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 salready 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:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	120 Southmont Blvd. ((Number, street, rural route, apartment, or suite number)
		Johnstown, PA 15905 (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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
Name		376
	Cogeco US (Penn), LLC	
D	"a separate and distinct community or municipal entity (including discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first cas the "first community." Please use it as the first community of	
Area Served	Note: Entities and properties such as hotels, apartments, condc identified city.	miniums, or mobile home parks should be reported in parentheses below the
301104		
	CITY OR TOWN	STATE
First	Derry	PA
Community	Decatur	PA
d Rows as Necessary		

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

37683

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:						
 Service to first set 	190	\$39.99	Res Expanded	179	\$ 69.99	
 Service to additional set(s) 			Digital Value	1	\$ 69.98	
 FM radio (if separate rate) 			Digital Plus	-	\$122.97	
Motel, hotel	0	\$39.99				
Commercial	1	\$39.99				
Converter						
 Residential 		4.99-14.99				
 Non-residential 						
				1	Î	

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 1						
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:					
 FM radio (if separate rate) 		Reconnect	40.00				
Converter		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#

37683

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

WGAL 8 Ν LANCASTER, PA WHP 7 Ν HARRISBURG, PA 5 Ν WHTM HARRISBURG, PA 3 WHVL Ν STATE COLLEGE, PA HARRISBURG, PA WITF 13 Ε 4 WHP (CW) HARRISBURG, PA **WPMT** 6 Ν YORK, PA **WVIA** 9 Ε PITTSTON, PA 3 WHVL.2 Ī STATE COLLEGE, PA 5 Ν WHTM.2 HARRISBURG, PA 6 Ν YORK, PA WPMT.2 9 Ε WVIA.2 PITTSTON, PA WHP.2 7 1 HARRISBURG, PA

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

37683

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
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Accounting Perio	ting Period: 2022/2 FORM SA1-2E. PAGE 5										
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:							SYSTEM ID#	
Name	Cogeco US (Penn), LL	С								37683	
	SUBSTITUTE CARRIAGE	SPECIA	AI STATEME	NT AND PROGRAM I O	G						
I						distant ata	tion that w	our or	able evet	om carried on a	
•	In General: 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:				• • • • • •		<u> </u>		•	'		
Special	 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE 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 pa	ge blank. If your answer i	s "\	Yes," you r	nust comp	lete t	the prog	ram	
	log in block 2.										
	2. LOG OF SUBSTITUTE PROGRAMS										
	In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is										
	clear. If you need more spa										
	Column 1: Give the title										
	period, was broadcast by a under certain FCC rules, re		•	•		•	•	_			
	Do not use general categor	•									
	"NBA Basketball: 76ers vs.					,	,		,		
	Column 2: If the program										
	Column 3: Give the call	•							-00 :		
	Column 4: Give the broathe case of Mexican or Can		,	-			•	tne F	-CC or, i	n	
	Column 5: Give the mor			•			,	ıls. w	ith the m	nonth	
	first. Example: for May 7 giv	-			- P			,			
	Column 6: State the time	es when th		0 , ,		•				ately	
	to the nearest five minutes.	Example:	a program carı	ried by a system from 6:0°	1:1:	5 p.m. to 6	:28:30 p.n	n. sho	ould be		
	stated as "6:00–6:30 p.m."	"D" :f +b -								ine of	
	Column 7: Enter the lette to delete under FCC rules a										
	was substituted for program	•		0.					•	gram	
	effect on October 19, 1976.	•	, ,	p							
							N SUBST				
	Sl		E PROGRAM		ļĻ	CARRI	AGE OCC			7. REASON FOR DELETION	
	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	S TO	DELETION	
		103 01 110	OALL GIGIN	4. CIAHONG ECOAHON	it	AND DAT	TROW		10		
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Accounting Period:	·				1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Penn), LLC			S	7STEM ID# 37683
K 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.	stem's sec	condary transmi compute this a	ssion service mount, see),958.00 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 but Use block 3 if the amount of gross receipts in space K is more than \$263,800 but See page (vi) of the general instructions located in the paper SA1-2 form for more information.	ut less thai	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,	,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty f accounting period is \$52.00	fee that you	ı 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 line	es 1 and 2 .		. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS	S (but mo	re than \$137,1	00)	
	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			<u> </u>	
	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 a	and 8	·····.		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,	800 (but le	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 DUE				
F.W					
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 SA1-2		_		ts!

U.S. Copyright Office

Accounting Period:	2022/2					FORM SA1-2E. PAGE 7			
Name	LEGAL NAME OF OWNER C					SYSTEM ID# 37683			
M Channels		the cable system's t	otal numb	ls on which the cable system carried te ber of activated channels during the ac le		40			
	system carried television broadcast stations								
	Enter the total number on which the cable system and nonbroadcast servi	em carried television	broadcas	st stations		146			
N Individual to Be Contacted	individual TO BE CON we can contact about this			PRMATION IS NEEDED (Identify an ind	lividual to whom				
for Further Information	Name Patric	ck Bratton			Telephone	617-786-8800			
	(Number	terymarch Park r, street, rural route, aparti cy, MA 02169 vn, state, zip)							
	Email	pbratton@breez	zeline.co	om	Fax (optional)				
	CERTIFICATION (This sta	tement of account m	ust be cer	rtified and signed in accordance with C	opyright Office regulations)				
O Certification	• I, the undersigned, hereb	y certify that (Check o	ne, <i>but on</i>	nly one, of the boxes.)					
	(Owner other t	han corporation or p	artnershi	ip) I am the owner of the cable system as	s identified in line 1 of space I	3; or			
			_	partnership) I am the duly authorized age ot a corporation or partnership; or	ent of the owner of the cable s	system as identified			
	in line 1 of s	pace B.	·	ration) or a partner (if a partnership) of th	·	ner of the cable system			
		rrect 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 c gnature using an "/s/ signature" (e.g., /s/ Jo	-				
		Typed or printed	l 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
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	37683
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	P Special Statement Concerning Gross Receipts Exclusion
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 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 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	nunun
ID number First community served Accounting period	

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