This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
3/1/2023	\$ ALLOCATION NUMBER			

Return completed workbook by email to:

coplicsoa@loc.gov

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

Accounting Period Description Period Peri	Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
Accounting Period 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. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
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2 330 Drummer Drive (Number, street, rural route, apartment, or suite number) Grasonville, MD 21638		ı	Cogeco US, LLC	
(Number, street, rural route, apartment, or suite number) Grasonville, MD 21638			MAILING ADDRESS OF CABLE SYSTEM:	
Grasonville, MD 21638		2		
			Grasonville, MD 21638	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.								
N	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#								
Name	Cogeco US (Delmar), LLC	26504								
	Instructions: List each separate community served by the cable system.	A "community" is the same as a "community unit" as defined in FCC rules: "a								
D	separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first to the first community that you list will serve as a form of system identification hereafter known as the "first to the first community that you list will serve as a form of system identification hereafter known as the "first to the first community that you list will serve as a form of system identification hereafter known as the "first to the first community that you list will serve as a form of system identification hereafter known as the "first to the first to the first community that you list will serve as a form of system identification hereafter known as the "first to the first to the f									
	community." Please use it as the first community on all future filings.	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified								
Area	city.	s, or mobile nome parks should be reported in parentneses below the identified								
Served	city.									
	CITY OR TOWN	STATE								
First	Town of Middletown	DE								
Community	Town of Townsend	DE								
	Town of Odessa	DE								
Add Rows as Necessary	City of Deleware City	DE								
	New Castle County	DE								
	New Castle County, St. Georges	DE								
	Kent County (Smyrna/Clayton)	DE								
	Perry Point	MD								
	City of Chesapeake City	MD								

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Cogeco US (Delmar), LLC

26504

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,784	39.99	Residential Expanded	1,512	69.99		
Service to additional set(s)			Digital Plus		122.97		
• FM radio (if separate rate)			Digital Value	185	69.98		
Motel, hotel		39.99					
Commercial	79	39.99					
Converter							
Residential		4.99-14.99					
Non-residential							

F

Services Other Than Secondary Transmissions:

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	RATE	CATEGORY OF SERVICE	R	
Continuing Services:		Installation: Non-residential			
• Pay cable	1.99-19.99	Motel, hotel			
Pay cable—add'l channel		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
First set	50.00	Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect	50.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	40.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 26504

Cogeco US (Delmar), LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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, except (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 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 *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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KYW	3	l	Philadelphia, PA
WBAL	11	N	Baltimore, MD
WBFF	1	N	Baltimore, MD
WCAU	10	N	Philadelphia, PA
WHYY	7	E	Wilmington, DE
WJZ	13	N	Baltimore, MD
WMAR	2	N	Baltimore, MD
WMPT	42	E	Annapolis, MD
WNUV	17	l	Baltimore, MD
WPHL	4	l	Philadelphia, PA
WPPX	8	N	Philadelphia, PA
WPSG	6	l	Philadelphia, PA
WPVI	6	N	Philadelphia, PA
WTXF	9	l	Philadelphia, PA
WACP	22	l	Atlantic City, NJ
KJWP/WDPN	69	I	Philadelphia, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Delmar), LLC

26504

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	I			T a	I	o :-	I
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			 				
		L					
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		L					
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Accounting Perio	d· 2022/2						EOF	RM SA1-2E. PAGE 5.
Accounting Fello	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FOR	SYSTEM ID#
Name	Cogeco US (Delmar), L	LC						26504
Substitute Carriage: Special Statement and Program Log	Cogeco US (Delmar), LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carries substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fine explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program.							
	"NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broathe case of Mexican or Cancolumn 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	Bulls." In was broad sign of the side ast static adian static th and day e "5/7." Is when the Example: a Is a side as the s	dcast live, ente station broadca on's location (the ons, if any, the when your sys e substitute pro a program carri listed program ons in effect du	r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute program was carried by your ded by a system from 6:01:1 was substituted for programing the accounting period	lo." m. station is licestation is iden program. Use cable system. 15 p.m. to 6:2 mming that ye center the letter FCC rules a	nsed by th tified). numerals List the tii 8:30 p.m. our systen ter "P" if th	ne FCC or, in , with the mo mes accurate should be m was <i>require</i> ne listed progrations in	nth ely
	S		E PROGRAM			AGE OCC		7. REASON FOR DELETION
	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	BELETION
	h		t	 				

ccounting Period:	2022/2				SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Delmar), LLC				SYSTEM II 2650
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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.	system's sion of how	secondary transm to compute this a	ission service imount, see	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$1	37,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	ty fee that y	ou must pay for th	is six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	lines 1 and	2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LI	,		100)	
	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				<u>-</u>
	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 \$26	63,800 (bu	it less than \$527	,600)	
	Enter the amount of gross receipts from space K	. \$	523,035.00	-	
	2. Base amount under statutory formula	\$	263,800.00	_	
	3. Subtract line 2 from line 1	\$	259,235.00	-	
	4. Multiply line 3 by .01		\$	2,592.35	-
	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		\$	3,911.35
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	3,911.35	-
Due	Filing Fee (See the instructions for more information on filing fee calculations)		\$	20.00	-
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	3,931.35
	Important: Your remittance must be in the form of an electronic pa See page i of the general instructions in the paper SA				ghts!

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: elmar), LLC			SYSTEM ID# 26504
M Channels	to its subscribe 1. Enter the tot- system carri 2. Enter the tot- on which the	s, and (2) the cable system's total all number of channels on which the det television broadcast stations all number of activated channels cable system carried television br		ecounting period.	281
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.)	INFORMATION IS NEEDED (Identify an inc	dividual to whom	
for Further Information	Name	Patrick Bratton		Telephone	617-786-8800
	Address	2 Batterymarch Park, St (Number, street, rural route, apartment, Quincy, MA 02169 (City, town, state, zip)			
	Email	pbratton@breezelin	e.com	Fax (optional	
	CERTIFICATION	This statement of account must b	e certified and signed in accordance with Co	opyright Office regulations)	
O Certification	• I, the undersign	ed, hereby certify that (Check one, b	ut only one, of the boxes.)		
	(Owne	r other than corporation or partn	ership) I am the owner of the cable system as	s identified in line 1 of space B	; or
	(Agen		or partnership) I am the duly authorized age ner is not a corporation or partnership; or	nt of the owner of the cable sy	ystem as identified
	X (Office	er or partner) I am an officer (if a c in line 1 of space B.	orporation) or a partner (if a partnership) of the	e legal entity identified as own	er of the cable system
		te, and correct to the best of my kno	by declare under penalty of law that all statements by the statement of th		
			X /s/ Patrick Bratton		
			er an electronic signature on the line above to co er signature using an "/s/ signature" (e.g., /s/ Jc		
		Typed or printed nar	ne: Patrick Bratton		
			nief Financial Officer official position held in corporation or partnership)		
		Date:		March 1, 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 fling, a determination that would be made by a court of law.

ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
geco US (Delmar), LLC	26504
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."	Special Statement Concerning Gross
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.	Receipts Exclusion
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?	
YES. Enter the total here and list the satellite carrier(s) below	
	_
Name Mailing Address 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	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
	_
Line 3 Multiply line 2 by the number of days late 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	
(interest charge) * 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@loc.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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