This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

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

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20222 Barcode Data Filing Period (optional - see instructions)
Accounting 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 (SC), 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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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	1	IDENTIFICATION OF CABLE SYSTEM: Cogeco US, LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	520 Pine Log Road (Number, street, rural route, apartment, or suite number)
		Aiken, SC 29803 (City, town, state, zip code)

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Accounting Period:	2022/2		FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#							
Name	Cogeco US (SC), LLC		32958							
	Instructions: List each separate community served by the cable	system A "community" is the same as a "commun								
D	"a separate and distinct community or municipal entity (including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first as the "first community." Please use it as the first community.	ing unincorporated communities within unincorpora community that you list will serve as a form of system on all future filings.	nted areas and including single, m identification hereafter known							
Area Served	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	s	TATE							
First	City of Barnwell	SC								
Community	Barnwell County	SC								
	Blackville	SC								
Add Rows as Necessary	Elko	SC								
,	Fairfax	SC								
	Williston	SC								

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:

SYSTEM ID#

Ε

Name

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Cogeco US (SC), LLC

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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	628	39.99	Residential Expanded	565	69.99		
 Service to additional set(s) 					29.99		
 FM radio (if separate rate) 							
Motel, hotel	5	39.99					
Commercial	59	39.99	Digital Plus		#####		
Converter		4.99-14.99	Digital Value	63	69.98		
Residential							
Non-residential							

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

32958

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (SC), LLC

SYSTEM ID#

32958

PRIMARY TRANSMITTERS: TELEVISION

G

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 WAGT (NBC) 26.1 Ν Augusta, GA **WAGT-CW** Ν 26.2 Augusta, GA Ε Wrens, GA **WCES** 20.1 **WEBA** 14.1 E Allendale, SC Ε WEBA-SCC 14.2 Allendale, SC Ε **WEBA WORLD** 14.3 Allendale, SC Ν WFXG (FOX) 54.1 Augusta, GA 54.3 Ν WFXG GRIT Augusta, GA WFXG/Bounce 54.2 Ν Augusta, GA **WJBF ABC** 6.1 Ν Augusta, GA WJBF/MeTV 6.2 Ν Augusta, GA **WRDW Antenna** 12.3 Ν Augusta, GA Ν **WAGT-ANT TV** 26.3 Augusta, GA **WRDW CBS** 12.1 Ν Augusta, GA WAGT-DABL Augusta, GA (569 MHz) Ch 30 - 254 Ν WJBF-ESCAPE Ν (557 MHz) ch 28 - 240 Augusta, GA

Add Rows as Necessary

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (SC), LLC

32958

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
5 5.0.1		-, -		31.22 31311			
						=_	
						=_	

Accounting Perio	Period: 2022/2 FORM SA1-2E. PAGE 5.								
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	Cogeco US (SC), LLC							32958	
	SUBSTITUTE CARRIAGE	: SPECIA	L STATFMF	NT AND PROGRAM I O)G				
	In General: In space I, identi					ation that w	our cable evet	em carried on a	
•	substitute basis during the a				•	•	•		
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	During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Statement and									
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								
	In General: List each subst				ns wherever	possible, if t	their meaning	g is	
	clear. If you need more spa Column 1: Give the title	•			te program")	that during	the account	ina	
	period, was broadcast by a	-				-		-	
	under certain FCC rules, re		•	•		•	•		
	Do not use general categor		ovies" or "bask	etball." List specific progr	ram titles, for	example, "	I Love Lucy"	or	
	"NBA Basketball: 76ers vs.		dooot live onte	or "Voo." Othomuiaa antar	"NIo"				
	Column 2: If the program Column 3: Give the call								
	Column 4: Give the broa	•			•	licensed by	the FCC or,	in	
	the case of Mexican or Can	adian statio	ons, if any, the	community with which th	ne station is i	dentified).			
	Column 5: Give the mor	-	when your sys	stem carried the substitut	te program. l	Jse numera	als, with the n	nonth	
	first. Example: for May 7 give Column 6: State the time		a substituta pr	ogram was carried by you	ur cable evet	om Liet tho	times accur	atoly	
	to the nearest five minutes.							atery	
	stated as "6:00–6:30 p.m."		a program can		, , , , o p to	0.20.00 p			
	Column 7: Enter the lette								
	to delete under FCC rules a							ogram	
	was substituted for programeffect on October 19, 1976.	•	your system w	as permitted to delete un	idei FCC fult	es and regu	iations in		
	effect off October 19, 1970.								
					WH	EN SUBST	TTUTE		
	SI	JBSTITUT	E PROGRAM		CARF	RIAGE OCC		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	'	TIMES TO	DELETION	
							_		
							_		
							_		
							_		

Accounting Period:	2022/2			FORM S	A1-2E. PAGE 6.				
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (SC), LLC			S	YSTEM ID# 32958				
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	system's son of how	secondary tra to compute t	nsmission servi his amount, see	1,531.00				
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 \$137,	,100 OR	LESS						
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that	you must pay	for this six-mont	h				
	Line 1. Royalty fee for accounting period				0.00				
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS 1. Base amount under statutory formula		263,800.00	,					
	2. Enter amount of gross receipts from space K		221,531.00	_					
	3. Subtract line 2 from line 1	\$	42,269.00	<u> </u>					
	4. Enter the amount of gross receipts from space K		\$	221,531.00					
	5. Enter the amount from line 3		. \$	42,269.00					
	6. Subtract line 5 from line 4		\$	179,262.00					
	7. Multiply line 6 by .005 (enter figure here)			\$	896.31				
	8. Interest charge. Enter the amount from line 4, space Q, page 8			• •	0.00				
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	7 and 8		\$	896.31				
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,8	,800 (but	less than \$5	27,600)					
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula		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 formula)								
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00					
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4.	l, 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)		\$	896.31					
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			\$	916.31				
	Important: Your remittance must be in the form of an electronic payme See page i of the general instructions in the paper SA1-2				ghts!				

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 C	OWNER OF CABLE SYSTEM: C), LLC				SYSTEM ID# 32958
M Channels	to its subscriber 1. Enter the total system carried 2. Enter the total on which the constraints.	ou must give (1) the number of s, and (2) the cable system's all number of channels on which television broadcast stations all number of activated channed table system carried television cast services	total number of activated char h the cable 	annels during the	accounting period.	16 276
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		EDED (Identify an	individual to whom	
for Further Information	Name	Patrick Bratton			Telephone	617-786-8800
	Address	2 Batterymarch Park (Number, street, rural route, apart Quincy, MA 02169 (City, town, state, zip)				
	Email	pbratton@bree.	zeline.com		Fax (optional)	
	CERTIFICATION	(This statement of account m	nust be certified and signed in	n accordance with	n Copyright Office regulation	s)
O Certification	(Owner in X (Office	ed, hereby certify that (Check or er other than corporation or p t of owner other than corpora line 1 of space B and that the o eer or partner) I am an officer (i line 1 of space B.	artnership) I am the owner of tion or partnership) I am the wner is not a corporation or pa	the cable system and duly authorized agonthership; or	ent of the owner of the cable s	system as identified
		d the statement of account and te, and correct to the best of my on 1001(1986)]				
			/s/ Patrick Bra Enter an electronic signature of Enter signature using an "/s/ s	on the line above to		
		Typed or printed Title:	name: Patrick Bratto Chief Financial Offic			
			fficial position held in corporation o	or partnership)		
		Date:			March 1, 2023	

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

counting Period: 2022/	2	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER	OF CABLE SYSTEM:	SYSTEM ID#
geco US (SC), LL		32958
The Satellite Home lowing sentence: "In determini service of proscribers and For more information located in the paper During the accounting made by satellite can in the paper in the satellite can in the paper in the satellite can in the	EMENT CONCERNING GROSS RECEIPTS EXCLUSIONS Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following the total number of subscribers and the gross amounts paid to the cable system for the basic oviding secondary transmissions of primary broadcast transmitters, the system shall not include subsamounts collected from subscribers receiving secondary transmissions pursuant to section 119." In on when to exclude these amounts, see the note on page (vii) of the general instructions SA1-2 form. In gperiod, did the cable system exclude any amounts of gross receipts for secondary transmissions rriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Name Mailing Address	
INTEREST ASS	ESSMENT	
•	this worksheet for those royalty payments submitted as a result of a late payment or underpayment. Interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the an	nount of late payment or underpayment	Interest Assessment
	x	
Line 2 Multiply line	1 by the interest rate* and enter the sum here	
Zine Zi Manapiy iine		
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	
	page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$	
	(interest charge)	
	erest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please ensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the ded	simal equivalent of 1/365, which is the interest assessment for one day late.	
•	ng this worksheet covering a statement of account already submitted to the Copyright Office, please address, first community served, ID number, and accounting period as given in the original filing.	
Owner		
Address		
ID number		
ID number First community ser	/ed	
Accounting period		

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Form SA1-2E Short Form (Rev. 05-17)