision station for broadcasting over the a	air in its community
		RC is channel 4 in Washington, D.C. case whether the station is a network st	etion on independent station or a non	seemaaraial
	educational station, by enter (for independent multicast),	ring the letter "N" (for network), "N-M" (fo "E" (for noncommercial educational), or	or network multicast), "I" (for independe "E-M" (for noncommercial educational	ent), "I-M"
	Column 4: Give the location	rms, see page (iv) of the general instruc n of each station. For U.S. stations, list tl dian stations, if any, give the name of the	he community to which the station is lic	5
		Iall Stations, it any, give the name of the		ienuneu.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		2. B CACT CHARTEE HOMBER	0. THE OF OTATION	4. LOCATION OF STATION

EGAL NAME OF							1	SYSTEM 688
	every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate t Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether to the radio stati this by placing vive 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 sy pyright Office regulations on thi each station carried. on is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the ger vstem 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	
CALL SIGN		5/0	LOCATION OF STATION	CALL SIGN		5/0	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF (Shenadoah Cable Tele							SYSTEM ID# 68872
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	on program, broadcast by cific present and former F	a <i>distant</i> statio CC rules, regul	ations, or au	thorizations. I	For a further
Substitute Carriage: Special Statement and Program Log	 SPECIAL STATEMENT During the accounting peribroadcast by a distant stat Note: If your answer is "No, log in block 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more spar Column 1: Give the title operiod, was broadcast by a under certain FCC rules, report on tuse general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so 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. 	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 base e blank. If your answer is the line. Use abbreviations ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra "Yes." Otherwise enter " sting the substitute progra sting the substitute progra community with which the em 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 station is lice cable system	ssible, if their at, during the gramming of ons for furthe cample, "I Lo ensed by the htified). e numerals, . List the tim	sion program YES e the program ir meaning is e accounting if another star er information ove Lucy" or e FCC or, in with the mor nes accurate	n X NO m tion n.
	stated as "6:00–6:30 p.m." Column 7: Enter the lette 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	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	TIMES — TO —	
					-			
							_ _ _	
							_ _ _	
							_	

Accounting Period:	2022/1	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
INDITE	Shenadoah Cable Television, LLC		68872
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 an 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.	ssion service mount, see	4,330.00 oss 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 \$2 • 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	63,800.	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for thi 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	\$	52.00 34.62
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		86.62
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	00)	
	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 \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) \$	86.62	
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	\$	101.62
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register 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 Shenadoah Cable Telev					SYSTEM ID# 68872
M Channels	to its subscribers, and (2) 1. Enter the total number	the cable system's to of channels on which	total num h the cab	Is on which the cable system carried television broadcas ber of activated channels during the accounting period. le	st stations	31
	2. Enter the total number on which the cable sys and nonbroadcast serv	tem carried television	n broadca	ast stations		193
N Individual to Be Contacted	INDIVIDUAL TO BE CON we can contact about this			DRMATION IS NEEDED (Identify an individual		
for Further Information	Name Petra	R O'Neill		Τ	elephone (561) 8	01-8668
	Address 500 SI	nentel Way street, rural route, apartm		4		
	Edinb	urgh, VA 22824		te number)		
	(City, towr	n, state, zip)				
	Email	petra.o'neill@em	np.shent	el.com Fax (optional		
O Certification	CERTIFICATION (This state I, the undersigned, hereby			tified and signed in accordance with Copyright Office reg	gulations)	
	(Owner other th	an corporation or pa	artnershi	p) I am the owner of the cable system as identified in line 1	of space B; or	
				artnership) I am the duly authorized agent of the owner of not a corporation or partnership; or	the cable system as	identified
		ner) I am an officer (if f space B.	f a corpor	ation) or a partner (if a partnership) of the legal entity identi	fied as owner of the o	cable system
		rrect to the best of my		clare under penalty of law that all statements of fact contair ge, information, and belief, and are made in good faith.	ed herein	
			Х	/s/ Derek Rieger		
				electronic signature on the line above to certify this statemen nature using an "/s/ signature" (e.g., /s/ John Smith)	t.	
		Typed or printed	name:	Derek Rieger		
				resident Legal/General Counsel position held in corporation or partnership)		
		Date:		September 15, 2	022	

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.

ounting Period: 2022/1	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enadoah Cable Television, LLC	68872
 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	- - - - - -
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
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here 743.30 x 17 days	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here 743.30 x 17 days Line 3 Multiply line 2 by the number of days late and enter the sum here 12,636.10 x 0.00274	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here 743.30 x 17 days Line 3 Multiply line 2 by the number of days late and enter the sum here 12,636.10 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here 12,636.10 in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ 34.62 (interest charge) * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. * To view the interest rate chart click on it (202) 707-8150 or licensing@copyright.gov.	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmer

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