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				
	\$				
3/16/2023	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING 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.										
	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										
	PO Box 459 (Number, street, rural route, apartment, or suite number)										
	Edinburg, VA 22824 (City, town, state, zip)										
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these										
System	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. IDENTIFICATION OF CABLE SYSTEM:										
- Cystem	1										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 (Number, street, rural route, apartment, or sulte number)										
	(City, town, state, zip code)										
1	power and the contract of the										

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:	2022/2							
	T .	FORM SA1-2E, PAGE 1b.						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
	Shenandoah Cable Television, LLC	28558						
D	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.	nities within unincorporated areas and including single, discrete is a form of system identification hereafter known as the "first						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identity.							
	CITY OR TOWN	STATE						
First Community	Clarksville	VA VA						
Community	Mecklenburg	VA						
Add Rows as Necessary								
Add Rows as Necessary								

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 28558

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				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential: (Starter HD)						
 Service to first set 	50	\$30.00	1st Converter HD/DVR	51	\$16.95	
Service to additional set(s)			Add'I Converter HD/DVR	12	\$9.95	
 FM radio (if separate rate) 			Cable Card	1	\$1.99	
Motel, hotel						
Commercial						
Converter						
Residential	195	\$5.95	Advanced (Expanded)	154	\$90.00	
Non-residential			Ultimate (Digital)	92	\$110.00	
		1		1	1	

F

Services Other Than Secondary Transmissions: Rates

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.

	BLO	CK 1		BLOCK 2	!
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVI	CE RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		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 (includeds 2)	\$99.95	Burglar protection			
 Additional set(s) 	\$14.95	Other services:			
• FM radio (if separate rate)		Reconnect	\$25.00	Service Call	\$49.95
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC SYSTEM ID# 28558

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E

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				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
Service to first set			Technology Fee	321	\$3.00	
 Service to additional set(s) 			Copyright Fee	321	\$0.60	
 FM radio (if separate rate) 			Broadcast TV Surcharge	321	\$25.55	
Motel, hotel						
Commercial			TiVo Gateway	41	\$19.95	
Converter			TiVo Player	65	\$6.95	
Residential (DTA)	484	\$3.99	Maestro Box	8	\$14.95	
Non-residential			Maestro Player	22	\$5.00	
		l		1	1	

F

Services Other Than Secondary Transmissions: Rates

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.

	BLO	CK 1			BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		 Motel, hotel 				
 Pay cable—add'l channel 				Ī		
Fire protection				Ī		
•Burglar protection				Ì		
Installation: Residential				ľ		
First set (includeds 2)				ľ		
Additional set(s)				ľ		
• FM radio (if separate rate)				ŀ		•••••
Converter				i		•••••
				ŀ		
				ŀ		
				ŀ		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28558

Shenandoah Cable Television, 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WRDC	28	I	Durham, NC
WRDC-2	28.2	I-M	Durham, NC
WRDC-3	28.3	I-M	Durham, NC
WLFL	22	I	Raleigh, NC
WLFL-2	22.2	I-M	Raleigh, NC
WLFL-3	22.3	I-M	Raleigh, NC
WNCN	17	N	Goldsboro, NC
WNCN-3	17.3	I-M	Goldsboro, NC
WNCN-4	17.4	I-M	Goldsboro, NC
WRAL	5	N	Raleigh, NC
WRAL-2	5.2	N-M	Raleigh, NC
WRAY	20	I	Wake Forest, NC
WRAZ	50	N	Raleigh, NC
WRAZ-2	50.2	I-M	Raleigh, NC
WRPX	47	l	Rocky Mount, NC
WSET	13	N	Lynchburg, VA
WTVD	11	N	Durham, NC
WTVD-2	11.2	I-M	Durham, NC
WTVD-3	11.3	I-M	Durham, NC
WUNP	36	E	Roanoke Rapids, NC

Add Rows as Necessary

<u></u>	l: 2022/2			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER C	F CABLE SYSTEM:		SYSTEM ID
Hame	Shenandoah Cable T	elevision, LLC		28558
	PRIMARY TRANSMITTERS:	TELEVISION		
G		entify every television station (including tr	•	•
G		m during the accounting period, except (in effect on June 24, 1981, permitting the		
Primary		e)(2) and (4), or 76.63 (referring to 76.61)		
ansmitters: Television	Substitute Basis Stations	ns explained in the next paragraph. s: With respect to any distant stations car	ried by your cable system on a substit	ute program
		ules, regulations, or authorizations: e in space G—but do list it in space I (the a a substitute basis.	e Special Statement and Program Log)—if the
		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 pro		
	multicast stream associate	d with a station according to its over-the-	-	•
	"WETA-2" as the same on	the form. el number the FCC assigned to the televi	ision station for broadcasting over the	air in its community
	of license. For example, W	RC is channel 4 in Washington, D.C.	Ç	•
		n case whether the station is a network st		
		ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or		
	For the meaning of these t	erms, see page (iv) of the general instruc	tions in the paper SA1-2 form.	,
		on of each station. For U.S. stations, list the	· · · · · · · · · · · · · · · · · · ·	•
	FCC. For Mexican or Cana	idian stations, if any, give the name of the	e community with which the station is it	dentified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
		<u></u>		

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Shenandoah Cable Television, LLC

28558

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).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
						 	
							
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Accounting Perio		NADI E OVOTI	-14.							1-2E. PAGE 5.
Name	Shenandoah Cable Tel								51	28558
	SUBSTITUTE CARRIAGE	: SPECIAL	STATEMEN	T AND PROGRAM LO	OG					
I Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former	FCC	rules, regula	ations, or a	uthorizatio	ns. For a	a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special	During the accounting peri	od, did your	cable system	carry, on a substitute b	asis,	any nonne	twork telev	ision prog	gram	
Statement and Program Log	broadcast by a distant station?								NO	
	Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	og in block 2.									
	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in									
	effect on October 19, 1976. WHEN SUBSTITUTE						TTUTE			
	S	UBSTITUT	E PROGRAM				AGE OC			REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	ON	5. MONTH AND DAY	6. FROM	TIMES — T		DELETION
								_		
								_		
								_		
								_		
								_		

Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC			s	YSTEM ID# 28558				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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. \$ 151,577.00 IMPORTANT: You must complete a statement in space P concerning gross 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 \$263,800. Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600. See page (vi) of the general instructions located in the paper SA1-2 form for more information.								
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00. Line 1. Royalty fee for accounting period								
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,	100)					
	Base amount under statutory formula	\$	263,800.00	_					
	Enter amount of gross receipts from space K	\$	151,577.00	_					
	3. Subtract line 2 from line 1	\$	112,223.00						
	Enter the amount of gross receipts from space K		. \$						
	5. Enter the amount from line 3			112,223.00					
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)				196.77				
	8. Interest charge. Enter the amount from line 4, space Q, page 8			\$	0.08				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	196.85				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$260	3,800 (but	less than \$527	7,600)					
	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,			•					
	FILING FEE AND TOTAL REMITTANCE DU	E							
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)		\$	196.85					
Due	2. 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			\$	216.85				
	EFT Trace # or TRANSACTION ID #								
	Important: Your remittance must be in the form of an electronic payn See page i of the general instructions in the paper SA1-2 form and the								

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7.		
Name		OWNER OF CABLE SYSTEM: able Television, LLC					SYSTEM ID# 28558		
M Channels	to its subscriber 1. Enter the tota system carrie	fou must give (1) the number of s, and (2) the cable system's all number of channels on whice the television broadcast stational number of activated channels	total num	ber of activated channels dur	ring the ac	counting period.	30		
	on which the	cable system carried televisio	n broadc				323		
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (Ider	ntify an inc	lividual			
for Further Information	Name	Petra R. O'Neill				Telephone	(561) 801-8668		
	Address	500 Shentel Way (Number, street, rural route, apartn Edinburgh, VA 22824 (City, town, state, zip)		ite number)					
	Email	petra.o'neill@en	mp.shent	el.com		Fax (optional			
0	CERTIFICATION	(This statement of account mu	ust be cer	rtified and signed in accordance	ce with Co	opyright Office regulations)			
Certification		ed, hereby certify that (Check or							
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified								
	(Agent or owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or X								
	in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]								
	I		X	/s/ Derek Rieger					
		- 0		electronic signature on the line a nature using an "/s/ signature" (e					
		Typed or printed	name:	Derek Rieger					
		Title:		President Legal/General position held in corporation or partr		sel			
		Date:				March 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.

ounting Period: 2022/2		FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
enandoah Cable Television, LLC	+	28558
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the service of providing secondary transmissions of primary broadcast transmitters, the system shall not inconscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section. 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.	P Special Statement Concerning Gross Receipts Exclusion	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmade by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	missions	
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 under For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2		Q
Line 1 Enter the amount of late payment or underpayment	196.77	Interest Assessment
Line 1 Enter the amount of late payment or underpayment	196.77 1%	Interest Assessment
		Interest Assessment
x	1%	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1.97	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	1% 1.97 15 days 29.52	Interest Assessment
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