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

STATEM	ENT	OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
		ansmissions by	DATE RECEIVED	AMOUNT	_
Cable Syste	ems (Short Form)			<u>coplicsoa@copyright.gov</u>
				\$	For additional information, contact the U.S. Copyright
General instru			3/16/2023		Office Licensing Division at (202) 707-8150.
in the first tab	of this	s workbook.	0/10/2020	ALLOCATION NUMBER	
Α	ACC	OUNTING PERIOD COVERED I	BY THIS STATEMENT: (YY)	Y/(Period))	
		2022/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		· ·]		
			Percede Data Filing Daried (antional		
			Barcode Data Filing Period (optional -	see instructions)	
Accounting Period					
	-	Instructions:			
В			-	ry of another corporation, give the full corpora	te 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 a statement of account and royalty fee payn		last day of the accounting period should subm d.	it a single
		Check here if this is the system's first filing	If not, enter the system's ID number as:	signed by the Licensing Division.	63827
			, .,		
		LEGAL NAME OF OWNER/MAILING	ADDRESS OF CABLE SYSTEM		
		Shanandaah Cabla Talaviaian 11 C			
		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 n Edinburg, VA 22824	umber)		
		(City, town, state, zip)			
С				fy the business and operation of the sy system, if different from the address gi	
System		IDENTIFICATION OF CABLE SYSTEM:	_, g.r.o allo mailling address of allo		
	1	Winchester FTTH-Glo Fiber			
		MAILING ADDRESS OF CABLE SYSTEM	:		
	2	Same As Above (Number, street, rural route, apartment, or suite n	umber)		
		(City, town, state, zip code)			
r					

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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Maille	Shenandoah Cable Television, LLC	638
D	Instructions: List each separate community served by the cable system. A "community separate and distinct community or municipal entity (including unincorporated comm unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve community." Please use it as the first community on all future filings.	unities within unincorporated areas and including single, disc as a form of system identification hereafter known as the "fi
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hocity.	ome parks should be reported in parentheses below the ident
First	CITY OR TOWN Winchester	STATE VA
Community	Stephens City	VA VA
	Frederick County	VA
Rows as Necessary		
, , , , , , , , , , , , , , , , , , , ,		

							FORM SA1-	
Name	LEGAL NAME OF OWNER OF C						515	FEM ID
	Shenandoah Cable Tele	vision, LLC						6382
_	SECONDARY TRANSMISSION	SERVICE: SUI	BSCRIBERS AND	RATES				
E	In General: The information in s	pace E should	cover all categories	s of secondar	•			
0	system, that is, the retransmission							
Secondary Transmission	about other services (including particular to a service of the accounting period					nose existir	ng on the	
Service: Sub-	Number of Subscribers: Both					le system,	broken	
scribers and	down by categories of secondary							
Rates	each category by counting the n	0	0,0				charged	
	separately for the particular serv Rate: Give the standard rate of						e and the	
	unit in which it is generally billed	-				-		
	category, but do not include disc							
	Block 1: In the left-hand block systems most commonly provide	•		0				
	that applies to your system. Not							
	categories, that person or entity		-		-			
	subscriber who pays extra for ca				d in the count un	der "Service	e to the	
	first set" and would be counted of	•		• • •	convice that are	different fr	am thaca	
	Block 2: If your cable system printed in block 1 (for example, t	•	•					
	with the number of subscribers a							
	sufficient.		-	- 1 1	-			
	BLO			BLOCK	2 NO. OF			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RATE	CAT	EGORY OF SER	VICE	SUBSCRIBERS	RATE
	Residential:							
	Service to first set			Locals			68	\$4
	 Service to additional set(s) 			Enterta			208	\$11
	• FM radio (if separate rate)			Delight			22	\$14
	Motel, hotel			Indulge	e TV		20	\$18
	Commercial							
	Converter							
	Residential							
	Non-residential							
	SERVICES OTHER THAN SEC	ONDARY TRAN	SMISSIONS: RA	TES				
-	In General: Space F calls for ra				Il your cable sys	tem's servio	ces that were	
F	not covered in space E, that is, t							
Services	service for a single fee. There as furnished at cost or (2) services		,	0		υ ()		
Other Than	amount of the charge and the ur							
Secondary	enter only the letters "PP" in the	rate column.	-		-		•	
ransmissions:							voro pot	
Rates	Block 2: List any services that listed in block 1 and for which a	• •		-	÷.			
		1 0						
	brief (two- or three-word) descrip	btion and include						
	brief (two- or three-word) descrip		`K 1					
		BLOC			RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
	CATEGORY OF SERVICE	BLOC RATE	CK 1 CATEGORY OF SI	ERVICE	RATE	CATEGO	BLOCK 2 RY OF SERVICE	RATE
	CATEGORY OF SERVICE	BLOC RATE	CATEGORY OF S	ERVICE	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services:	BLOC RATE	CATEGORY OF S	ERVICE	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable	BLOC RATE	CATEGORY OF S Installation: Non-I • Motel, hotel	ERVICE	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	BLOC RATE	CATEGORY OF S Installation: Non-I • Motel, hotel • Commercial	ERVICE residential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	BLOC RATE	CATEGORY OF S Installation: Non-I • Motel, hotel • Commercial • Pay cable	ERVICE residential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	BLOC RATE	CATEGORY OF S Installation: Non-I • Motel, hotel • Commercial • Pay cable • Pay cable-add'	ERVICE residential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	BLOC	CATEGORY OF S Installation: Non-I • Motel, hotel • Commercial • Pay cable • Pay cable-add' • Fire protection	ERVICE residential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	BLOC	CATEGORY OF S Installation: Non-I • Motel, hotel • Commercial • Pay cable • Pay cable-add' • Fire protection • Burglar protect	ERVICE residential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	BLOC	CATEGORY OF S Installation: Non-I • Motel, hotel • Commercial • Pay cable • Pay cable-add' • Fire protection • Burglar protect Other services:	ERVICE residential	RATE	CATEGO		RATE
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	BLOC	CATEGORY OF S Installation: Non-I • Motel, hotel • Commercial • Pay cable • Pay cable-add' • Fire protection • Burglar protect Other services: • Reconnect	ERVICE residential channel on	RATE	CATEGO		RATE

Name	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTE				
Name	Shenandoah Cable T	elevision, LLC		6				
	PRIMARY TRANSMITTERS:	TELEVISION						
G		entify every television station (including tr						
Ŭ	carried by your cable system during the accounting period, <i>except</i> (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							
Primary nsmitters:		e)(2) and (4), or 76.63 (referring to 76.61) as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	tions carried on a				
elevision	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 her	e in space G—but do list it in space I (the	Special Statement and Program I	Log)—if the				
	 station was carried only or List the station here, and 	n a substitute basis. also in space I, if the station was carried	both on a substitute basis and also	o on some other				
	basis. For further informati	on concerning substitute basis stations, s	ee page (v) of the general instruct	ions.				
		n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	-	-				
	"WETA-2" as the same on Column 2: Give the chann	the form. In number the FCC assigned to the televi	ision station for broadcasting over	the air in its community				
	of license. For example, W	RC is channel 4 in Washington, D.C.	C C					
		h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo	, , ,					
	(for independent multicast)	, "E" (for noncommercial educational), or	"E-M" (for noncommercial educati					
	Column 4: Give the location	erms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	he community to which the station	-				
	FCC. For Mexican or Cana	adian 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				
	WJLA	7	Ν	Washington, DC				
	WJLA-2	7.2	I-M	Washington, DC				
	WJLA-3	7.3	I-M	Washington, DC				
	WJLA-4	7.4	I-M	Washington, DC				
	WTTG	5	Ν	Washington, DC				
ws as Necessary	WTTG-2	5.2	I-M	Washington, DC				
ows as Necessary								
in as necessary	WDCW	50	Ι	Washington, DC				
	WDCW WDCW-2	<u>50</u> 50.2	l I-M	Washington, DC Washington, DC				
			l I-M N					
	WDCW-2	50.2		Washington, DC				
	WDCW-2 WUSA	50.2 9	N	Washington, DC Washington, DC				
, , , , , , , , , , , , , , , , , , , ,	WDCW-2 WUSA WUSA-2	50.2 9 9.2	N I-M	Washington, DC Washington, DC Washington, DC Staunton, VA				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WDCW-2 WUSA WUSA-2 WVPT	50.2 9 9.2 51	N I-M	Washington, DC Washington, DC Washington, DC Staunton, VA Hagerstown, MD				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WDCW-2 WUSA WUSA-2 WVPT WDVM	50.2 9 9.2 51 25 25.2	N I-M E I	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MD				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WDCW-2 WUSA WUSA-2 WVPT WDVM WDVM-2 WDVM-3	50.2 9 9.2 51 25 25.2 25.3	N I-M E I I-M I-M	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MDHagerstown, MD				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WDCW-2 WUSA WUSA-2 WVPT WDVM WDVM-2 WDVM-3 WDVM-4	50.2 9 9.2 51 25 25.2 25.3 25.4	N I-M E I I-M I-M I-M	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MDHagerstown, MDHagerstown, MDHagerstown, MDHagerstown, MD				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	WDCW-2 WUSA WUSA-2 WVPT WDVM WDVM-2 WDVM-3 WDVM-4 WETA	50.2 9 9.2 51 25 25.2 25.3 25.4 26	N I-M E I I-M I-M I-M E	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MDHagerstown, MDHagerstown, MDWashington, DC				
	WDCW-2 WUSA WUSA-2 WVPT WDVM WDVM-2 WDVM-3 WDVM-4 WETA WETA-3	50.2 9 9.2 51 25 25.2 25.3 25.4 26 26.3	N I-M E I I-M I-M I-M E E-M	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MDHagerstown, MDHagerstown, MDWashington, DCWashington, DC				
	WDCW-2 WUSA WUSA-2 WVPT WDVM WDVM-2 WDVM-3 WDVM-4 WETA WETA-3 WETA-4	50.2 9 9.2 51 25 25.2 25.3 25.4 26 26.3 26.4	N I-M E I I-M I-M I-M E	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MDHagerstown, MDWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DC				
	WDCW-2 WUSA WUSA-2 WVPT WDVM WDVM-2 WDVM-3 WDVM-4 WETA WETA-3	50.2 9 9.2 51 25 25.2 25.3 25.4 26 26.3	N I-M E I I-M I-M I-M E E-M	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MDHagerstown, MDHagerstown, MDWashington, DCWashington, DC				
	WDCW-2 WUSA WUSA-2 WVPT WDVM WDVM-2 WDVM-3 WDVM-4 WETA WETA-3 WETA-4	50.2 9 9.2 51 25 25.2 25.3 25.4 26 26.3 26.4	N I-M E I I-M I-M I-M E E-M	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MDHagerstown, MDWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DC				
	WDCW-2 WUSA WUSA-2 WVPT WDVM WDVM-2 WDVM-3 WDVM-4 WETA WETA-3 WETA-4	50.2 9 9.2 51 25 25.2 25.3 25.4 26 26.3 26.4	N I-M E I I-M I-M I-M E E-M	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MDHagerstown, MDWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DC				
	WDCW-2 WUSA WUSA-2 WVPT WDVM WDVM-2 WDVM-3 WDVM-4 WETA WETA-3 WETA-4	50.2 9 9.2 51 25 25.2 25.3 25.4 26 26.3 26.4	N I-M E I I-M I-M I-M E E-M	Washington, DCWashington, DCWashington, DCStaunton, VAHagerstown, MDHagerstown, MDHagerstown, MDWashington, DCWashington, DCWashington, DCWashington, DCWashington, DCWashington, DC				

					PAGE							
Name	LEGAL NAME OF OWNER (OF CABLE SYSTEM:		SYSTE								
	Shenandoah Cable	Television, LLC		6	38							
	PRIMARY TRANSMITTERS:	: TELEVISION										
•	In General: In space G, id	dentify every television station (including tr	anslator stations and low power televi	sion stations)								
G	,, ,	em during the accounting period, <i>except</i> (, , ,									
Deimen	Ũ	s in effect on June 24, 1981, permitting the $(2)(2)$ and (4) are 72, 22 (action to 72, 24)	0 1 0	•								
Primary Transmitters: Television	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.											
		is: With respect to any distant stations car	ried by your cable system on a substi	tute program								
		rules, regulations, or authorizations:										
		ere in space G—but do list it in space I (the	e Special Statement and Program Log)—if the								
	station was carried only o	a substitute basis. I also in space I, if the station was carried	both on a substitute basis and also ar	a come other								
	,											
	Column 1: List each station	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each										
		ed with a station according to its over-the-	air designation. For example, report r	nultistream								
		"WETA-2" as the same on the form.										
		0	ision station for proadcasting over the	air in its community	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											
	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"											
			•									
	educational station, by ent		or network multicast), "I" (for independ	lent), "I-M"								
	educational station, by ent (for independent multicast For the meaning of these	tering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	or network multicast), "I" (for independ "E-M" (for noncommercial educationations tions in the paper SA1-2 form.	lent), "I-M" al multicast).								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc ion of each station. For U.S. stations, list t	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I	lent), "I-M" al multicast). icensed by the								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I	lent), "I-M" al multicast). icensed by the								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc ion of each station. For U.S. stations, list t	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I	lent), "I-M" al multicast). icensed by the								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I e community with which the station is i	lent), "I-M" al multicast). icensed by the dentified.								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati	tering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc ion of each station. For U.S. stations, list t	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I	lent), "I-M" al multicast). icensed by the								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I e community with which the station is i	lent), "I-M" al multicast). icensed by the dentified.								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I e community with which the station is i	lent), "I-M" al multicast). icensed by the dentified.								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I e community with which the station is i	lent), "I-M" al multicast). icensed by the dentified.								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I e community with which the station is i	lent), "I-M" al multicast). icensed by the dentified.								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I e community with which the station is i	lent), "I-M" al multicast). icensed by the dentified.								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I e community with which the station is i	lent), "I-M" al multicast). icensed by the dentified.								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I e community with which the station is i	lent), "I-M" al multicast). icensed by the dentified.								
	educational station, by ent (for independent multicast For the meaning of these Column 4: Give the locati FCC. For Mexican or Can	tering the letter "N" (for network), "N-M" (for t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list t adian stations, if any, give the name of the	or network multicast), "I" (for independ "E-M" (for noncommercial educationa tions in the paper SA1-2 form. he community to which the station is I e community with which the station is i	lent), "I-M" al multicast). icensed by the dentified.								
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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 sourconting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable by the system whenever it is received at the saystem's Readend, and (2) t can be expected. on the basis of moviewed at the match office regulations on this point, see page (v) of the general instructions in the page SA1-2 from. Column 1: Identify the call sign of each station carried. 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 "SIO" column. Column 4: Give the station's location (the community to which the station is identified). Column 4: Give the station's location (the community to which the station is identified). Column 4: Give the station's location (the community to which the station is identified). Column 4: Give the station's location (the community to which the station is identified). Column 4: Give the station is location (the community to which the station is identified). Column 4: Give the station is done TMI Column 4: Give the station is location (the community to which the station is identified). Column 5: The radio station as the radio is identified). Colum 6: All move FM SID </th <th>SYSTEM 63</th>	SYSTEM 63
 eceivable 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. baper SA1-2 form. 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 identified). 	н
CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I I <th>Primary Transmitter: Radio</th>	Primary Transmitter: Radio
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Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O							SYSTEM ID# 63827
	SUBSTITUTE CARRIAGE	: SPECIAI	L STATEMEN	T AND PROGRAM LOG				
Substitute	In General: In space I, identif substitute basis during the ac explanation of the programmi	counting pe	riod, under spe	cific present and former FC	C rules, regula	ations, or a	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBSTI	TUTE CARRIAGE				
Special Statement and	 During the accounting peri 	iod, did youi	r cable system	carry, on a substitute basi	s, any nonne	twork telev	<u>/ision</u> progran	n
Program Log	broadcast by a distant stat	ion?					YES	× NO
	Note: If your answer is "No,	" leave the	rest of this pag	e blank. If vour answer is '	'Yes." vou mi	ust comple	te the program	
	log in block 2.		1 0	,			1 0	
	2. LOG OF SUBSTITUTE	PROGRA	MS					
	period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s 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."	ce, please a of every nor distant stati gulations, or es like "moo Bulls." n was broad sign of the s dcast statio daian statio th and day n e "5/7." as when the Example: a er "R" if the nd regulatic	add additional r network televi on and that you r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the c when your syst substitute prog program carrie	ows to the tables. sion program ("substitute j ur 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 em carried the substitute p gram was carried by your of ed by a system from 6:01:" was substituted for progra ring the accounting period	brogram") 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 mming that y ; enter the left	at, during ti gramming of ns for furth cample, "I L ensed by th ntified). a numerals . List the ti 28:30 p.m. vour system tter "P" if th	he accounting of another state her information love Lucy" or he FCC or, in h, with the more mes accurate should be n was <i>require</i> he listed progr	g tion n. hth ely
	s		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. RE		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
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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		63827
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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	5,376.00 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 less than or equal to \$2 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. 	63,800.	
	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 th accounting period is \$52.00.	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	\$	0.02
	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 \$137,1	00)	
	1. 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)	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	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 See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for me		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: Cable Television, LLC			SYSTEM ID# 63827
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 al number of channels on whi ed television broadcast station al number of activated channe e cable system carried televisio	total num ch the cab ns els on broadc		ations 19 173
N Individual to Be Contacted		O BE CONTACTED IF FURT t about this statement of account		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	Petra R. O'Neill		Teleç	hone (561) 801-8668
	Address 	500 Shentel Way (Number, street, rural route, apart Edinburgh, VA 2282 (City, town, state, zip)		te number)	
	Email	petra.o'neill@ei	mp.shent	el.com Fax (optional	
O Certification	I, the undersign (Own (Agen X (Offic I have examine are true, comple	ed, hereby certify that (Check o er other than corporation or p it 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> partnershi ation or p le owner is if a corpor hereby de ny knowled	p) I am the owner of the cable system as identified in line 1 of s artnership) I am the duly authorized agent of the owner of the o not a corporation or partnership; or ation) or a partner (if a partnership) of the legal entity identified clare under penalty of law that all statements of fact contained h ge, information, and belief, and are made in good faith.	pace B; or vable system as identified as owner of the cable system
			Enter an	/s/ Derek Rieger electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	I name:	Derek Rieger	
		Title:		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
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	6382
 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 actablic participation of the cable system exclude any amounts of gross receipts for secondary transmissions 	P Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	
YES. Enter the total here and list the satellite carrier(s) below.	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52	Interest Assessmen
× 1%	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52 x 15 days Line 3 Multiply line 2 by the number of days late and enter the sum here 7.80	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52 x 15 days Line 3 Line 3 Multiply line 2 by the number of days late and enter the sum here 7.80 x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52 x 15 Line 3 Multiply line 2 by the number of days late and enter the sum here 7.80 Line 3 Multiply line 3 by 0.00274** and enter here x 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	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52 x 15 days Line 3 Multiply line 2 by the number of days late and enter the sum here 7.80 x 0.0274 Line 4 Multiply line 3 by 0.00274** and enter here 0.02 in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ 0.02 * 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@copyright.gov. For further assistance please	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here 0.52 x 15 days Line 3 Multiply line 2 by the number of days late and enter the sum here 7.80 x 0.0274 Line 4 Multiply line 3 by 0.00274** and enter here 0.02 in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6 \$ 0.02 (interest charge) * 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@copyright.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	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen
x 1% Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessmen

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