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					
3/1/2023						

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20222 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
	Cogeco US (Penn), LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)
	Quincy, MA 02169 (City, town, state, zip)
С	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.
System	IDENTIFICATION OF CABLE SYSTEM:
	Cogeco US, LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2
	Bradford, PA 16701
	(City, town, state, zip code)

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 sufficiency of the fling, a determination that would be made by a court of law.

Name I			FORM SA1-2E. PAGE
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCZ or "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sind 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 kinds as the "first 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 city.  CITY OR TOWN  STATE  Shippenville  Ashland  PA  Beaver  PA  Clarion  PA  Clarion  PA  Clarion  PA  Limestone  Monroe Clarion Co.  PA  Monroe Clarion Co.  Township of Richland, Clarion Cty  Paint Clarion Co  Piney  Porter  Redbank  Redbank  PA  Salem  PA  Salem  PA  Salem  PA	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
area served distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing 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 ke as the "first 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 city.  Community  Shippenville  Ashland  PA  Beaver  PA  Clarion  Elk  Roox Borough  FA  Limestone  Monroe Clarion Co.  Township of Richland, Clarion Cty  Paint Clarion Co  Piney  Porter  Redbank  Rockland  Rockland  Salem  PA  State			2923
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 kinds as the "first community." Please use it as the first community." Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN			
Area Served    Strict Community   Please use it as the first community that you list will serve as a form of system identification nereatter kinds as the "first community." Please use it as the first community on all future fillings.   Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN	ח		
Area Served  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    Community   First   Community   Communit			
Area   Served   Identified city.			
City Or Town	Лгоа		ums, or mobile home parks should be reported in parentheses below the
CITY OR TOWN   STATE		identified city.	
First Shippenville PA Community Ashland PA Beaver PA Colarion PA Elk PA Knox Borough PA Limestone PA Monroe Clarion Co. PA Township of Richland, Clarion Cty PA Paint Clarion Co PA Piney PA Porter PA Redbank PA Rockland PA Salem PA	00		
First Shippenville PA Community Ashland PA Beaver PA Clarion PA  Knox Borough PA Limestone PA Monroe Clarion Co. PA Township of Richland, Clarion Cty PA Paint Clarion Co PA Piney PA Porter PA Redbank PA Rockland PA Salem PA			
Community         Ashland         PA           Beaver         PA           Rows as Necessary         Clarion         PA           Elk         PA           Knox Borough         PA           Limestone         PA           Monroe Clarion Co.         PA           Township of Richland, Clarion Cty         PA           Paint Clarion Co         PA           Piney         PA           Porter         PA           Redbank         PA           Rockland         PA           Salem         PA			
Rows as Necessary  Rows as Necessary  Rows as Necessary  A Clarion  Clarion  PA  Knox Borough  Limestone  Monroe Clarion Co.  PA  Township of Richland, Clarion Cty  Paint Clarion Co  Pa  Paint Clarion Co  PA  Porter  Redbank  Rockland  Rockland  Salem  PA  PA  PA  PA  PA  PA  PA  PA  PA  P			
ROWS aS NECESSAY    Clarion	Community		
Elk PA Knox Borough PA Limestone PA Monroe Clarion Co. PA Township of Richland, Clarion Cty PA Paint Clarion Co PA Piney PA Porter PA Redbank PA Rockland PA Salem PA			
Knox BoroughPALimestonePAMonroe Clarion Co.PATownship of Richland, Clarion CtyPAPaint Clarion CoPAPineyPAPorterPARedbankPARocklandPASalemPA	Rows as Necessary		
Limestone PA  Monroe Clarion Co. PA  Township of Richland, Clarion Cty PA  Paint Clarion Co PA  Piney PA  Porter PA  Redbank PA  Rockland PA  Salem PA		Elk	PA
Limestone PA  Monroe Clarion Co. PA  Township of Richland, Clarion Cty PA  Paint Clarion Co PA  Piney PA  Porter PA  Redbank PA  Rockland PA  Salem PA		Knox Borough	PA
Monroe Clarion Co.  Township of Richland, Clarion Cty PA Paint Clarion Co PA Piney Porter PA Redbank Rockland Salem PA			
Township of Richland, Clarion Cty Paint Clarion Co Phiney Porter Pa Redbank Rockland Pa Salem PA PA PA PA PA PA PA PA			
Paint Clarion Co Piney Porter Porter Redbank Rockland PA Salem			
Piney Porter PA Redbank Rockland Salem PA PA PA PA PA PA			
Porter PA Redbank PA Rockland PA Salem PA			
Redbank PA Rockland PA Salem PA			
Rockland PA Salem PA			
Salem			
Township of Richland, Vengo City  PA			
		Township of Richland, Vengo City	PA

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (Penn), LLC

29232

# 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.

BLO	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
<ul> <li>Service to first set</li> </ul>	718	39.99	Res Expanded	625	\$ 69.99
<ul> <li>Service to additional set(s)</li> </ul>			Digital Value	36	\$ 69.98
• FM radio (if separate rate)			Digital Plus	-	\$122.97
Motel, hotel	0	39.99			
Commercial	(18)	39.99			
Converter					
Residential	0	4.99-14.99			
Non-residential					
				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.

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

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (Penn), LLC

SYSTEM ID#

29232

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

**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.

2. B'CAST CHANNEL NUMBER

**KDKA** 2 N PITTSBURGH, PA **WJAC** 6 Ν JOHNSTOWN, PA 9 **WPCB** I **GREENSBURG, PA WPCW** 5 I JEANETTE, PA **WPGH** 8 Ν PITTSBURGH, PA **WPNT** 7 I PITTSBURGH, PA **WPSU** 3 Ε CLEARFIELD, PA Ν **WPXI** 11 PITTSBURGH, PA Ε **WQED** 13 PITTSBURGH, PA **WTAE** 4 Ν PITTSBURGH, PA **WINP** PITTSBURGH, PA 16

3. TYPE OF STATION

Add Rows as Necessary

4. LOCATION OF STATION

Accounting Period: 2022/2 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Penn), LLC

29232

### 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.

H

**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
WCCR	FM		Clarion, PA				
WDSY	FM		Pittsburgh, PA				
WOKW	FM		Indiana, PA				
WORK	FM		Pittsburgh, PA				
WQED	FM		Pittsburgh, PA				
WRJS	FM		Oil City, PA				
WWSW	FM		Pittsburgh, PA				
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<b>Accounting Perio</b>	nting Period: 2022/2 FORM SA1-2E. PAGE									
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#		
Name	Cogeco US (Penn), LL	С						29232		
	SUBSTITUTE CARRIAGE	SPECIA	AL STATEME	NT AND PROGRAM I O	G					
1						otion that va	ur ooblo ovot	om carried on a		
•	<b>In General:</b> In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special					asis anv non	network tel	evision nroar	am		
Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant station?  Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program									
	log in block 2.									
	2. LOG OF SUBSTITUTE	PROGR/	AMS							
	In General: List each subst			ate line. Use abbreviation	s wherever <sub>l</sub>	ossible, if t	heir meaning	j is		
	clear. If you need more spa									
				vision program ("substitut						
	period, was broadcast by a under certain FCC rules, re									
	Do not use general categor	•								
	"NBA Basketball: 76ers vs.									
				er "Yes." Otherwise enter						
		•		asting the substitute prog						
				the community to which the			the FCC or,	in		
	the case of Mexican or Can			stem carried the substitute		,	ls with the m	onth		
	first. Example: for May 7 give	-	when your sy.	stem carried the substitute	e program. c	ose numera	is, with the fi	IOITIII		
			e substitute pr	ogram was carried by you	ır cable syste	em. List the	times accura	ately		
	to the nearest five minutes.	Example:	a program carı	ried by a system from 6:0	1:15 p.m. to	6:28:30 p.m	. should be	·		
	stated as "6:00–6:30 p.m."	<b>"-"</b>								
				n was substituted for prog						
	to delete under FCC rules a was substituted for program	-						ogram		
	effect on October 19, 1976.	•	your system w	as permitted to delete unit	aci i oo iala	s and regul				
	onder on Odlober 10, 1070.									
					WHI	EN SUBST	ITUTE			
	SI	JBSTITUT	E PROGRAM		CARR	IAGE OCC	URRED	7. REASON FOR		
	1. TITLE OF PROGRAM		3. STATION'S	4 0747101101000471011	5. MONTH	'	TIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то			
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	LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM I
Name	Cogeco US (Penn), LLC			·	292
	GROSS RECEIPTS	<u> </u>			
K	<b>Instructions</b> : The figure you give in this space determines the form you all amounts (gross receipts) paid to your cable system by subscribers f	for the system's	s secondary trans	mission service	
Bross Receipts	(as identified in space E) during the accounting period. For a further expage (vii) of the general instructions located in the paper SA1-2 form.	•	w to compute this	amount, see	
	Gross receipts from subscribers for secondary transmission service during the accounting period	. ,		\$ 23	35,155.09
	IMPORTANT: You must complete a statement in space P concerning g			-	gross receipts)
1	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:				
Copyright	Complete block 1, block 2, or block 3.				
Royalty Fee	<ul> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or le</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$13</li> </ul>	37,100 but less		\$263,800	
	• Use block 3 if the amount of gross receipts in space K is more than \$26 See page (vi) of the general instructions located in the paper SA1-2 form for	•			
	BLOCK 1: GROSS RECEIPTS C				
	Instructions: As a cable system with gross receipts of \$137,100 or less, the accounting period is \$52.00	e royalty fee tha	it you must pay for	this 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.				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 (	,	·	,	
	Base amount under statutory formula		263,800.00	_	
	2. Enter amount of gross receipts from space K		·	_	
	3. Subtract line 2 from line 1		28,644.91	_	
	4. Enter the amount of gross receipts from space K		<b>_\$</b>	235,155.09	
	5. Enter the amount from line 3		<b>\$</b>	28,644.91	
	6. Subtract line 5 from line 4		\$	206,510.18	•
	7. Multiply line 6 by .005 (enter figure here)			\$	1,032.55
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add	d lines 7 and 8 .		\$	1,032.55
	BLOCK 3: GROSS RECEIPTS OF MORE THA	N \$263,800 (b	out less than \$52	7,600)	
		,			
	Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	<u>\$</u>	263,800.00	_	
	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 form	nula)	<u>\$</u>	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	d lines 4, 5, and	6		
	FILING FEE AND TOTAL REMITTAN	CE DUE			
Filing Fee and			•	4 000 55	
otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above	e)	\$	1,032.55	
Duo	2. Filing Fee (See the instructions for more information on filing fee calcula	itions)	<u>\$</u>	20.00	-
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 an	d 3		\$	1,052.55

U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF Cogeco US (P	OWNER OF CABLE SYSTEM:				SYSTEM ID# 29232
<b>M</b> Channels	to its subscriber  1. Enter the total system carried  2. Enter the total on which the constraints.	rs, and (2) the cable system's to al number of channels on which d television broadcast stations. al number of activated channels cable system carried television b	the cable		counting period.	11
N Individual to Be Contacted		D BE CONTACTED IF FURTHE about this statement of accoun		MATION IS NEEDED (Identify an indi	ividual to whom	
for Further	Name	Patrick Bratton			Telephone 617-	786-8800
	Address	2 Batterymarch Park,				
		(Number, street, rural route, apartn  Quincy, MA 02169	nent, or suite	e number)		
		(City, town, state, zip)				
	Email	pbratton@breez	eline.com	1	Fax (optional)	
	CERTIFICATION	I (This statement of account mu	ıst be cert	ified and signed in accordance with Co	opyright Office regulations)	
O Certification	• <b>I</b> , the undersign	ned, hereby certify that (Check on	ne, <i>but onl</i> y	one, of the boxes.)		
	(Own	er other than corporation or pa	artnership	) I am the owner of the cable system as	s identified in line 1 of space B; or	
	(Ager	nt of owner other than corpora	tion or pa	rtnership) I am the duly authorized age	nt of the owner of the cable system	as identified
	in	line 1 of space B and that the ow	vner is not	a corporation or partnership; or	•	
		line 1 of space B.	га согрога	tion) or a partner (if a partnership) of the	e legal entity identified as owner or	rile cable system
		ete, and correct to the best of my	•	lare under penalty of law that all statement, information, and belief, and are made		
			X	/s/ Patrick Bratton		
			Enter an e	lectronic signature on the line above to co		
			Enter sign	ature using an "/s/ signature" (e.g., /s/ Jo	onn Smith)	
		Typed or printed	name:	Patrick Bratton		
		Title: (Title of of		inancial Officer  n 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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)

ounting Period: 2022/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
geco US (Penn), LLC	29232
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 Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name 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	
x days	
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	_
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	

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.

U.S. Copyright Office
Form SA1-2E Short Form (Rev. 05-17)