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

STATEM	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
	ary Transmissions by	DATE RECEIVED	AMOUNT	_
	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
			\$	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.	0/10/2020	ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	(Y/(Period))	
		-		
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional -	see instructions)	
Accounting				
Period				
	Instructions:			
В	Give the full legal name of the owner of subsidiary, not that of the parent corpor		ry 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	cable system.	
	If there were different owners during th	e accounting period, only the owner on the	e last day of the accounting period should subm	it a single
	statement of account and royalty fee pa	yment covering the entire accounting perio	od.	
	Check here if this is the system's first fili	ng. If not, enter the system's ID number as	signed by the Licensing Division.	28561
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Shenandoah Cable Television, LL	c		
	BUSINESS NAME(S) OF OWNER O	OF CABLE SYSTEM (IF DIFFERENT)		
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	PO Box 459 (Number, street, rural route, apartment, or suite	a number)		
	Edinburg, VA 22824	, (((((((((((((((((((((((((((((((((((((		
	(City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line			
System	IDENTIFICATION OF CABLE SYSTEM:			
	1			
	MAILING ADDRESS OF CABLE SYSTE	:M:		
	2 (Number, street, rural route, apartment, or suite	e number)		
		,		
	(City, town, state, zip code)			

Privacy Act Notice: Section 111 of 1tite 1/ of the United States Code authorizes the Copyinght 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 ID
Name	Shenandoah Cable Television, LLC	2856
D	Instructions: List each separate community served by the cable system. A "commun separate and distinct community or municipal entity (including unincorporated comunicorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will served munity." Please use it as the first community on all future filings.	ity" is the same as a "community unit" as defined in FCC rules: "a munities within unincorporated areas and including single, discret we as a form of system identification hereafter known as the "first
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile l city.	nome parks should be reported in parentheses below the identifie
	CITY OR TOWN	STATE
First	Lawrenceville	VA
Community	Alberta	VA
	Bruswick	VA
dd Rows as Necessary		

									-2E. PAGE	
Name	LEGAL NAME OF OWNER OF CA							515	TEM ID	
	Shenandoah Cable Tele	vision, LLC	;						2856	
_	SECONDARY TRANSMISSION	SERVICE: SL	JBSCRI	BERS AND R	ATES					
E	In General: The information in s	pace E should	cover a	all categories o	f secondar	•				
0	system, that is, the retransmission									
Secondary Transmission	about other services (including p last day of the accounting period						lnose exis	ung on the		
Service: Sub-	Number of Subscribers: Both						ble system	ı, broken		
scribers and	down by categories of secondary	•				•				
Rates	each category by counting the n separately for the particular serv		0	0,0			•	charged		
	Rate: Give the standard rate of							ge and the		
	unit in which it is generally billed	· · ·	,			rd rate variation	s within a	particular rate		
	category, but do not include disc Block 1: In the left-hand block					ondany transmi	ssion servi	ce that cable		
	systems most commonly provide	•		•						
	that applies to your system. Not							0,		
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	ider "Servi	ce to the		
						service that are	e different i	from those		
	<b>Block 2:</b> 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.									
		DCK 1				٢2				
		NO. OF		DATE	CAT			NO. OF		
	CATEGORY OF SERVICE Residential: (Starter HD)	SUBSCRIB	ERS	RATE	CAT	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE	
	Service to first set		55	\$30.00	1st Cor	verter HD/D	VR	18	\$16.9	
	Service to additional set(s)					onverter HD			\$9.9	
	• FM radio (if separate rate)				Cable C		1	\$1.9		
	Motel, hotel								·····	
	Commercial								t	
	Converter								1	
	Residential		131	\$5.95	Advand	ed (Expand	ed)	64	\$90.0	
	Non-residential				Ultimat	e (Digital)		41	\$110.0	
			NOMIO		•			•	Į	
_	SERVICES OTHER THAN SEC In General: Space F calls for rate				-	Il your cable sys	stem's serv	vices that were		
F	not covered in space E, that is, t									
Comisso	service for a single fee. There are				0		0.	,		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur									
Secondary	enter only the letters "PP" in the	rate column.		-		-		rogram baolo,		
Fransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.									
Rates	<b>Block 2:</b> 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									
	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						BLOCK 2		
	CATEGORY OF SERVICE	RATE	-	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res			0.1120			
	• Pay cable		• Mo	tel, hotel						
	Pay cable—add'l channel		• Cor	mmercial					1	
	Fire protection		•Pay	/ cable					Ι	
	•Burglar protection		• Pay	/ cable-add'l cl	hannel					
	Installation: Residential		• Fire	e protection					<b>_</b>	
	First set (includes 2)	\$99.95	• Bur	glar protection	1				 	
	· · · · ·		Other s	• Burglar protection 95 Other services:						
	• Additional set(s)	\$14.95	-					- ···		
	• FM radio (if separate rate)	\$14.95	• Red	connect		\$25.00	Service	e Call	\$49.9	
	( )	\$14.95	• Red • Dis	connect connect		\$25.00	Service	e Call	\$49.9	
	• FM radio (if separate rate)	\$14.95	• Red • Dis • Out	connect		\$25.00	Service	e Call	\$49.9	

							FORM SA1	
Name	LEGAL NAME OF OWNER OF C						515	TEM ID 2856
	Shenandoah Cable Tele	evision, LLC						2050
_	SECONDARY TRANSMISSION	SERVICE: SUBSO	CRIBERS AND R	ATES				
E	In General: The information in s	•	-					
Secondary	system, that is, the retransmissi about other services (including p							
Transmission	last day of the accounting period						ig on the	
Service: Sub-	Number of Subscribers: Both	h blocks in space E	call for the numb	er of subsc	ribers to the cat			
scribers and	down by categories of secondar		•					
Rates	each category by counting the n separately for the particular serv	•					harged	
	Rate: Give the standard rate of						e and the	
	unit in which it is generally billed	• •	,		d rate variations	s within a pa	rticular rate	
	category, but do not include disc Block 1: In the left-hand block				ondany transmis	sion service	that cable	
	systems most commonly provide		-					
	that applies to your system. Not							
	categories, that person or entity				0,			
	subscriber who pays extra for ca				in the count une	der "Service	e to the	
	first set" and would be counted of Block 2: If your cable system				service that are	different fro	om those	
	printed in block 1 (for example, 1	•						
	with the number of subscribers a	and rates, in the rig	ht-hand block. A t	wo- or three	e-word description	on of the se	rvice is	
	sufficient.	OCK 1				BLOCK	2	
		NO. OF			NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE			SUBSCRIBERS	RATE
	Residential:			<b>T</b> h	<del>.</del>		040	¢0.0
	Service to first set				logy Fee		212	\$3.0
	Service to additional set(s)			Copyrig			212	\$0.6
	• FM radio (if separate rate)			Broadcast TV Surcharge			212	\$23.0
	Motel, hotel						40	10.00
	Commercial Converter			TiVo Ga TiVo Pla			<u>10</u> 12	19.9 \$6.9
	Residential (DTA)	31	1 \$3.99	Maestro			2	\$14.9
	Non-residential	51	1 \$3.55	Maestro			2	\$5.0
				macon			-	ψ0.0
	SERVICES OTHER THAN SEC	ONDARY TRANSM	ISSIONS: RATE	S				
E	In General: Space F calls for ra	, ,		•	• •			
F	not covered in space E, that is, t				,	,		
Services	service for a single fee. There a furnished at cost or (2) services			•		• • • •		
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the		able system for a	ach af tha a	muliachla comú	an linted		
Transmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha						vere not	
	-	separate charge wa		-	• •			
	listed in block i and for which a		e rate for each					
	brief (two- or three-word) descrip	otion and include th						
		BLOCK					BLOCK 2	
		BLOCK ?		RVICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
	brief (two- or three-word) descrip	BLOCK 2 RATE CAT	1		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services:	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set (includes 2)	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set (includes 2) • Additional set(s)	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set (includes 2) • Additional set(s) • FM radio (if separate rate)	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set (includes 2) • Additional set(s)	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE
	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set (includes 2) • Additional set(s) • FM radio (if separate rate)	BLOCK 2 RATE CAT	1 FEGORY OF SEF		RATE	CATEGO		RATE

	LEGAL NAME OF OWNER	OF CABLE SYSTEM:		SYSTEM
Name	Shenandoah Cable	Television, LLC		28
	PRIMARY TRANSMITTERS	: TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, <b>Substitute Basis Station</b> basis under specific FCC • Do <i>not</i> list the station here station was carried <i>only</i> o • List the station here, and basis. For further informat <b>Column 1:</b> List each station multicast stream associate "WETA-2" as the same or <b>Column 2:</b> Give the cham of license. For example, V <b>Column 3:</b> Indicate in each educational station, by ent (for independent multicast For the meaning of these <b>Column 4:</b> Give the location	I also in space I, if the station was carried b tion concerning substitute basis stations, se on's call sign. <i>Do not</i> report origination pro ed with a station according to its over-the-a	) stations carried only on a part-t carriage of certain network progr e)(2) and (4))]; and (2) certain sta- ied by your cable system on a su Special Statement and Program oth on a substitute basis and also ee page (v) of the general instruct gram services such as HBO, ESI ir designation. For example, rep- sion station for broadcasting over tion, an independent station, or a retwork multicast), "I" (for indep 'E-M" (for noncommercial educat ons in the paper SA1-2 form. e community to which the station	ime basis under rams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" tional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WCVE	23	E	Richmond, VA
	WCVW	57	E	Richmond, VA
	WWBT	12	N	Richmond, VA
d Rows as Necessary	WWBT-2	12.2	I-M	Richmond, VA
,	WWBT-3	12.3	I-M	Richmond, VA
	WRAL	5	N	Raleigh, NC
	WRAL WRIC	5	N	Raleigh, NC Petersburg, VA
	WRIC	8	N	Petersburg, VA
	WRIC WRIC-3	8 8.3	N I-M	Petersburg, VA Petersburg, VA
	WRIC	8	N	Petersburg, VA Petersburg, VA Richmond, VA
	WRIC WRIC-3 WRLH	8 8.3 35	N I-M N	Petersburg, VA Petersburg, VA
	WRIC WRIC-3 WRLH WRLH-2	8 8.3 35 35.2	N I-M N I-M	Petersburg, VA Petersburg, VA Richmond, VA Richmond, VA
	WRIC WRIC-3 WRLH WRLH-2 WRLH-3	8 8.3 35 35.2 35.3	N I-M N I-M I-M	Petersburg, VA Petersburg, VA Richmond, VA Richmond, VA Richmond, VA
	WRIC-3 WRLH WRLH-2 WRLH-3 WRLH-4	8 8.3 35 35.2 35.3 35.4	N I-M N I-M I-M I-M	Petersburg, VA Petersburg, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA
	WRIC WRIC-3 WRLH WRLH-2 WRLH-3 WRLH-4 WTVR	8           8.3           35           35.2           35.3           35.4           6	N I-M N I-M I-M I-M N	Petersburg, VA Petersburg, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA
	WRIC WRIC-3 WRLH WRLH-2 WRLH-3 WRLH-4 WTVR	8           8.3           35           35.2           35.3           35.4           6	N I-M N I-M I-M I-M N	Petersburg, VA Petersburg, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA
	WRIC WRIC-3 WRLH WRLH-2 WRLH-3 WRLH-4 WTVR WTVR-2	8 8.3 35 35.2 35.3 35.4 6 6 6.2	N I-M I-M I-M I-M N I-M	Petersburg, VA Petersburg, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA
	WRIC WRIC-3 WRLH WRLH-2 WRLH-3 WRLH-4 WTVR WTVR-2	8 8.3 35 35.2 35.3 35.4 6 6 6.2	N I-M I-M I-M I-M N I-M	Petersburg, VA Petersburg, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA
	WRIC WRIC-3 WRLH WRLH-2 WRLH-3 WRLH-4 WTVR WTVR-2	8 8.3 35 35.2 35.3 35.4 6 6 6.2	N I-M I-M I-M I-M N I-M	Petersburg, VA Petersburg, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA Richmond, VA

Name       LEGAL NAME OF OWNER OF CABLE SYSTEM:         Shenandoah Cable Television, LLC         Shenandoah Cable Television, LLC         PRIMARY TRANSMITTERS:         TELEVISION         In General:         In Space G, identify every televisicarried by your cable system during the account for the general system during the account for the general system during the account for the general system during the account for the substitute program basis, as explained in the program basis as explained in the program basis as explained in the program basis as under specific FCC rules, regulations, or the substitute program basis as explained in the program basis as explained in the program basis.         • Do not list the station here in space G—but station was carried only on a substitute basis.         • List the station here, and also in space I, if the basis. For further information concerning substice column 1: List each station's call sign. Do normulticast stream associated with a station account witera-2"	sion station (including translator stations and unting period, <i>except</i> (1) stations carried of 24, 1981, permitting the carriage of certain ( 6.63 (referring to 76.61(e)(2) and (4))]; and next paragraph. any distant stations carried by your cable sy or authorizations: t do list it in space I (the Special Statement s. the station was carried both on a substitute patient basis stations, see page (v) of the gr ot report origination program services such according to its over-the-air designation. For C assigned to the television station for broat in Washington, D.C. e station is a network station, an independen (for network), "N-M" (for network multicast) nercial educational), or "E-M" (for noncomm r) of the general instructions in the paper S/ For U.S. stations, list the community to whi	only on a part-time basis under in network programs [sections d (2) certain stations carried on a system on a substitute program t and Program Log)—if the e basis and also on some other general instructions. th as HBO, ESPN, etc. Identify each r example, report multistream adcasting over the air in its community ent station, or a noncommercial t), "I" (for independent), "I-M" mercial educational multicast). SA1-2 form. hich the station is licensed by the	SYSTEM 285
G Primary Prim	sion station (including translator stations and unting period, <i>except</i> (1) stations carried or 24, 1981, permitting the carriage of certain to 6.63 (referring to 76.61(e)(2) and (4))]; and mext paragraph. any distant stations carried by your cable sy or authorizations: t do list it in space I (the Special Statement s. the station was carried both on a substitute bastitute basis stations, see page (v) of the gr of report origination program services such acording to its over-the-air designation. For C assigned to the television station for broa in Washington, D.C. e station is a network station, an independer (for network), "N-M" (for network multicast) mercial educational), or "E-M" (for noncomm /) of the general instructions in the paper S/ For U.S. stations, list the community to whi	only on a part-time basis under in network programs [sections d (2) certain stations carried on a system on a substitute program t and Program Log)—if the e basis and also on some other general instructions. th as HBO, ESPN, etc. Identify each r example, report multistream adcasting over the air in its community ent station, or a noncommercial t), "I" (for independent), "I-M" mercial educational multicast). SA1-2 form. hich the station is licensed by the	285
G Primary ransmitters: Television In General: In space G, identify every televisi carried by your cable system during the accou FCC rules and regulations in effect on June 2 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76 substitute Basis Stations: With respect to a basis under specific FCC rules, regulations, o • Do not list the station here in space G—but station was carried only on a substitute basis. • List the station here, and also in space I, if th basis. For further information concerning subs Column 1: List each station's call sign. Do no multicast stream associated with a station acc "WETA-2" as the same on the form. Column 2: Give the channel number the FCC of license. For example, WRC is channel 4 in Column 3: Indicate in each case whether the educational station, by entering the letter "N" ( for independent multicast), "E" (for noncomm For the meaning of these terms, see page (iv) Column 4: Give the location of each station. I FCC. For Mexican or Canadian stations, if any	unting period, <i>except</i> (1) stations carried on 24, 1981, permitting the carriage of certain in 6.63 (referring to 76.61(e)(2) and (4))]; and a next paragraph. any distant stations carried by your cable sy or authorizations: t do list it in space I (the Special Statement s. the station was carried both on a substitute basitute basis stations, see page (v) of the gr ot report origination program services such according to its over-the-air designation. For C assigned to the television station for broat in Washington, D.C. e station is a network station, an independen (for network), "N-M" (for network multicast) mercial educational), or "E-M" (for noncomm /) of the general instructions in the paper S/ For U.S. stations, list the community to whi	only on a part-time basis under in network programs [sections d (2) certain stations carried on a system on a substitute program t and Program Log)—if the e basis and also on some other general instructions. th as HBO, ESPN, etc. Identify each r example, report multistream adcasting over the air in its community ent station, or a noncommercial t), "I" (for independent), "I-M" mercial educational multicast). SA1-2 form. hich the station is licensed by the	
G Primary Transmitters: Television Column 1: List each station's call sign. Do not multicast stream associated with a station acc "WETA-2" as the same on the form. Column 2: Give the channel number the FCC of license. For example, WRC is channel 4 in Column 3: Indicate in each case whether the educational station, by entering the letter "N" ( (for independent multicast), "E" (for noncomm For the meaning of these terms, see page (iv) Column 4: Give the location of each station. FCC. For Mexican or Canadian stations, if any	unting period, <i>except</i> (1) stations carried on 24, 1981, permitting the carriage of certain in 6.63 (referring to 76.61(e)(2) and (4))]; and a next paragraph. any distant stations carried by your cable sy or authorizations: t do list it in space I (the Special Statement s. the station was carried both on a substitute basitute basis stations, see page (v) of the gr ot report origination program services such according to its over-the-air designation. For C assigned to the television station for broat in Washington, D.C. e station is a network station, an independen (for network), "N-M" (for network multicast) mercial educational), or "E-M" (for noncomm /) of the general instructions in the paper S/ For U.S. stations, list the community to whi	only on a part-time basis under in network programs [sections d (2) certain stations carried on a system on a substitute program t and Program Log)—if the e basis and also on some other general instructions. th as HBO, ESPN, etc. Identify each r example, report multistream adcasting over the air in its community ent station, or a noncommercial t), "I" (for independent), "I-M" mercial educational multicast). SA1-2 form. hich the station is licensed by the	
<ul> <li>Primary</li> <li>FCC rules and regulations in effect on June 2. 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76 substitute program basis, as explained in the substitute program basis, as explained in the substitute Basis Stations: With respect to a basis under specific FCC rules, regulations, o</li> <li>Do not list the station here in space G—but station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if th basis. For further information concerning substicutes stream associated with a station accumulticast stream associated with a station accumulticast stream associated with a station accumulticast stream associated with a station accumulticast. For example, WRC is channel 4 in Column 3: Indicate in each case whether the educational station, by entering the letter "N" (for independent multicast), "E" (for noncomm For the meaning of these terms, see page (iv) Column 4: Give the location of each station.</li> </ul>	24, 1981, permitting the carriage of certain ( 6.63 (referring to 76.61(e)(2) and (4))]; and a next paragraph. any distant stations carried by your cable sy or authorizations: t do list it in space I (the Special Statement s. the station was carried both on a substitute postitute basis stations, see page (v) of the gr or report origination program services such cording to its over-the-air designation. For C assigned to the television station for broat in Washington, D.C. e station is a network station, an independen (for network), "N-M" (for network multicast) mercial educational), or "E-M" (for noncomm r) of the general instructions in the paper S/ For U.S. stations, list the community to whi	an network programs [sections d (2) certain stations carried on a system on a substitute program t and Program Log)—if the e basis and also on some other general instructions. th as HBO, ESPN, etc. Identify each r example, report multistream adcasting over the air in its community ent station, or a noncommercial t), "I" (for independent), "I-M" mercial educational multicast). GA1-2 form. hich the station is licensed by the	
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FCC. For Mexican or Canadian stations, if any		-	
	ny, give the name of the community witn wn	hich the station is identified.	
1. CALL SIGN 2. B'CAST CH			
1. CALL SIGN 2. B'CAST CH			
	ANNEL NUMBER 3. TYPE OF S	STATION 4. LOCA	TION OF STATION
kk.			

EGAL NAME OF							1	SYSTEM 28
	every radio st	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 infor paper SA1-2 for Column 1: Id Column 2: S Column 3: If ignal, indicate t Column 4: G	it is carried by monitoring, to lormation about m. lentify the call tate whether the the radio stati this by placing vive the station	y the sys be recein t the Cop sign of e he static ion's sign a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the sy pyright Office regulations on thi each station carried. on is AM or FM. hal was electronically processes a mark in the "S/D" column. on (the community to which the	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	idend, and (2) nna, during ce e (v) of the ger vstem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
						S/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	Shenandoah Cable Tel	ievision, L	10					28561
<b>I</b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programm	ify every non ccounting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT				0		••	
Special Statement and	<ul> <li>During the accounting per</li> </ul>	iod, did you	r cable system	carry, on a substitute basi	is, any nonne	twork telev	vision prograr	n
Program Log	broadcast by a distant stat	tion?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pag	e blank. If your answer is '	"Yes," you mi	ust comple	ete the progra	m
	log in block 2. 2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the program <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mon first. Example: for May 7 give <b>Column 6:</b> State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	ace, please a of every nor distant stati gulations, o ies like "mor Bulls." m was broad sign of the s adcast statio hadian statio adian statio ath and day ve "5/7." es when the Example: a er "R" if the and regulatio mming that y	add additional r nnetwork televi on and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ns, if any, the c when your syst substitute prog- program carrier listed program ons in effect du	rows to the tables. sion program ("substitute jur cable system substitutes. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N sting the substitute progra te community to which the community with which the tem carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	program") that d for the prog eral instruction n titles, for ex No." m. station is licer station is ider program. Use cable system 15 p.m. to 6:2 amming that y ; enter the left	at, during t gramming o ins for furth ample, "I I ensed by th ntified). e numerals . List the ti 28:30 p.m. your syster tter "P" if th	he accounting of another sta her informatio Love Lucy" or he FCC or, in s, with the mo imes accurate should be m was <i>require</i> he listed prog	g n. nth ely
	s	SUBSTITUT	E PROGRAM			EN SUBS	TITUTE CURRED	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	DELETION
							_	
						<b>T</b>	_	
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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#
Name	Shenandoah Cable Television, LLC		28561
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	7,896.00 ss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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		
	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)	<u> </u>	
	8. Interest charge. Enter the amount from line 4, space Q, page 8		<u> </u>
	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# 28561
M Channels	to its subscribe 1. Enter the tot system carr 2. Enter the tot on which the	ers, and (2) the cable system's tal number of channels on which ied television broadcast station tal number of activated channe e cable system carried television	total num ch the cab ns els on broadc		tions 21 316
N Individual to Be Contacted		TO BE CONTACTED IF FURT		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	Petra R. O'Neill		Telep	hone (561) 801-8668
	Address 	500 Shentel Way (Number, street, rural route, apart Edinburgh, VA 22824 (City, town, state, zip)		te number)	
	Email	petra.o'neill@er	np.shent	el.com Fax (optional	
O Certification	I, the undersign     (Own     (Ager     X     (Offic     I have examine     are true, compl	eed, hereby certify that (Check o er other than corporation or p nt of owner other than corpora in line 1 of space B and that th cer or partner) I am an officer ( in line 1 of space B. d the statement of account and	ne, <i>but on</i> partnershi ation or p e owner is if a corpor hereby de	tified and signed in accordance with Copyright Office regulati <i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as identified in line 1 of sp <b>artnership)</b> I am the duly authorized agent of the owner of the c not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified a clare under penalty of law that all statements of fact contained h ge, information, and belief, and are made in good faith.	ace B; or able system as identified is owner of the cable system
			Enter an	/s/ Derek Rieger	_
		Typed or printed	l name:	Derek Rieger	
		Title:		resident Legal/General Counsel position held in corporation or partnership)	
		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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	2856
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x 1%	Interest Assessment
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       0.52         x       15         days         Line 3       Multiply line 2 by the number of days late and enter the sum here       7.80         x       0.00274         Line 4       Multiply line 3 by 0.00274** and enter here       0.02         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6       \$       0.02         * 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.       For further assistance please	Interest Assessmen
x       1%         Line 2       Multiply line 1 by the interest rate* and enter the sum here       0.52         x       15 days         Line 3       Multiply line 2 by the number of days late and enter the sum here       7.80         x       0.0274         Line 4       Multiply line 3 by 0.00274** and enter here       0.02         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6       \$ 0.02         (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@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.	Interest Assessmen
Line 2       Multiply line 1 by the interest rate* and enter the sum here       0.52         x       15         days         Line 3       Multiply line 2 by the number of days late and enter the sum here       7.80         x       0.0274         Line 4       Multiply line 3 by 0.00274** and enter here       0.02         in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6       \$         0.02       (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@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	Interest Assessmen
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