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				
	\$				
3/16/2023	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(I	Period))
	2022/2 Period 1 = January 1 - June 30 Pe	riod 2 = July 1 - December 31
Accounting	Barcode Data Filing Period (optional - see i	nstructions)
Period		
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of subsidiary, not that of the parent corporation.	another corporation, give the full corporate title of the
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 of statement of account and royalty fee payment covering the entire accounting period.	lay of the accounting period should submit a single
	Check here if this is the system's first filing. If not, enter the system's ID number assigned	d by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Shenandoah Cable Television, LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	PO Box 459 (Number, street, rural route, apartment, or suite number)	
	Ediburg, VA 22824	
	(City, town, state, zip)	
С	STRUCTIONS: In line 1, give any business or trade names used to identify the mes already appear in space B. In line 2, give the mailing address of the system.	
System	1 IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	2 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip code)	
	(Orly, town, state, zip code)	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Accounting Period:	2022/2	
necounting remou.		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Shenandoah Cable Television, LLC	63641
	Instructions: List each separate community served by the cable system. A "com	
D	separate and distinct community or municipal entity (including unincorporated unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil community." Please use it as the first community on all future filings.	l serve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominiums, or moleity.	bile home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	Low Gap	WV
Community	Boone County	WV
	Logan County	WV
Add Rows as Necessary	Mud River	WV
	Six Mile/Greenview	WV
	Hewett	WV
	Lake	WV

Accounting Period: 2022/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63641

FORM SA1-2E. PAGE 2

Ε

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.

BL	OCK 1	BLOCK 2					
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential: (Starter HD)							
 Service to first set 	127	\$30.00	1st Converter HD/DVR	6	\$16.95		
Service to additional set(s)			Add'I Converter HD/DVR	-	\$9.95		
 FM radio (if separate rate) 			CableCard	2	\$1.99		
Motel, hotel							
Commercial							
Converter							
Residential	76	\$5.95	Advanced (Expanded)	268	\$90.00		
Non-residential			Ultimate (Digital)	74	\$110.00		
		T		I			

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.

	BLO	CK 1		BLOCK	(2
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SER	VICE RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		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 (included 2)	\$99.95	Burglar protection			
Additional set(s)	\$14.95	Other services:			
• FM radio (if separate rate)		Reconnect	\$25.00	Service Call	\$49.95
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63641

Ε

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.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 			Technology Fee	506	\$3.00	
 Service to additional set(s) 			Copyright Fee	506	\$0.60	
 FM radio (if separate rate) 			Broadcast TV Surcharge	506	\$25.54	
Motel, hotel						
Commercial			TiVo Gateway	17	\$19.95	
Converter			TiVo Player	18	\$6.95	
Residential (DTA)	998	\$3.99	Maestro Box	2	\$14.95	
Non-residential			Maestro Player	6	\$5.00	

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				BLOCK 2	
RATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE
	Installation: Non-residential				
	Motel, hotel				
	Commercial		ĺ		
	• Pay cable		ĺ		
	• Pay cable-add'l channel		ĺ		
			ı		
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			İ		
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	RATE	RATE CATEGORY OF SERVICE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel	RATE CATEGORY OF SERVICE RATE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel	RATE CATEGORY OF SERVICE RATE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel	RATE CATEGORY OF SERVICE Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable-add'l channel

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63641

G

Primary Transmitters: Television

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
WCHS	8	N	Charleston, WV
WCHS-2	8.2	N-M	Charleston, WV
WCHS-3	8.3	I-M	Charleston, WV
WLFB	40	l	Bluefield, WV
WLPX	29	l	Charleston, WV
WNPB	24	Е	Morgantown, WV
WNPB-2	24.2	E-M	Morgantown, WV
WOWK	13	N	Huntington, WV
WOWK-2	13.2	I-M	Huntington, WV
WOWK-3	13.3	I-M	Huntington, WV
WQCW	30	l	Portsmouth, VA
WSAZ	3	N	Huntington, WV
WSAZ-2 HD	3.2	I-M	Huntington, WV
WVAH	11	I	Charleston, WV
WVAH-2	11.2	I-M	Charleston, WV
WVAH-3	11.3	I-M	Charleston, WV
WVAH-4	11.4	I-M	Charleston, WV
WZTS	16	I	Hinton, WV
1	1		I

Add Rows as Necessary

U.S. Copyright Office

inting i criou.	: 2022/2			FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM							
Name	Shenandoah Cable Television, LLC 636										
	PRIMARY TRANSMITTERS:	TELEVISION									
•	•	entify every television station (including	•	•							
G		m during the accounting period, except									
Primary		in effect on June 24, 1981, permitting the) (2) and (4), or 76.63 (referring to 76.6									
insmitters:	substitute program basis, a	s explained in the next paragraph.	· // / // // // // // // // // // // //								
elevision		: With respect to any distant stations co	arried by your cable system on a subst	itute program							
		ules, regulations, or authorizations: e in space G—but do list it in space I (tl	he Special Statement and Program Log	a)—if the							
	station was carried only on			5)							
		also in space I, if the station was carried									
		on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p									
		d with a station according to its over-the	•								
	"WETA-2" as the same on										
		el number the FCC assigned to the tele RC is channel 4 in Washington, D.C.	evision station for broadcasting over the	e air in its community							
		case whether the station is a network	station, an independent station, or a no	oncommercial							
	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 Cana	dian stations, if any, give the name of the	,	,							
		dian stations, if any, give the name of the	he community with which the station is	identified.							
	FCC. For Mexican or Cana 1. CALL SIGN	•	,	•							
		dian stations, if any, give the name of the	he community with which the station is	identified.							
		dian stations, if any, give the name of the	he community with which the station is	identified.							
		dian stations, if any, give the name of the	he community with which the station is	identified.							
		dian stations, if any, give the name of the	he community with which the station is	identified.							
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		dian stations, if any, give the name of the	he community with which the station is	identified.							
		dian stations, if any, give the name of the	he community with which the station is	identified.							
		dian stations, if any, give the name of the	he community with which the station is	identified.							
		dian stations, if any, give the name of the	he community with which the station is	identified.							
		dian stations, if any, give the name of the	he community with which the station is	identified.							

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Shenandoah Cable Television, LLC

63641

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
						 	
							
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Accounting Perio	d: 2022/2 LEGAL NAME OF OWNER OF O	ADI E QVQTI	EM:					FOR	RM SA1-2E. PAGE 5.	
Name	Shenandoah Cable Tel								SYSTEM ID# 63641	
	SUBSTITUTE CARRIAGE	: SPECIAI	STATEMEN	T AND PROGRAM LOG	3					
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spec	cific present and former FC	CC	rules, regula	ations, or au	ıthorizations.	For a further	
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE						
Special	During the accounting peri	od, did your	cable system	carry, on a substitute bas	sis,	any nonne	twork telev	ision progra	m	
Statement and Program Log	proadcast by a distant station?									
1 10g.u 20g		lote: 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	PROGRAI	MS							
	In General: List each substi				s wh	herever pos	sible, if the	eir meaning i	s	
	clear. If you need more space Column 1: Give the title of				nr	ogram") the	nt during th	o accountin	a	
	period, was broadcast by a									
	under certain FCC rules, reg		,	,						
	Do not use general categori		/ies" or "baske	tball." List specific progra	ım t	titles, for ex	ample, "I L	ove Lucy" o	r	
	"NBA Basketball: 76ers vs. I Column 2: If the program		cast live enter	"Ves" Otherwise enter"	'No	,,				
	Column 3: Give the call s									
	Column 4: Give the broa	dcast statio	n's location (th	e community to which the	e st	tation is lice		e FCC or, in		
	the case of Mexican or Cana							20.0		
	Column 5: Give the monifirst. Example: for May 7 give	,	when your syst	em carried the substitute	pro	ogram. Use	numerals,	with the mo	onth	
	Column 6: State the time		substitute prog	gram was carried by your	· ca	ble system	. List the tir	nes accurat	ely	
	to the nearest five minutes.					•			,	
	stated as "6:00–6:30 p.m."	r"D" if the l	liated presum	was substituted for progr		unaina that v				
	Column 7: Enter the lette to delete under FCC rules a						•	•		
	was substituted for program	•		0.	-				iaiii	
	effect on October 19, 1976.		•				-			
					П	\A/I IF	-N. OLIDOT			
	S	JBSTITUT	E PROGRAM				EN SUBST IAGE 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	6. FROM	TIMES — TO	DELETION	
								_		
								_		
								_		
								_		
								_		
								_		
					-					

Accounting Period:	2022/2	FORM SA	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S'	YSTEM ID#
- Tune	Shenandoah Cable Television, LLC		63641
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmis (as identified in space E) during the accounting period. For a further explanation of how to compute this are 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.	ssion service mount, see	0,002.00 pss 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 less than or equal to \$20. 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.	53,800.	
	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 that you must pay for thi accounting period is \$52.00.	s 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	\$	0.02
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.02
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137.10		32.02
	Base amount under statutory formula		
	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 \$527,6	500)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	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		
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Forest			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.02	
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	\$	67.02
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo		

Accounting Period:	2022/2						FORM SA1-2E. PAGE 7.				
Name		OWNER OF CABLE SYSTEM: Cable Television, LLC					SYSTEM ID# 63641				
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										
N Individual to Be Contacted		D BE CONTACTED IF FURTH about this statement of accou		DRMATION IS NEEDED (ldentify an in						
for Further Information	Name										
	Address	500 Shentel Way (Number, street, rural route, apartn Edinburg, VA 22824 (City, town, state, zip)	ment, or sui	te number)							
	Email	petra.o'neill@en	mp.shent	el.com		Fax (optional					
0	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)										
Certification											
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or										
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or										
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.										
	 I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 										
	I		X	/s/ Derek Rieger			_				
				electronic signature on the li nature using an "/s/ signatur							
		Typed or printed	name:	Derek Rieger							
	Title: Vice President Legal/General Counsel (Title of official position held in corporation or partnership)										
		Date:				March 16, 2023					

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

ounting Period: 2	2022/2									FORM SA1-2E. PAGE 8.
SAL NAME OF OWI	NER OF CA	ABLE SYSTEM:								SYSTEM ID#
enandoah Cal	ble Telev	vision, LLC								63641
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. 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? NO								P Special Statement Concerning Gross Receipts Exclusion		
YES. Enter	r the total h	nere and list th	e satellite carrier((s) below.		\$				
Name Mailing Address					Name Mailing Address					
INTEREST A	ASSESS	MENT								
•					mitted as a result eneral instructions				ıt.	Q
Line 1 Enter tl	he amount	of late payme	ent or underpayme	ent			\$		52.00	Interest Assessment
							x	1%		
Line 2 Multiply line 1 by the interest rate* and enter the sum here										
							x	15	days	
Line 3 Multiply	y line 2 by	the number of	days late and en	ter the su	ım here				7.80	
	,		•					x 0.00274		
Line 4 Multiply										
in spac	e L (page (6), block 1, line	e 2, or block 2, lin	e 8, or blo	ock 3, line 6	•	\$ (ir	nterest charge)	0.02	
			k on <i>www.copyrig</i> . 202) 707-8150 or	•	ensing/interest-rate g@copyright.gov.	e.pdf. F	For further a	ssistance pleas	se	
** This is th	ıe decimal	equivalent of	1/365, which is the	e interest	assessment for o	ne day	late.			
•	-		~		ount already subm and accounting pe			-	se	
Owner										
Address										
ID number										
First community	y served									
Accounting per										

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