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	DUNTING 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 (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		RUCTIONS: 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:
	ļ .	MAILING ADDRESS OF CABLE SYSTEM:
	2	201 S. Mechanic Street (Number, street, rural route, apartment, or suite number)
		Cumberland, MD 21502 (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.

Accounting Period:	2022/2	FORM SA1-2E. PAGE 1b.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#							
Name	Cogeco US (Penn), LLC	35235							
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first 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								
Area Served	dentified city.								
	CITY OR TOWN	STATE							
First	Davis	WV							
Community	Hambleton	WV							
	Hendricks	WV							
Add Rows as Necessary	Parsons	WV							
	Thomas	WV							
	Tucker County	WV							

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

35235

# 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				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	299	\$39.99	Res Expanded	253	\$ 69.99		
<ul> <li>Service to additional set(s)</li> </ul>			Digital Value	13	\$ 69.98		
<ul> <li>FM radio (if separate rate)</li> </ul>			Digital Plus	-	\$122.97		
Motel, hotel	9	\$39.99					
Commercial	22	\$39.99					
Converter							
<ul> <li>Residential</li> </ul>		\$4.99-14.99					
Non-residential							
				1	<b>†</b>		

# 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	RA
Continuing Services:		Installation: Non-residential				
<ul> <li>Pay cable</li> </ul>	1.99 - 19.99	Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
<ul> <li>Fire protection</li> </ul>		• 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:				
• FM radio (if separate rate)		• Reconnect	40.00			
Converter		Disconnect				
		Outlet relocation	40.00			
		Move to new address	40.00			

counting Period:	2022/2			FORM SA1-2E. PAGE						
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID						
Name	Cogeco US (Penn), LL	_C		3523						
	PRIMARY TRANSMITTERS:	TELEVISION								
G		ntify every television station (including	•	· · · · · · · · · · · · · · · · · · ·						
•		n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t	• •							
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.6								
Transmitters: Television		s explained in the next paragraph.  With respect to any distant stations of	carried by your cable system on a sub	ostitute program						
relevision	basis under specific FCC ru	les, regulations, or authorizations:								
	• Do <i>not</i> list the station here station was carried <i>only</i> on	e in space G—but do list it in space I( a substitute basis	the Special Statement and Program I	_og)—if the						
	•	also in space I, if the station was carrie	ed both on a substitute basis and also	o on some other						
		n concerning substitute basis stations								
		i's call sign. <i>Do not</i> report origination I with a station according to its over-th		-						
	"WETA-2" as the same on t	he form.								
		el number the FCC assigned to the tell RC is channel 4 in Washington, D.C.	evision station for broadcasting over	the air in its community						
		case whether the station is a network	station, an independent station, or a	noncommercial						
		ring the letter "N" (for network), "N-M"								
		"E" (for noncommercial educational), rms, see page (iv) of the general instr	The state of the s	onal multicast).						
	Column 4: Give the location	n of each station. For U.S. stations, lis	t the community to which the station	•						
	FCC. For Mexican or Canac	lian 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						
	WBOY-ABC	2	N	Clarksburg, WV						
	WBOY-NBC	12	N	Clarksburg, WV						
Add Rows as Necessary	WDTV-CBS	5	N	Weston, WV						
,	WNPB	10	E	Morgantown, WV						
	WVFX	11	N	Clarksburg, WV						
	WVFX-CW	13	ı	Clarksburg, WV						
				J.						

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

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Penn), LLC

35235

### 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
						=_	
		r					
						=_	
		/					
		' <b>-</b>					

<b>Accounting Perio</b>	ccounting Period: 2022/2 FORM SA1-2E. PAGE 5									
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:						SYSTEM ID#	
Name	Cogeco US (Penn), LL	С							35235	
	SUBSTITUTE CARRIAGE	: SPECIA	AL STATEME	NT AND PROGRAM I O	G					
ı						distant sta	tion that w	our ooblo ov	otom corried on a	
•	•	General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a ubstitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further								
Substitute	planation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:		SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special	<ul> <li>During the accounting per</li> </ul>				eie	any nonn	etwork tel	evision nro	nram	
Statement and		•	di Cable Syster	ir carry, orr a substitute be	1313,	arry morni	ictwork ter		V	
Program Log	broadcast by a distant sta	tion?						YES	NO	
	Note: If your answer is "No	", leave the	rest of this pa	ge blank. If your answer i	s "Y	es," you r	nust comp	lete the pro	gram	
	log in block 2.									
	2. LOG OF SUBSTITUTE	PROGR/	AMS							
	In General: List each subst			ate line. Use abbreviation	s wh	herever po	ossible, if t	heir meanir	ng 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.		ovies of basic	etball. List specific progre	aiii t	uucs, ioi e	zxampic,	LOVE LUCY	OI .	
			dcast live, ent	er "Yes." Otherwise enter	"No	."				
		•		asting the substitute prog						
			,	the community to which the			•	the FCC or	, in	
	the case of Mexican or Can			•			,	l		
	first. Example: for May 7 given	-	wnen your sy	stem carried the substitute	e pro	ogram. Us	se numera	is, with the	month	
			e substitute pr	ogram was carried by you	r ca	ıhle syster	m I ist the	times accu	rately	
	to the nearest five minutes.									
	stated as "6:00–6:30 p.m."			, ,		•	·			
				n was substituted for prog		•	, ,	,		
	to delete under FCC rules a	_		0.					rogram	
	was substituted for program effect on October 19, 1976.	•	your system w	as permitted to delete und	der F	FCC rules	and regul	ations in		
	ellection October 19, 1976.									
						WHE	N SUBST	TTUTE		
	SI	JBSTITUT	E PROGRAM				AGE OCC		7. REASON FOR	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S			. MONTH		TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	Α	AND DAY	FROM	<u> — то</u>		
								_		
			_					_		
								_		
									"""	
								_		
								_		
								_		

Accounting Period:	2022/2				1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Cogeco US (Penn), LLC			S'	YSTEM ID# 35235
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sy (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.	ystem's se n of how to	condary transmi compute this a	ssion service mount, see	<b>9,045.00</b> ss receipts)
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 b  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 b  See page (vi) of the general instructions located in the paper SA1-2 form for more in	out less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	′,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	fee that yo	u must pay for th	is 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				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	es 1 and 2		\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	S (but mo	ore than \$137,1	00)	
	1. Base amount under statutory formula	\$	263,800.00		
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8		············.		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	,800 (but I	ess than \$527,	600)	
	1. 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)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4,	5, and 6 .	· · · · · · · · · · · · · · · · · · ·		
	FILING FEE AND TOTAL REMITTANCE DUI	E			
<b>F -</b>					
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	52.00	
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			\$	67.00
	Important: Your remittance must be in the form of an electronic paym See page i of the general instructions in the paper SA1-		_		its!

U.S. Copyright Office

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Cogeco US (Penn), L					SYSTEM ID# 35235
M Channels	to its subscribers, and (2	r of channels on which	otal numb	ls on which the cable system carried te ber of activated channels during the ac le	counting period.	6
	Enter the total number on which the cable systand nonbroadcast services.	tem carried television	broadcas	st stations		171
N Individual to Be Contacted	individual to BE CO we can contact about th			<b>PRMATION IS NEEDED</b> (Identify an ind	lividual to whom	
for Further Information	Name <b>Patr</b> i	ck Bratton			Telephone	617-786-8800
	(Numbe	tterymarch Park er, street, rural route, aparti acy, MA 02169 own, state, zip)				
	Email	pbratton@breez	zeline.co	om	Fax (optional)	
	CERTIFICATION (This sta	atement of account m	ust be cer	ertified and signed in accordance with C	Copyright Office regulations)	
O Certification	• I, the undersigned, herel	by certify that (Check o	ne, <i>but on</i>	nly one, of the boxes.)		
	(Owner other	than corporation or p	artnershi	ip) I am the owner of the cable system a	s identified in line 1 of space l	3; or
	in line 1 of	space B and that the o	wner is no	partnership) I am the duly authorized age ot a corporation or partnership; or		
	in line 1 of	space B.	·	ration) or a partner (if a partnership) of th	• •	ner of the cable system
		orrect to the best of my	-	eclare under penalty of law that all statem ge, information, and belief, and are made		
			X	/s/ Patrick Bratton		
				electronic signature on the line above to cognature using an "/s/ signature" (e.g., /s/ Jo	-	
		Typed or printed	name:	Patrick Bratton		
		Title: (Title of o		Financial Officer ion held in corporation or partnership)		
		Date:			March 1, 2023	

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U.S. Copyright Office
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ounting Period: 2022/2	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
geco US (Penn), LLC	35235
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."  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.	Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?  X NO  YES. Enter the total here and list the satellite carrier(s) below\$	
TEG. Effet the total fiele and list the satellite carrier(s) below	
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
Line 2 Multiply line 1 by the interest rate* and enter the sum here	<u>-      </u>
x days	<u> </u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
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	<u>-</u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number First community served	
Accounting period	

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