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.	

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGH	Return completed workbook by email to	
DATE RECEIVED	coplicsoa@copyright.gov	
9/15/2022	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
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.
	х	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
		P.O. BOX 459 (Number, street, rural route, apartment, or suite number)
		EDINBURG, VA 22824 (City, town, state, zip)
	INSTR	UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С		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:
	_ <u>'</u>	Charles Town WV FTTH-GLO
		MAILING ADDRESS OF CABLE SYSTEM:
	2	Same As Above (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.

Accounting Period:	2022/1	FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	SHENANDOAH CABLE TELEVISION, LLC	0
D Area Served	Instructions: List each separate community served by the cable system. A "community' separate and distinct community or municipal entity (including unincorporated commu unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve a community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor city.	nities within unincorporated areas and including single, discrete s a form of system identification hereafter known as the "first
	CITY OR TOWN	STATE
First	Charles Town	WV
Community	Martinsburg	WV
	Ranson	WV
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SY	STEM ID					
Name	SHENANDOAH CABLE		LLC											
E	SECONDARY TRANSMISSION In General: The information in s	pace E should co	over all cate	egories of	secondary									
Secondary	system, that is, the retransmission about other services (including p													
Transmission	last day of the accounting period	<i>,</i> , ,	,		,									
Service: Sub-	Number of Subscribers: Both						•							
scribers and Rates	down by categories of secondary each category by counting the nu		•											
Rutes	separately for the particular servi							onargea						
	Rate: Give the standard rate c	-						•						
	unit in which it is generally billed. category, but do not include disc	· · ·	,		ny standaro	d rate variation	s within a p	oarticular rate						
	Block 1: In the left-hand block				ies of seco	ondary transmis	ssion servio	ce that cable						
	systems most commonly provide	to their subscrib	ers. Give t	he numbe	r of subsc	ribers and rate	for each lis	sted category						
	that applies to your system. Note													
	categories, that person or entity subscriber who pays extra for ca													
	first set" and would be counted o													
	Block 2: If your cable system h	0												
	printed in block 1 (for example, ti with the number of subscribers a					,	,.	, 0						
	sufficient.		ignt-nand b		o- or three	-word descript								
	BLC	DCK 1					BLOC							
	CATEGORY OF SERVICE	NO. OF SUBSCRIBEF		ATE	CAT			NO. OF SUBSCRIBERS	RATE					
	Residential:	SUBSCRIBER			CAT	TEGORY OF SERVICE		SUBSCRIBERS	KATE					
	Service to first set		8	\$45.00	Enterta	Entertain			\$110					
	 Service to additional set(s) 				Delight			7						
	• FM radio (if separate rate)				Indulge)	8	\$18						
	Motel, hotel													
	Commercial													
	Converter													
	Residential													
	Non-residential													
_	SERVICES OTHER THAN SECO In General: Space F calls for rat					your cable sys	stem's serv	ices that were						
F	not covered in space E, that is, th	hose services the	at are not o	ffered in c	ombinatio	n with any seco	ondary tran	smission						
Comisso	service for a single fee. There are		•		-		,							
Services	furnished at cost or (2) services of amount of the charge and the un													
Uther I nan	amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.													
Other Than Secondary	enter only the letters "PP" in the	rate column.				-	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.							
Secondary Fransmissions:	enter only the letters "PP" in the Block 1 : Give the standard rat	rate column. e charged by the			ch of the a	pplicable servi								
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that	rate column. e charged by the your cable syste	em furnishe	d or offere	ch of the a d during t	pplicable servi he accounting	period that							
Secondary Fransmissions:	enter only the letters "PP" in the Block 1 : Give the standard rat	rate column. e charged by the your cable syste separate charge	em furnishe was made	d or offere or establis	ch of the a d during t	pplicable servi he accounting	period that							
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s	rate column. e charged by the your cable syste separate charge tion and include	em furnishe was made the rate for	d or offere or establis	ch of the a d during t	pplicable servi he accounting	period that	e form of a						
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s	rate column. e charged by the your cable syste separate charge tion and include BLOC	em furnishe was made the rate for	d or offere or establis each.	ch of the a ed during t hed. List t	pplicable servi he accounting	period that vices in the		RATE					
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE	em furnishe was made the rate for K 1	d or offere or establis each. OF SER	ch of the a ed during t hed. List t	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2	RATE					
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE	em furnishe was made the rate for K 1 ATEGORY	d or offere or establis each. OF SER\ Non-res	ch of the a ed during t hed. List t	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2	RATE					
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE	em furnishe was made the rate for <u>K 1</u> <u>ATEGORY</u> • Motel, he • Commer	d or offere or establis each. OF SER\ Non-resi otel cial	ch of the a ed during t hed. List t	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2	E RATE					
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE	em furnishe was made of the rate for ATEGORY stallation: • Motel, ho • Commer • Pay cabl	d or offere or establis each. OF SER Non-resi otel cial e	ch of the a d during ti hed. List t /ICE idential	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2	E RATE					
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection • Burglar protection	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE	em furnishe was made the rate for ATEGORY Installation • Motel, he • Commer • Pay cabl • Pay cabl	d or offere or establis each. <u>OF SER</u> Non-res otel cial e e-add'l ch	ch of the a d during ti hed. List t /ICE idential	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2	RATE					
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s 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	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE	m furnishe was made the rate for ATEGORY Installation • Motel, ho • Commer • Pay cabl • Pay cabl • Fire prot	d or offere or establis each. <u>OF SER</u> Non-res otel cial e e-add'l ch ection	ch of the a d during ti hed. List t /ICE idential	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2	RATE					
Secondary Fransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s 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	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE C	m furnishe was made the rate for ATEGORY • Motel, ho • Commer • Pay cabl • Pay cabl • Fire prot • Burglar p	d or offere or establis each. OF SER' Non-resi otel cial e e-add'l ch ection protection	ch of the a d during ti hed. List t /ICE idential	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2	RATE					
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE C	m furnishe was made the rate for ATEGORY stallation • Motel, ho • Commer • Pay cabl • Pay cabl • Fire prot • Burglar p	d or offere or establis each. OF SER' Non-resi otel cial e e-add'I ch ection protection ces:	ch of the a d during ti hed. List t /ICE idential	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2						
Secondary Transmissions:	enter only the letters "PP" in the Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a services brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE C	m furnishe was made the rate for ATEGORY Istallation • Motel, he • Commer • Pay cabl • Pay cabl • Fire prot • Burglar p other servio • Reconne	d or offere or establis each. OF SER Non-residue otel cial e e-add'I ch ection protection ces: ect	ch of the a d during ti hed. List t /ICE idential	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2						
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. e charged by the your cable syste separate charge tion and include BLOCI RATE C	m furnishe was made the rate for ATEGORY stallation • Motel, ho • Commer • Pay cabl • Pay cabl • Fire prot • Burglar p	d or offere or establis each.	ch of the a d during ti hed. List t /ICE idential	pplicable servi he accounting hese other ser	period that vices in the	e form of a BLOCK 2	RATE					

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM					
Name	SHENANDOAH CABLE TELEVISION, LLC								
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	carried by your cable system during the accounting period, <i>except</i> (1) stations carriad only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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. Substitute Basis Stations : With respect to any distant stations carried by your cable system on a substitute 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 <i>only</i> on a substitute basis. • 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 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 with which the station is i								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WDCA	20	1	Washington DC					
	WDCA-2	20.2	I-M	Washington DC					
	WDCA-3	20.3	I-M	Washington DC					
	WDCW	50	I	Washington DC					
	WDCW-2	50.2	I-M	Washington DC					
Rows as Necessary	WDME	48	I	Washington DC					
	WDVM	25	I	Washington DC					
	WDVM-2	25.2	I-M	Washington DC					
	WDVM-3	25.3	I-M	Washington DC					
	WETA	26	Е	Washington DC					
	WETA-3	26.3	E-M	Washington DC					
	WETA-4	26.4	E-M	Washington DC					
	WJLA	7	N	Washington DC					
	WJLA-2	7.2	I-M	Washington DC					
	WJLA-3	7.3	I-M	Washington DC					
	WJLA-4	7.4	I-M	Washington DC					
	WPXW	66	I	Manassas, VA					
	WPXW-5	66.5	I-M	Manassas, VA					
	WRC	4	N	Washington DC					
	WRC-2	4.2	N-M	Washington DC					
	WRC-3	4.3	N-M	Washington DC					
	WTTG	5	N	Washington DC					
	WTTG-2	5.2	I-M	Washington DC					
	WUSA	9	Ν	Washington DC					

counting Period:	2022/1			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	SHENANDOAH CABLE TELEVISION, LLC							
	PRIMARY TRANSMITTERS:	TELEVISION						
G	In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections							
Primary Transmitters: Television	substitute program basis, as)(2) and (4), or 76.63 (referring to 76.6 s explained in the next paragraph. With respect to any distant stations ca						
	 Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not 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 on a substitute basis. 							
	 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. Do not 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 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				
	WUSA-3	9.3	I-M	Washington DC				
	WUSA-4	9.4	I-M	Washington DC				

EGAL NAME OF			YSTEM: /ISION, LLC					SYSTEM I
	every radio s	tation ca	rried on a separate and discre				ied on an	н
eceivable if (1) n the basis of r or detailed info aper SA1-2 for Column 1: Id	it is carried by monitoring, to mation about m. lentify the call	y the sys be recein t the Cop sign of e	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s byright Office regulations on th each station carried. on is AM or FM.	the system's hea ystem's FM anter	dend, and (2) nna, during ce	it can b rtain sta	e expected, ted intervals.	Primary Transmitters Radio
gnal, indicate f Column 4: G	this by placing ive the statior	a check n's locati	nal was electronically processe mark in the "S/D" column. on (the community to which the the community with which the s	e station is licens	ed by the FCC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2				2,2		

Accounting Perio	d: 2022/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYST	EM:					SYSTEM ID#
Name	SHENANDOAH CABLE	TELEVIS	ION, LLC					0
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identi substitute basis during the ad explanation of the programmi	counting pe	riod, under spec	cific present and former FC	C rules, regula	itions, or auth	orizations. F	or a further
Carriage:	1. SPECIAL STATEMENT		NING SUBSTI	TUTE CARRIAGE				
Special	 During the accounting per 	iod, did youi	r cable system	carry, on a substitute basi	s, any nonnel	work televisi	on program	
Statement and Program Log	broadcast by a distant stat		,		· ·		YES	X NO
Program Log	-							
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is '	"Yes," you mu	ist complete	the program	า
	log in block 2.							
	2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs.	ce, please a of every nor distant stati gulations, or ies like "mov	add additional r nnetwork televis on and that you r authorizations	ows to the tables. sion program ("substitute ir cable system substitute s. See page (v) of the gene	program") tha d for the prog eral instruction	t, during the ramming of a ns for further	accounting another stati information	
	Column 3: Give the call s Column 4: Give the broa	sign of the s idcast statio	tation broadca	"Yes." Otherwise enter "N sting the substitute progra e community to which the	m. station is lice		FCC or, in	
	the case of Mexican or Can							
	first. Example: for May 7 giv		when your syst	em carried the substitute p	program. Use	numerals, w	with the mon	th
			substitute prog	gram was carried by your o	cable system.	List the time	es accuratel	v
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	"D" :(II						,
	to delete under FCC rules a			was substituted for progra				
	was substituted for program							****
	effect on October 19, 1976.		-			-		
	s	UBSTITUT	E PROGRAM			N SUBSTIT		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TII FROM —		DELETION
						_		
		+						
							-	
							-	
						-	-	
] [_	_	
		+						
							-	
							-	
						_	-	
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							-	
							-	
							-	
						_	-	
						-	-	

Accounting Period:	2022/1	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	S	YSTEM ID# 0
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	nission service amount, see	7,800.00
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 \$ • Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$ • 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.	263,800.	
	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 accounting period is \$52.00.	this 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	\$	3.63
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$	55.63
	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		
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
			_
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	-	
	2. Base amount under statutory formula	-	
	3. Subtract line 2 from line 1	-	
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		
	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 Foo and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	55.63	
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	\$	70.63
	EFT Trace # or TRANSACTION ID #]	
	Important: Your remittance must be in the form of an electronic payment payable to the Registe See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for m		

Accounting Period:	2022/1				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: H CABLE TELEVISION, LLC			SYSTEM ID# 0
M Channels	to its subscrib 1. Enter the to system car 2. Enter the to on which th	ers, and (2) the cable system's to tal number of channels on which ried television broadcast stations tal number of activated channels e cable system carried television		ccounting period.	27 310
N Individual to Be Contacted		TO BE CONTACTED IF FURTHE	ER INFORMATION IS NEEDED (Identify an ind t.)	dividual	
for Further Information	Name	Petra O'Neill		Telephone (561) 801-8	668
	Address	500 Shentel Way, PO E (Number, street, rural route, apartme Edinburg, VA 22824 (City, town, state, zip)	Box 459 int, or suite number)		
	Email	petra.o'neill@emp	o.shentel.com	Fax (optional	
	CERTIFICATIO	I (This statement of account mus	t be certified and signed in accordance with Co	opyright Office regulations)	
O Certification	(Own (Age X (Off • I have examin are true, comp	nt of owner other than corporation in line 1 of space B and that the o icer or partner) I am an officer (if a in line 1 of space B. ed the statement of account and he	e, <i>but only one</i> , of the boxes.) tnership) I am the owner of the cable system as on or partnership) I am the duly authorized age owner is not a corporation or partnership; or a corporation) or a partner (if a partnership) of the preby declare under penalty of law that all statement knowledge, information, and belief, and are made	nt of the owner of the cable system as identifi e legal entity identified as owner of the cable s ents of fact contained herein	
		E Typed or printed n Title:	Vice President Legal/General Cour of official position held in corporation or partnership)	hn Smith)	

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.

Accounting Period: 2022/1	FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
SHENANDOAH CABLE TELEVISION, LLC	0
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? X NO YES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment \$ 7,800.00 x 1%	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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