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	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 (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	<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	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	40118						
	Instructions: List each separate community served by the cable system. A "co							
D	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 identified							
Area Served	city.							
Cerveu								
	CITY OR TOWN	STATE						
First	Town of Allendale	SC						
Community	Allendale County (un-incorp)	SC						
	Snelling	SC						
Add Rows as Necessary								

Accounting Period: 2022/2

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Cogeco US (SC), LLC

40118

# 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	279	39.99	Residential Expanded	242	69.99	
Service to additional set(s)						
• FM radio (if separate rate)						
Motel, hotel		39.99				
Commercial	47	39.99	Digital Plus		122.97	
Converter			Digital Value	15	69.98	
Residential		4.99-14.99				
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	19.99	Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		НВО	19.99
<ul> <li>Fire protection</li> </ul>		• Pay cable		Showtime	10.99
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		Cinemax	9.99
Installation: Residential		Fire protection		Starz	8.99
• First set	50.00	Burglar protection		ultimate tivo experienc	14.99
<ul> <li>Additional set(s)</li> </ul>	50.00	Other services:		premier tivo experienc	4.99
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	3.00		•••••
Converter	9.99	Disconnect			
		Outlet relocation	40.00		
		Move to new address	40.00		

Accounting Period: 2022/2 FORM SA1-2E. PAGE 3. SYSTEM ID#

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

40118

Cogeco US (SC), LLC

G

Primary Transmitters: Television

Add Rows as Necessary

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 26.2 Ν Augusta, GA **WCES** 20.1 Ε Wrens, GA WFBA 14.1 Ε Allendale, SC WEBA-SCC 14.2 Ε Allendale, SC WEBA WORLD Ε 14.3 Allendale, SC WFXG (FOX) 54.1 Ν Augusta, GA **WFXG GRIT** 54.3 Ν Augusta, GA WFXG/Bounce 54.2 Ν Augusta, GA **WJBF ABC** 6.1 Ν Augusta, GA WJBF/MeTV Ν 6.2 Augusta, GA WRDW MY12 12.3 Ν Augusta, GA WAGT-DABL (569 MHz) Ch 30 - 254 Ν Augusta, GA WRDW CBS 12.1 Ν Augusta, GA WAGT-ANT-TV 26.3 Ν Augusta, GA WJBF-ESCAPE (557 MHz) ch 28 - 240 Ν Augusta, GA

Accounting Period: 2022/2	FORM SA1-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (SC), LLC

40118

#### 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  CALL SIGN AM OR FM S/D LOCATION OF STATION OF								
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		ļ						
		ļ						
			<u></u>					
		<b> </b>						

Associating Dovin	d. 2022/2						FORM CA4 OF BACE 5
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYST	EM:				FORM SA1-2E. PAGE 5.  SYSTEM ID#
Name	Cogeco US (SC), LLC						40118
Substitute Carriage: Special Statement and Program Log	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broathe case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	fy every non eccounting pering that must converted that must converte that must converted that must converte that must converted that must	metwork televis priod, under spe to be included in NING SUBST r cable system rest of this page MS am on a separa add additional in nnetwork televition and that your r authorizations vies" or "baske dicast live, ente estation broadca bris location (at on's location (at ons, if any, the of when your system estation program carri listed program ons in effect du	cific program, broadcast by a cific present and former FC this log, see page (v) of the ITUTE CARRIAGE carry, on a substitute basing blank. If your answer is the line. Use abbreviations rows to the tables. It is is program ("substitute ur cable system substitute ur cable system substitute ur cable system substitute is. See page (v) of the generated all." List specific program of the community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	a distant statio C rules, regula e general instru is, any nonnet "Yes," you mu wherever pos program") tha d for the program instruction n titles, for exa lo." um. station is licen station is iden program. Use cable system. 15 p.m. to 6:2 amming that yo ; enter the lett	work television progress work television progress work television progress state complete the progress sible, if their meaning t, during the accour ramming of another ample, "I Love Lucy unsed by the FCC or tiffied). numerals, with the List the times accue 8:30 p.m. should be our system was requer "P" if the listed p	ns. For a further A1-2 form.  gram  S NO  gram  ng is  nting  station  ation.  or  the month  grately  gram  muired
	WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON						
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — T — — — — — — — — — — — — — — — — — —	DELETION

Accounting Period:	2022/2		FORM SA	A1-2E. PAGE					
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (SC), LLC		S	YSTEM ID 4011					
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the all amounts (gross receipts) paid to your cable system by subscribers for the system (as identified in space E) during the accounting period. For a further explanation of I 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	n's secondary transmow to compute this a	amount, see	<b>6,947.00</b> oss receipts)					
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 le  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but le  See page (vi) of the general instructions located in the paper SA1-2 form for more inform	ss than \$527,600	263,800						
	BLOCK 1: GROSS RECEIPTS OF \$137,100	OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee the accounting period is \$52.00	nat you must pay for th	nis six-month						
			•	F2 00					
	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 lines 1 and 2								
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (b	ut more than \$137,	100)						
	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								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	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		=						
	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, at	nd 6							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	<u>\$</u>	52.00						
Due	Filing Fee (See the instructions for more information on filing fee calculations)	<b>\$</b>	15.00						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	67.00					
	C. 15 TAL AMOUNT DOE 1 ON ACCOUNTING FERIOD. Add miles 2 dilu 5		_ ¥	57.00					
	Important: Your remittance must be in the form of an electronic payment See page i of the general instructions in the paper SA1-2 for			nts!					

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.			
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: C), LLC			SYSTEM ID# 40118			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  276							
N Individual to Be Contacted		O BE CONTACTED IF FURTH	ER INFORMATION IS NEEDED (Identify a nt.)	n individual to whom				
for Further Information	Name	Patrick Bratton		Telephone	617-786-8800			
	Address	2 Batterymarch Park, (Number, street, rural route, apartm Quincy, MA 02169 (City, town, state, zip)						
	Email	pbratton@breeze	eline.com	Fax (optional				
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)							
O Certification	• I, the undersign	ed, hereby certify that (Check one	e, but only one, of the boxes.)					
	(Owne	er other than corporation or pa	artnership) I am the owner of the cable system	m as identified in line 1 of space E	3; or			
	(Agen		tion or partnership) I am the duly authorized e owner is not a corporation or partnership; or	agent of the owner of the cable s	ystem as identified			
	X (Office	cer or partner) I am an officer (if in line 1 of space B.	a corporation) or a partner (if a partnership) of	of the legal entity identified as owr	ner of the cable system			
	are true, comple		ereby declare under penalty of law that all sta knowledge, information, and belief, and are n					
			X /s/ Patrick Bratton					
			Enter an electronic signature on the line above Enter signature using an "/s/ signature" (e.g., /					
		Typed or printed	name: Patrick Bratton					
			Chief Financial Officer e of official position held in corporation or partnership	)				
		Date:		March 1, 2023				

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ccounting Period: 2022/2	FORM SA1-2E. PAGE 8
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
ogeco US (SC), LLC	40118
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 a lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system f service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	for the basic not include subsection 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 instru located in the paper SA1-2 form.	octions
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?  X NO	v transmissions
YES. Enter the total here and list the satellite carrier(s) below	
<u></u>	
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 For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	
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	
	x 0.00274
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	
(inte	erest charge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further as contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	sistance please
** 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 list below the owner, address, first community served, ID number, and accounting period as given in the	
Owner	
Address	
ID number  First community served	
First community served  Accounting period	

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