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

TATEM	ENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	email to
-	ary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Syste	ems (Short Form)		\$	For additional information, contact the U.S. Copyright
General instru	uctions are located	3/16/2023		Office Licensing Division at
n the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
	2022/2		· · · · · · · · · · · · · · · · · · ·	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
	Instructions:			
В			ary of another corporation, give the full corpora	te title of the
Owner	List any other name or names under wh	ich the owner conducts the business of the	e cable system.	
	_	he accounting period, only the owner on th ayment covering the entire accounting peri	e last day of the accounting period should subm iod.	it a single
	Check here if this is the system's first fil	ing. If not, enter the system's ID number a	ssigned by the Licensing Division.	23370
	LEGAL NAME OF OWNER/MAILI	NG ADDRESS OF CABLE SYSTEM		
	Shenandoah Cable Television, LL	c		
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	PO Box 459 (Number, street, rural route, apartment, or suit	e number)		
	Edinburg, VA 22824			
	INSTRUCTIONS: In line 1, give any bus	siness or trade names used to iden	tify the business and operation of the sy	stem unless these
С	names already appear in space B. In lin			
System	1			
	MAILING ADDRESS OF CABLE SYSTE	EM:		
	2 (Number, street, rural route, apartment, or suit	e number)		
	(City, town, state, zip code)			
	(ony, town, state, zip code)			

Privacy Act Notice: Section 111 of 1tite 17 of the United States Code authorizes the Copynght 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 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	233
D	Instructions: List each separate community served by the cable system. A "c separate and distinct community or municipal entity (including unincorporat unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or	ted communities within unincorporated areas and including single, disc will serve as a form of system identification hereafter known as the "fine the second se
Area Served	city.	mobile nome parks should be reported in parentneses below the identi
	CITY OR TOWN	STATE
First	Buchanan	VA
Community		
Rows as Necessary		

	LEGAL NAME OF OWNER OF C								TEM ID
Name								313	2337
	Shenandoah Cable Tele	vision, LLC							2001
-	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RA	ATES				
E	In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information								
Secondary	about other services (including p								
Transmission	last day of the accounting period	I (June 30 or D	ecembe	er 31, as the ca	ase may be	e).		0	
Service: Sub- scribers and	Number of Subscribers: Both down by categories of secondary	•							
Rates	each category by counting the n	<i>,</i>							
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed	-	-					-	
	category, but do not include disc	· ·		,			s within a		
	Block 1: In the left-hand block			-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity								
	subscriber who pays extra for ca					d in the count un	der "Servi	ce to the	
	first set" and would be counted of Block 2: If your cable system					service that are	different	from those	
	printed in block 1 (for example, t	0		,					
	with the number of subscribers a	and rates, in th	e right-h	nand block. A t	wo- or thre	e-word descript	on of the	service is	
	sufficient.	DCK 1					BLOC	< 2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	• Service to first set		19	\$30.00	1st Cor	onverter HD/DVR		4	\$16.9
	Service to additional set(s)		- 13	<i>\$</i> 30.00		Converter HD/DVR			\$9.9
	• FM radio (if separate rate)				Cable (-	\$1.9
	Motel, hotel								
	Commercial								
	Converter								
	Residential		36	\$5.95	Advand	ced (Expande	ed)	28	\$90.0
	Non-residential				Ultimat	e		22	\$110.0
	SERVICES OTHER THAN SEC		NSMIS		s			•	
-	In General: Space F calls for rate				-	Il your cable sys	tem's ser	vices that were	
F	not covered in space E, that is, t					,	,		
Services	service for a single fee. There al furnished at cost or (2) services	•			0		υ.	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the Block 1: Give the standard rate		ho oobl	a system for a	ach of the	applicable convi	non lintod		
ransmissions: Rates	Block 2: List any services that							t were not	
	listed in block 1 and for which a	•			ished. List	these other ser	vices in th	e form of a	
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	1					BLOCK 2	1
	CATEGORY OF SERVICE	RATE		SORY OF SER		RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services: Pay cable			ation: Non-res tel, hotel	idential				
	• Pay cable—add'l channel			mmercial					
	Fire protection		_	y cable					
	•Burglar protection		-	y cable-add'l cł	nannel				
	Installation: Residential			e protection					
	• First set (includes 2)	\$99.95	• Bui	rglar protection					
	 Additional set(s) 	\$14.95	Other	services:					
	• FM radio (if separate rate)			connect		\$25.00	Servic	e Call	\$49.9
	Converter		• Dis	connect					
									1
				tlet relocation we to new addr					

								2E. PAGE
Name	LEGAL NAME OF OWNER OF C						515	TEM ID 2337
	Shenandoah Cable Tele	vision, LLC						2337
_	SECONDARY TRANSMISSION	SERVICE: SUE	BSCRIBERS AND R	ATES				
E	In General: The information in s				y transmission ser	vice of the cable		
<u> </u>	system, that is, the retransmissi							
Secondary Transmission	about other services (including particular about other services (including particular about the second particular	, , ,	,	,		se existing on the		
Service: Sub-	Number of Subscribers: Both					system, broken		
scribers and	down by categories of secondar	y transmission s	ervice. In general, yo	ou can com	pute the number o	f subscribers in		
Rates	each category by counting the n	•	0,0			•		
	separately for the particular serv Rate: Give the standard rate of							
	unit in which it is generally billed	-				-		
	category, but do not include disc	· · ·	,					
	Block 1: In the left-hand block				ondary transmissio	on service that cable		
	systems most commonly provide							
	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 di	ferent from those		
	printed in block 1 (for example, t				,	,, , 0		
	with the number of subscribers a	and rates, in the	right-hand block. A t	wo- or thre	e-word description	of the service is		
	sufficient.	OCK 1				BLOCK 2		
		NO. OF				NO. OF		
	CATEGORY OF SERVICE	SUBSCRIBER	RS RATE	CATE	EGORY OF SERVI	CE SUBSCRIBE	RS	RAT
	Residential:			Taabna			04	\$3.0
	Service to first set				logy Fee		84	•
	• Service to additional set(s)			Copyrig			84 84	\$0.6
	• FM radio (if separate rate)			Бгоацс	ast TV Surcha	ge	84	\$26.2
	Motel, hotel						44	¢40.0
	Commercial			TiVo Ga			14	\$19.9
	Converter			TiVo Pl			22	\$6.9
	Residential (DTA)		97 \$3.99	Maestro	о вох		9	\$14.9
	 Non-residential 							÷
	- Non-residential			Maestro	o Player		23	\$5.0
							23	\$5.0
	SERVICES OTHER THAN SEC In General: Space F calls for ra			s	o Player	n's services that were		\$5.0
F	SERVICES OTHER THAN SEC	te (not subscribe	er) information with re	S espect to al	D Player			\$5.(
	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There a	te (not subscribe those services th re two exception	er) information with re hat are not offered in is: you do not need to	S espect to al combination o give rate	Il your cable system on with any second information concer	ary transmission ning (1) services		\$5.(
Services	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There as furnished at cost or (2) services	te (not subscribe those services th re two exception or facilities furni	er) information with re hat are not offered in as: you do not need to ished to nonsubscrib	S espect to al combination o give rate ers. Rate ir	Il your cable system on with any second information concer nformation should i	ary transmission ning (1) services nclude both the		\$5.(
Services Other Than	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There are furnished at cost or (2) services amount of the charge and the ur	te (not subscribe those services th re two exception or facilities furni hit in which it is u	er) information with re hat are not offered in as: you do not need to ished to nonsubscrib	S espect to al combination o give rate ers. Rate ir	Il your cable system on with any second information concer nformation should i	ary transmission ning (1) services nclude both the		\$5.(
Services	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There as furnished at cost or (2) services	te (not subscribe those services the re two exception or facilities furni hit in which it is u rate column.	er) information with re hat are not offered in is: you do not need to ished to nonsubscrib usually billed. If any r	S espect to al combination o give rate ers. Rate ir ates are ch	Il your cable system on with any second information concern formation should in arged on a variable	ary transmission ning (1) services nclude both the e per-program basis,		\$5.(
Services Other Than Secondary	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au 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	te (not subscribe those services the re two exception or facilities furni nit in which it is u rate column. te charged by the t your cable syst	er) information with re hat are not offered in as: you do not need to ished to nonsubscrib usually billed. If any r ne cable system for e tem furnished or offe	S espect to al combination o give rate ers. Rate in ates are ch ach of the a red during	D Player Il your cable syster on with any second information concer nformation should i larged on a variabl applicable services the accounting per	ary transmission ning (1) services nclude both the e per-program basis, listed. iod that were not		\$5.(
Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au 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	te (not subscribe those services the re two exception or facilities furni hit in which it is u rate column. te charged by the t your cable syst separate charge	er) information with re hat are not offered in is: you do not need to ished to nonsubscrib usually billed. If any r he cable system for e tem furnished or offe was made or establ	S espect to al combination o give rate ers. Rate in ates are ch ach of the a red during	D Player Il your cable syster on with any second information concer nformation should i larged on a variabl applicable services the accounting per	ary transmission ning (1) services nclude both the e per-program basis, listed. iod that were not		\$5.0
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Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au 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	te (not subscribe those services the re two exception or facilities furni nit in which it is u rate column. te charged by the t your cable syst separate charge otion and include BLOC RATE	er) information with re- hat are not offered in is: you do not need to ished to nonsubscrib usually billed. If any r e cable system for e tem furnished or offe e was made or estable the rate for each.	S espect to al combination o give rate ers. Rate in ates are ch ach of the a red during i ished. List <u>EVICE</u> sidential	D Player	ary transmission ning (1) services nclude both the e per-program basis, listed. iod that were not es in the form of a BLOCK	2	
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Services Other Than Secondary ransmissions:	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, 1 service for a single fee. There au 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 • Pay cable • Fire protection • Burglar protection Installation: Residential • First set (includes 2) • Additional set(s) • FM radio (if separate rate)	te (not subscribe those services the re two exception or facilities furni nit in which it is u rate column. te charged by the t your cable syst separate charge otion and include BLOC RATE	er) information with re- hat are not offered in is: you do not need to ished to nonsubscrib usually billed. If any r e cable system for e tem furnished or offe e was made or estable the rate for each.	S espect to al combination o give rate ers. Rate in ates are ch ach of the a red during i ished. List <u>EVICE</u> sidential	D Player	ary transmission ning (1) services nclude both the e per-program basis, listed. iod that were not es in the form of a BLOCK	2	

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Shenandoah Cable T	elevision, LLC		23
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru- Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatic Column 1: List each statio multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-	e carriage of certain network progra (e)(2) and (4))]; and (2) certain stat rried by your cable system on a sub e Special Statement and Program L both on a substitute basis and also see page (v) of the general instruction ogram services such as HBO, ESP air designation. For example, repor- rision station for broadcasting over t tation, an independent station, or a for network multicast), "I" (for indepen- tions in the paper SA1-2 form. the community to which the station i	ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream the air in its community noncommercial endent), "I-M" onal multicast). s licensed by the
	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
	WDBJ	7	N	Roanoke, VA
	WDBJ-2	7.2	I-M	Roanoke, VA
	VVDDJ-Z		• •••	Rudiluke, VA
	WDBJ-3	7.3	I-M	Roanoke, VA
	WDBJ-3	7.3	I-M	Roanoke, VA
	WDBJ-3 WFXR	7.3 27	I-M N	Roanoke, VA Roanoke, VA
f Rows as Necessary	WDBJ-3 WFXR WFXR-3	7.3 27 27.3	I-M N I-M	Roanoke, VA Roanoke, VA Roanoke, VA
ł Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4	7.3 27 27.3 27.4	I-M N I-M	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
l Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR	7.3 27 27.3 27.4 38	I-M N I-M I-M I	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
l Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET	7.3 27 27.3 27.4 38 13	I-M N I-M I-M I N	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA
f Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET WSET-2	7.3 27 27.3 27.4 38 13 13.2	I-M N I-M I-M I N I-M	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA
i Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET WSET-2 WSET-3	7.3 27 27.3 27.4 38 13 13.2 13.2 13.3	I-M N I-M I-M I N I-M I-M	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA
l Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET WSET-2 WSET-3 WSET-4	7.3 27 27.3 27.4 38 13 13.2 13.3 13.4	I-M N I-M I-M I N I-M I-M I-M	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA
l Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET WSET-2 WSET-2 WSET-3 WSET-4 WSLS	7.3 27 27.3 27.4 38 13 13.2 13.2 13.3 13.4 10	I-M N I-M I-M I N I-M I-M I-M I-M N	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA
l Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2	7.3 27 27.3 27.4 38 13 13.2 13.3 13.4 10 10.2	I-M N I-M I-M I N I-M I-M I-M I-M N I-M	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA
ł Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET WSET-2 WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3	7.3 27 27.3 27.4 38 13 13.2 13.3 13.4 10 10.2 10.3	I-M N I-M I-M I I N I-M I-M I-M I-M I-M I-M	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA
l Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET WSET-2 WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3 WSLS-4	7.3 27 27.3 27.4 38 13 13.2 13.2 13.3 13.4 10 10.2 10.3 10.4	I-M N I-M I-M I N I-M I-M I-M I-M I-M I-M I-M	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA
l Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3 WSLS-4 WSLS-5	7.3 27 27.3 27.4 38 13 13.2 13.3 13.4 10 10.2 10.3 10.4 10.5	I-M N I-M I-M I N I-M I-M I-M I-M I-M I-M I-M	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA
d Rows as Necessary	WDBJ-3 WFXR WFXR-3 WFXR-4 WPXR WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3 WSLS-4 WSLS-5	7.3 27 27.3 27.4 38 13 13.2 13.3 13.4 10 10.2 10.3 10.4 10.5	I-M N I-M I-M I N I-M I-M I-M I-M I-M I-M I-M	Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA

Accounting Period:	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID
Name	Shenandoah Cable Te	elevision, LLC		2337
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system	n during the accounting period, except	translator stations and low power televi (1) stations carried only on a part-time	basis under
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph.	ne carriage of certain network programs 1(e)(2) and (4))]; and (2) certain station arried by your cable system on a substi	s carried on a
			ne Special Statement and Program Log	ı)—if the
	basis. For further informatio Column 1: List each station	n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	d both on a substitute basis and also or see page (v) of the general instruction program services such as HBO, ESPN,	s. etc. Identify each
	"WETA-2" as the same on t Column 2: Give the channed	he form. I number the FCC assigned to the tele	e-air designation. For example, report r	
		RC is channel 4 in Washington, D.C. case whether the station is a network	station, an independent station, or a no	ncommercial
	educational station, by enter (for independent multicast),	ing the letter "N" (for network), "N-M" ("E" (for noncommercial educational), o	for network multicast), "I" (for independ or "E-M" (for noncommercial education	lent), "I-M"
	Column 4: Give the location		the community to which the station is I	, , , , , , , , , , , , , , , , , , ,
	FCC. For Mexican or Canac	lian stations, if any, give the name of tl	ne community with which the station is i	identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF							1	SYSTEM 233
	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 isignal, indicate to Column 4: G	it is carried by monitoring, to prmation about m. lentify the call tate whether t the radio stati this by placing vive the statior	the sys be recein the Cop sign of e he static ion's sign a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on the 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 sy	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	
		5,0				5,0		
				An annual second second second second				

Namo	2022/2						FOR	M SA1-2E. PAGE 5		
	GAL NAME OF OWNER OF C henandoah Cable Tele							SYSTEM ID# 23370		
l In	UBSTITUTE CARRIAGE General: In space I, identif	y every noni	network televisi	on program, broadcast by a						
Substitute ex	<i>bstitute basis</i> during the ac planation of the programmin									
Carriage: 1. Special	SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Statement and	During the accounting perio	od, did your	cable system	carry, on a substitute basi	s, any nonne	twork telev	vision progran			
Program Log br	oadcast by a distant stati	on?					YES	X NO		
No	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
In	LOG OF SUBSTITUTE General: List each substi ear. If you need more space	tute prograi	m on a separat		wherever pos	sible, if th	eir meaning is	3		
	Column 1: Give the title operiod, was broadcast by a d	of every nor	network televi	sion program ("substitute						
un Do "N	nder certain FCC rules, reg o not use general categorie IBA Basketball: 76ers vs. I	julations, or es like "mo\ 3ulls."	authorizations vies" or "baske	s. See page (v) of the gene tball." List specific program	eral instructio n titles, for ex	ns for furth	her informatio	n.		
	Column 2: If the program Column 3: Give the call s Column 4: Give the broad	ign of the s dcast statio	tation broadca n's location (th	sting the substitute progra e community to which the	m. station is lice		ne FCC or, in			
firs	e case of Mexican or Cana Column 5: Give the mont st. Example: for May 7 give	h and day v e "5/7."	when your syst	em carried the substitute	orogram. Use	e numerals	,			
to sta	Column 6: State the time the nearest five minutes. I ated as "6:00–6:30 p.m."	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	28:30 p.m.	should be			
to wa	Column 7: Enter the lette delete under FCC rules at as substituted for program fect on October 19, 1976.	nd regulatio	ons in effect du	ring the accounting period	; enter the let	ter "P" if th	ne listed progr			
	SI	JBSTITUT	E PROGRAM					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	6. FROM	TIMES — TO	-		
							_			
							_			
							_			
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Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Humo	Shenandoah Cable Television, LLC		23370
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 transmit (as identified in space E) during the accounting period. For a further explanation of how to compute this at 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	5,953.00 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 \$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. 	63,800.	
	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 th 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	\$	0.02
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.02
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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	<u> </u>	
	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 Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.02	
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	\$	67.02
	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:	2022/2					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Cable Television, LLC				SYSTEM ID# 23370
M Channels	to its subscrib 1. Enter the to	ers, and (2) the cable system's tal number of channels on whic	total numl ch the cab		inting period.	30
	2. Enter the to on which th	tal number of activated channe e cable system carried televisio	els on broadca	ist stations	[320
N Individual to Be Contacted		TO BE CONTACTED IF FURT		RMATION IS NEEDED (Identify an individ	lual	
for Further Information	Name	Petra R. O'Neill			Telephone	(561) 801-8668
	Address	500 Shentel Way (Number, street, rural route, apart Edinburgh, VA 22824 (City, town, state, zip)		e number)		
	Email	petra.o'neill@er	mp.shente	el.com Fa	ax (optional	
O Certification	I, the undersign (Owr (Agen X (Offi I have examine are true, comp	ned, hereby certify that (Check o ner other than corporation or p nt of owner other than corpora in line 1 of space B and that th icer or partner) I am an officer (in line 1 of space B. ed the statement of account and	ne, <i>but onl</i> partnership ation or pa le owner is if a corpora hereby dec	ified and signed in accordance with Copyr <i>y one</i> , of the boxes.) b) I am the owner of the cable system as iden rtnership) I am the duly authorized agent of not a corporation or partnership; or ation) or a partner (if a partnership) of the leg elare under penalty of law that all statements ge, information, and belief, and are made in g	ntified in line 1 of space B f the owner of the cable sy gal entity identified as own of fact contained herein	ystem as identified
			Enter an e	/s/ Derek Rieger lectronic signature on the line above to certify ature using an "/s/ signature" (e.g., /s/ John S		
		Typed or printed		Derek Rieger		
				resident Legal and General Cou position held in corporation or partnership)		
		Date:		N	/arch 16, 2023	

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.

counting Period: 2022/2	FORM SA1	
GAL NAME OF OWNER OF CABLE SYSTEM:	S	
enandoah Cable Television, LLC		2337
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	F Special S Concernin Receipts F	tatement ng Gross
YES. Enter the total here and list the satellite carrier(s) below.		
Name Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	C	2
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	2.00 Interest As) ssessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	0.52) ssessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	0.52	2 ssessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	0.52 ys	2 essessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	0.52 ys 7.80) ssessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	0.52 ys 7.80	2 ssessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	0.52 ys 7.80	2 ssessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	0.52 ys 7.80) ssessment

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