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**

OT A TE M		FOR COPYRI	GHT OFFICE USE ONLY	Return completed workbook by email to
-				
	ry Transmissions by ms (Short Form)	DATE RECEIVED	AMOUNT	coplicsoa@copyright.gov
Cable Syste		3/16/2023	\$	For additional information,
General instru	ctions are located		<b>₽</b>	contact the U.S. Copyright Office Licensing Division at
in the first tab	of this workbook.		ALLOCATION NUMBER	(202) 707-8150.
Α	ACCOUNTING PERIOD COVERE	ED BY THIS STATEMENT: (YY	YY/(Period))	
	2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
			,	
Accounting Period				
	Instructions: Give the full legal name of the owner	of the cable system. If the owner is a subsid	iary of another corporation, give the full corporate t	title of the
В	subsidiary, not that of the parent corp	poration.		
Owner	List any other name or names under v	which the owner conducts the business of th	e cable system.	
	-		ne last day of the accounting period should submit a	single
	statement of account and royalty fee	payment covering the entire accounting per	iod.	63826
	Check here if this is the system's first	filing. If not, enter the system's ID number a	ssigned by the Licensing Division.	03820
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM		
	Shenandoah Cable Television, L	LC		
	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 s	uite number)		
	Edinburg, VA 22824			
	(City, town, state, zip)			
С			tify the business and operation of the system if different from the address give	

1 Staunton FTTH-Glo Fiber MAILING ADDRESS OF CABLE SYSTEM: Same As Above 2 (Number, street, rural route, apartment, or suite number) (City, 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

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.

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.

System

IDENTIFICATION OF CABLE SYSTEM:

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Shenandoah Cable Television, LLC	63826
D	Instructions: List each separate community served by the cable system. A separate and distinct community or municipal entity (including unincorpor unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li community." Please use it as the first community on all future filings.	"community" is the same as a "community unit" as defined in FCC rules: "a ated communities within unincorporated areas and including single, discrete st will serve as a form of system identification hereafter known as the "first or mobile home parks should be reported in parentheses below the identified
Area Served	city.	a mobile nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	Staunton	VA
Community		
dd Rows as Necessary		

							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C						515	TEM ID 6382
	Shenandoah Cable Tele	vision, LLC						0302
_	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRIBERS AND RA	TES				
E	In General: The information in s				y transmission s	service of t	he cable	
- ·	system, that is, the retransmissi							
Secondary Transmission	about other services (including plast day of the accounting period					hose exist	ing on the	
Service: Sub-	Number of Subscribers: Both					ole svstem	. broken	
scribers and	down by categories of secondar					,	,	
Rates	each category by counting the n	umber of billing	s in that category (the	number o	f persons or org	anizations		
	separately for the particular serv						na and the	
	<b>Rate:</b> Give the standard rate of unit in which it is generally billed	-					-	
	category, but do not include disc	· ·	,	ny stanuai		s wiu iii a p		
	Block 1: In the left-hand block			ries of sec	ondary transmis	sion servi	ce that cable	
	systems most commonly provide							
	that applies to your system. Not		-		-			
	categories, that person or entity subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system	•		• • •	service that are	different f	rom those	
	printed in block 1 (for example, t							
	with the number of subscribers a	and rates, in the	right-hand block. A tv	vo- or thre	e-word descripti	on of the s	ervice is	
	sufficient.	OCK 1				BLOCK	(2	
		NO. OF					NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIBE	RS RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE
	Service to first set			Locals	ту		138	\$4
				Enterta				<del>، ب</del> و \$11
	Service to additional set(s)			Delight			350 54	\$14
	<ul> <li>FM radio (if separate rate)</li> <li>Motel, hotel</li> </ul>			Indulge			24	\$14 \$18
	Commercial			muuige	1 V			φ10
	Converter							
	Residential							
	Non-residential							
	• Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIONS: RATES	6				
F	In General: Space F calls for ra	te (not subscrib	er) information with re	spect to a	I your cable sys	tem's serv	ices that were	
F	not covered in space E, that is, t							
Services	service for a single fee. There al furnished at cost or (2) services	•		•		• • • •		
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the	rate column.			-		5 ,	
Fransmissions:	Block 1: Give the standard rat		•					
Rates	Block 2: List any services that listed in block 1 and for which a	• •		-				
	brief (two- or three-word) descrip			sneu. List	lifese olifer serv		e ionn or a	
	CATEGORY OF SERVICE	BLOC RATE		VICE	RATE	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
	Continuing Services:		nstallation: Non-resi	-		0.1120		
	• Pay cable		Motel, hotel					
	• Pay cable—add'l channel		Commercial					
	Fire protection		• Pay cable					
	•Burglar protection		<ul> <li>Pay cable-add'l ch</li> </ul>	annel				
	Installation: Residential		Fire protection					
	• First set		Burglar protection					
	Additional set(s)		Other services:					
	• FM radio (if separate rate)		Reconnect					
	• Converter		Disconnect					
			<ul> <li>Outlet relocation</li> </ul>					
			<ul> <li>Outlet relocation</li> <li>Move to new address</li> </ul>	ess				

Name	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	Shenandoah Cable T	Television, LLC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable syste FCC rules and regulations	entify every television station (including tra em during the accounting period, except (1 . in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(	) stations carried only on a part-t carriage of certain network progr	time basis under rams [sections
Primary ansmitters:		as explained in the next paragraph.	e)(2) and (4))], and (2) certain sta	auons carned on a
elevision	basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or	s: With respect to any distant stations carri rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried b	Special Statement and Program	Log)—if the
	Column 1: List each static multicast stream associate "WETA-2" as the same on	ion concerning substitute basis stations, see on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-a the form. nel number the FCC assigned to the televis	gram services such as HBO, ES ir designation. For example, rep	PN, etc. Identify each ort multistream
	Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	/RC is channel 4 in Washington, D.C. th case whether the station is a network state ering the letter "N" (for network), "N-M" (for ), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction on of each station. For U.S. stations, list the ending the state of the general the state of the	r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. le community to which the station	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	adian stations, if any, give the name of the 2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WHSV	3	N	Harrisonburg, VA
				Harrisonburg, VA
	WHSV-4	3.4	I_M	Harrisonburg VA
	WHSV-4	3.4	I-M	Harrisonburg, VA
	WVIR	29	N	Charlottesville, VA
	WVIR WVIR-2	29 29.2	N N-M	Charlottesville, VA Charlottesville, VA
	WVIR WVIR-2 WVIR-3	29 29.2 29.3	N N-M I-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF	29 29.2 29.3 43	N N-M I-M N	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2	29 29.2 29.3 43 43.2	N N-M I-M N N-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT	29 29.2 29.3 43 43.2 51	N N-M I-M N N-M E	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT	29 29.2 29.3 43 43.2 51	N N-M I-M N N-M E	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA
ows as Necessary	WVIR WVIR-2 WVIR-3 WSVF WSVF-2 WVPT WVPT-3	29       29.2       29.3       43       43.2       51       51.3	N N-M I-M N N-M E E-M	Charlottesville, VA Charlottesville, VA Charlottesville, VA Harrisonburg, VA Harrisonburg, VA Staunton, VA Staunton, VA

Accounting Period:	2022/2			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM II
Name	Shenandoah Cable Te	levision, LLC		6382
	PRIMARY TRANSMITTERS:	TELEVISION		
G	carried by your cable system FCC rules and regulations in	ntify every television station (including t in during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th	(1) stations carried only on a part-time e carriage of certain network program	e basis under is [sections
Primary Transmitters: Television	substitute program basis, as	)(2) and (4), or 76.63 (referring to 76.6 explained in the next paragraph. With respect to any distant stations ca		
		les, regulations, or authorizations: in space G—but do list it in space I (th a substitute basis.	e Special Statement and Program Lo	g)—if the
	• List the station here, and a basis. For further information	Iso in space I, if the station was carried n concerning substitute basis stations, 's call sign. <i>Do not</i> report origination p	see page (v) of the general instructior	IS.
	multicast stream associated "WETA-2" as the same on t	with a station according to its over-the he form.	-air designation. For example, report	multistream
	of license. For example, WF	I number the FCC assigned to the televaction of the televaction of the televaction of the station is a network sta		
	educational station, by enter (for independent multicast),	ing the letter "N" (for network), "N-M" (f "E" (for noncommercial educational), o	for network multicast), "I" (for indepen r "E-M" (for noncommercial education	dent), "I-M"
	Column 4: Give the location	rms, see page (iv) of the general instruct n of each station. For U.S. stations, list	the community to which the station is	5
	FCC. For Mexican or Ganad	lian stations, if any, give the name of th	e community with which the station is	identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION

EGAL NAME OF								SYSTEM 638
	t every radio s	tation ca	rried on a separate and discre nerally receivable by your cable				ied on an	Н
eceivable if (1) on the basis of if For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. dentify the call state whether t the radio stati this by placing Sive the statior	y the sys be recei t the Cop sign of e he static ion's sign a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on th each station carried. In is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anter is point, see page ed by the cable se e station is licens	adend, and (2) nna, during ce e (v) of the ge ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		2,2				2,0		
				·				

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF ( Shenandoah Cable Tel							SYSTEM ID# 63826
I	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac	fy every non	network televisi	on program, broadcast by a	a <i>distant</i> statio			
Substitute Carriage:	explanation of the programmi	ing that must	t be included in	this log, see page (v) of the				
Special	1. SPECIAL STATEMENT							_
Statement and Program Log	<ul> <li>During the accounting peri broadcast by a distant stat</li> </ul>	•	r cable system	carry, on a substitute basi	s, any nonne	twork telev	VISION Program	NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If your answer is	"Yes," you mi	ust comple		
	log in block 2. 2. LOG OF SUBSTITUTE							
	In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the calls Column 4: Give the broa the 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."	itute progra ce, please a of every nor distant stati gulations, or ies like "mor Bulls." n was broad sign of the s idcast statio adian statio adian statio adian statio th and day u re "5/7." es when the Example: a er "R" if the ind regulatic ming that y	m on a separal add additional r network televi on and that you r authorizations vies" or "baske lcast live, enter station broadca n's location (th ns, if any, the c when your syst substitute prog program carrie	ows to the tables. sion program ("substitute ar cable system substitute s. See page (v) of the gene tball." List specific program "Yes." Otherwise enter "N sting the substitute progra e community to which the community with which the community with which the gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	program") that d for the prog eral instruction in titles, for ex- lo." m. station is licer station is ider program. User cable system 15 p.m. to 6:2 umming that y ; enter the left	at, during ti gramming of ns for furth ample, "I L ensed by th ntified). e numerals . List the ti 28:30 p.m. our system ter "P" if th	he accounting of another sta her information Love Lucy" or he FCC or, in the FCC or, in the state of the state should be m was <i>require</i> he listed progr	tion n. hth ly
	s	UBSTITUT	E PROGRAM			EN SUBST		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
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
							_	
						L	_	

Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Shenandoah Cable Television, LLC		63826
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 ar 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.	sion service nount, see	7 <b>,473.00</b> pss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$26</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	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 this accounting period is \$52.00.	s six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10		
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K \$ 157,473.00		
	3. Subtract line 2 from line 1		
		E7 472 00	
	· · · · · · · · · · · · · · · · · · ·	57,473.00	
		06,327.00	
	6. Subtract line 5 from line 4	51,146.00	
	7. Multiply line 6 by .005 (enter figure here)	\$	255.73
	8. Interest charge. Enter the amount from line 4, space Q, page 8	\$	0.11
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	\$	255.84
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	600)	
	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 Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	255.84	
	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	275.84
	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# 63826
M Channels	to its subscribe 1. Enter the tot system carri 2. Enter the tot on which the	ers, and (2) the cable system's tal number of channels on which ied television broadcast station tal number of activated channe e cable system carried television	total num ch the cab is els on broadc		ons 10
N Individual to Be Contacted		TO BE CONTACTED IF FURT		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	Petra R. O'Neill		Teleph	one (561) 801-8668
	Address 	500 Shentel Way (Number, street, rural route, apart Edinburgh, VA 22824 (City, town, state, zip)		te number)	
	Email	petra.o'neill@er	np.shent	el.com Fax (optional	
O Certification	I, the undersign     (Own     (Agen     X     (Offic     I have examine     are true, comple	eed, hereby certify that (Check o er other than corporation or p nt of owner other than corpora in line 1 of space B and that th cer or partner) I am an officer ( in line 1 of space B. d the statement of account and	ne, <i>but on</i> artnershi ation or p e owner is if a corpor hereby de	tified and signed in accordance with Copyright Office regulation (y one, of the boxes.) <b>p)</b> I am the owner of the cable system as identified in line 1 of space <b>artnership)</b> I am the duly authorized agent of the owner of the cal not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified as clare under penalty of law that all statements of fact contained her ge, information, and belief, and are made in good faith.	ace B; or ole system as identified owner of the cable system
			Enter an	/s/ Derek Rieger	_
		Typed or printed	name:	Derek Rieger	
		Title: (Ti		resident Legal/General Counsel 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.

	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	63820
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:         <ul> <li>"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."</li> </ul> </li> <li>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.</li> <li>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?</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
NO         YES. Enter the total here 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
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