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

STATEME	ENT OF ACCOUNT	FOR COPYRI	GHT OFFICE USE ONLY	Return completed workbook by email to
for Seconda Cable Syste General instru	ry Transmissions by ms (Short Form) ctions are located of this workbook.	DATE RECEIVED	AMOUNT \$ ALLOCATION NUMBER	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.
Α	ACCOUNTING PERIOD COVER	RED BY THIS STATEMENT: (YY Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31	

Accounting Period         Barcode Data Filing Period (optional - see instructions)           B Owner         Instruction: Give the full legan name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system.           If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and roly lay fee parent eccounting period.           It there were different owners during the accounting period.           It there were different owners during the accounting period.           It there were different owners during the accounting period.           It this is the system's first filing. If not, enter the system's iD number assigned by the Licensing Division.           It to be the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.           It to be the system of C CABLE SYSTEM           Shenandoah Cable Television, LLC           BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM           PO Box 459           Numbers of the action in space B. In the 2, give the mailing address of the system, if different from the address given in space B.           System         1           It to be the system in space B. In the 2, give the mailing address of the system, if different from the address given in space B.           Same As Above			
Period         Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.         E3870           Check here if this is the system's first filing. If not, enter the system's 1D number assigned by the Licensing Division.         E3870           LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Shennandoah Cable Television, LLC         BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM Shennandoah Cable Television, LLC           MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 4559 Number, sheet, cure route, specthere, or suite number)         Mailing Address of or OWNER OF CABLE SYSTEM PO Box 422824 (City), bus, status, 20)           Instruction of cable systems: 1         Instruction of cable SYSTEM: 1         Destributing, specific price           1         DENTIFICATION OF CABLE SYSTEM: 1         Destributing, specific price           2         Same As Above Number, sheet, cure route, specific price         Instruction of the system in space B.			Barcode Data Filing Period (optional - see instructions)
B       Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.         Ust any other name or names under which the owner conducts the business of the cable system.       It here were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty for payment covering the entire accounting period.         Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.       63870         I       LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Business NAME(s) OF OWNER OF CABLE SYSTEM         Business NAME(s) OF OWNER OF CABLE SYSTEM       Business NAME(s) OF OWNER OF CABLE SYSTEM       Business NAME(s) OF OWNER OF CABLE SYSTEM         PO Box 459       Mail.ING ADDRESS OF OWNER OF CABLE SYSTEM       Business already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. In line 2, give the mailing address of the system, if different from the address given in space B. In line 2, give the mailing address of the system, if different from the address given in space B. In Mail NG ADDRESS OF CABLE SYSTEM:         2       Same As Above       Mail ING ADDRESS OF CABLE SYSTEM:         2       Same As Above       Mail ING ADDRESS OF CABLE SYSTEM:	-		
B       Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.         User       List any other name or names under which the owner conducts the business of the cable system.         If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty the parent covering the entire accounting period.         Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.       63870         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       Business NAME(S) OF OWNER OF CABLE SYSTEM         PO Box 459       Mailing AdDRESS OF OWNER OF CABLE SYSTEM         PO Box 459       Mailence: steel, rual noise, apattement, or submerviewer         Edinburg, VA 22824       (Cive, runn, state, 20)         Cive, runn, state, 20       INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. Sinters         System       1       IPMENTERCATION OF CABLE SYSTEM:         2       Same As Above       Mailing Address of cable system.			Instructions:
If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	В		
Statement of account and royalty fee payment covering the entire accounting period.       63870         Check here if this is the system's first filling. If not, enter the system's ID number assigned by the Licensing Division.       63870         LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM       63870         Shenandoah Cable Television, LLC       BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)         MAILING ADDRESS OF OWNER OF CABLE SYSTEM       MAILING ADDRESS OF OWNER OF CABLE SYSTEM         PO Box 459       (Number, street, rural route, apartment, or sulte number)         Edinburg, VA 22824       (Civ), towi, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       DENTIFICATION OF CABLE SYSTEM:         2       Same AS Above         Number, street, rural route, apartment, or suite number)	Owner		List any other name or names under which the owner conducts the business of the cable system.
Check here if this is the system's first filling. If not, enter the system's iD number assigned 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 roote, apartment, or suite number)           Edinburg, VA 22824           (Oby, town, state, zp)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system in space B.           1           DENTIFICATION of CABLE SYSTEM:           Lynchburg FTTH-GIO Fiber           MAILING ADDRESS of CABLE SYSTEM:           2			
C         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         IDENTIFICATION of CABLE SYSTEM: Lynchburg FTTH-Glo Fiber           2         Same As Above (Number, street, rural route, spartment, or suite number)			Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
C         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         IDENTIFICATION of CABLE SYSTEM: Lynchburg FTTH-Glo Fiber           2         Same As Above (Number, street, rural route, spartment, or suite number)			
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)           Edinburg, VA 22824           (City, town, state, zip)           INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.           1         IDENTIFICATION OF CABLE SYSTEM:           Lynchburg FTTH-Glo Fiber         MAILING ADDRESS OF CABLE SYSTEM:           2         Same As Above (Number, street, rural route, apartment, or suite number)			
MAILING ADDRESS OF OWNER OF CABLE SYSTEM         PO Box 459         (Number, street, rural route, apartment, or suite number)         Edinburg, VA 22824         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         1       IDENTIFICATION OF CABLE SYSTEM:         Lynchburg FTTH-Glo Fiber         MAILING ADDRESS OF CABLE SYSTEM:         2       Number, street, rural route, apartment, or suite number)		-	
PO Box 459         (Number, street, rural route, apartment, or suite number)         Edinburg, VA 22824         (City, town, state, zip)         INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1         IDENTIFICATION OF CABLE SYSTEM:         Lynchburg FTTH-Glo Fiber         MAILING ADDRESS OF CABLE SYSTEM:         2       Same As Above         (Number, street, rural route, apartment, or suite number)			
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(City, town, state, zip)         Image: City, town, state, zip)         Image:			
C       names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1       IDENTIFICATION OF CABLE SYSTEM: Lynchburg FTTH-Glo Fiber         MAILING ADDRESS OF CABLE SYSTEM:       2         Same As Above (Number, street, rural route, apartment, or suite number)			
System       names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.         System       1         IDENTIFICATION OF CABLE SYSTEM:         Lynchburg FTTH-Glo Fiber         MAILING ADDRESS OF CABLE SYSTEM:         2       Same As Above         (Number, street, rural route, apartment, or suite number)		INST	RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
1     Lynchburg FTTH-Glo Fiber       MAILING ADDRESS OF CABLE SYSTEM:       2       Same As Above (Number, street, rural route, apartment, or suite number)	C		
Lynchburg FTTH-Glo Fiber         MAILING ADDRESS OF CABLE SYSTEM:         Same As Above         (Number, street, rural route, apartment, or suite number)	System	1	IDENTIFICATION OF CABLE SYSTEM:
2 Same As Above (Number, street, rural route, apartment, or suite number)			Lynchburg FTTH-Glo Fiber
2 (Number, street, rural route, apartment, or suite number)			MAILING ADDRESS OF CABLE SYSTEM:
		2	Same As Above
(City, town, state, zip code)			
			(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 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.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Shenandoah Cable Television, LLC	63870
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.	
Area Served	city.	r mobile nome parks should be reported in parentneses below the identified
	CITY OR TOWN	STATE
First	Lynchburg	VA
Community		
dd Rows as Necessary		

								1-2E. PAGE
Name	LEGAL NAME OF OWNER OF C						513	STEM II 6387
	Shenandoah Cable Tele	vision, LLC						0001
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS	AND RATES				
Е	In General: The information in s	•		-	•			
Secondary	system, that is, the retransmissi about other services (including particular)							
Transmission	last day of the accounting period					1030 07131		
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call for th	ne number of subs	scribers to the cat			
scribers and	down by categories of secondar	,	0					
Rates	each category by counting the n separately for the particular serv		•				charged	
	<b>Rate:</b> Give the standard rate of						je and the	
	unit in which it is generally billed	· ·	,		ard rate variations	s within a p	articular rate	
	category, but do not include disc				aandary transmis		a that apple	
	Block 1: In the left-hand block systems most commonly provide	•		•				
	that applies to your system. Not							
	categories, that person or entity				-			
	subscriber who pays extra for ca					der "Servio	e to the	
	first set" and would be counted of Block 2: If your cable system					different f	rom those	
	printed in block 1 (for example, t							
	with the number of subscribers a							
	sufficient.							
F	BL	OCK 1 NO. OF				BLOCK	. 2 NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE			EGORY OF SEF	RVICE	SUBSCRIBERS	RAT
	Residential:							
	Service to first set			Locals	s TV		76	\$4
	<ul> <li>Service to additional set(s)</li> </ul>			Entert	ain TV		171	\$11
	• FM radio (if separate rate)			Deligh	t TV		18	\$14
	Motel, hotel			Indulg	e TV		15	\$18
	Commercial							
	Converter							
	Residential							
	Non-residential							
								-1
	SERVICES OTHER THAN SEC In General: Space F calls for ra				all vour cable sve	tom's sorv	ices that were	
F	not covered in space E, that is,	•	,	-				
	service for a single fee. There a							
Services	furnished at cost or (2) services							
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the		usually billed	. If any rates are o	charged on a varia	able per-pr	ogram basis,	
Fransmissions:	Block 1: Give the standard ra		he cable syst	em for each of the	applicable servio	es listed.		
Rates	Block 2: List any services that							
	listed in block 1 and for which a				t these other serv	vices in the	form of a	
	brief (two- or three-word) descrip	ption and includ	le the rate for	each.		1		
			CK 1				BLOCK 2	
		BLU				CATECO	ORY OF SERVICE	
	CATEGORY OF SERVICE	RATE		OF SERVICE	RATE	CATEGO		RATE
	Continuing Services:	1	Installation:	Non-residential	RATE	CATEGO		E RATI
	Continuing Services: • Pay cable	1	Installation: • Motel, ho	<b>Non-residential</b> tel	RATE	CATEGO		
	Continuing Services: • Pay cable • Pay cable—add'l channel	1	Installation: • Motel, ho • Commerce	<b>Non-residential</b> tel sial	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	1	Installation: • Motel, ho • Commerce • Pay cable	Non-residential tel sial	RATE			- RATI
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	1	Installation: • Motel, ho • Commerc • Pay cable • Pay cable	Non-residential tel cial e e-add'l channel	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	1	Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire protect	Non-residential tel cial e a-add'l channel cction	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set	1	Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar p	Non-residential tel cial e e-add'l channel ction rotection	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	Installation: • Motel, ho • Commerc • Pay cable • Pay cable • Fire prote • Burglar p Other service	Non-residential tel cial e-add'l channel action rotection es:	RATE			
	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)	1	Installation: • Motel, ho • Commerc • Pay cable • Pay cable • Fire prote • Burglar p Other servic • Reconne	Non-residential tel cial e-add'l channel ection rotection es: ct	RATE			
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	1	Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar p Other service • Reconne • Disconne	Non-residential tel bial e-add'l channel action rotection es: ct ct	RATE			
	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)	1	Installation: • Motel, ho • Commerc • Pay cable • Pay cable • Fire prote • Burglar p Other servic • Reconne • Disconne • Outlet rel	Non-residential tel bial e-add'l channel action rotection es: ct ct	RATE			

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM
Name	Shenandoah Cable T	elevision, LLC		63
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, WC <b>Column 3:</b> Indicate in each (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carried b on concerning substitute basis stations, so n's call sign. <i>Do not</i> report origination pro d with a station according to its over-the-a	I) stations carried only on a part-ti carriage of certain network progra e)(2) and (4))]; and (2) certain sta ied by your cable system on a sul Special Statement and Program both on a substitute basis and also ee page (v) of the general instruct gram services such as HBO, ESF ir designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educat ions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections itions carried on a bstitute program Log)—if the p on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial eendent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRA	15	E	Roanoke, VA
	WBRA-2	15.2	E-M	Roanoke, VA
	WBRA-3	15.3	E-M	Roanoke, VA
	WBRA-4	15.4	E-M	Roanoke, VA
	wwcw	21	I	Lynchburg, VA
	WWCW-3	21.3	I-M	Lynchburg, VA
	WWCW-4	21.4	I-M	Lynchburg, VA
	WSET	13	Ν	Lynchburg, VA
	WSET-2	13.2	N-M	Lynchburg, VA
ld Rows as Necessary	WSET-3	13.3	I-M	Lynchburg, VA
	WSET-4	13.4	I-M	Lynchburg, VA
	WDBJ	7	N	Roanoke, VA
	WDBJ-2	7.2	I-M	Roanoke, VA
		***		
	WDBJ-3	7.3	I-M	Roanoke, VA
		7.3 7.4	I-M I-M	Roanoke, VA Roanoke, VA
	WDBJ-3			
	WDBJ-3 WDBJ-4	7.4		Roanoke, VA
	WDBJ-3 WDBJ-4 WFXR	7.4 27	I-M I	Roanoke, VA Roanoke, VA
	WDBJ-3 WDBJ-4 WFXR WFXR-3	7.4 27 27.3	I-M I I-M	Roanoke, VA Roanoke, VA Roanoke, VA

unting Period:	-			FORM SA1-2E. PA				
Name	LEGAL NAME OF OWNER OF			SYSTEM				
	Shenandoah Cable Te	elevision, LLC		638				
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	ntify every television station (including n during the accounting period, <i>except</i>	(1) stations carried only on a part-time	basis under				
Primary		n effect on June 24, 1981, permitting th )(2) and (4), or 76.63 (referring to 76.6						
ransmitters:		s explained in the next paragraph.						
Television	Substitute Basis Stations	With respect to any distant stations ca	arried by your cable system on a subst	itute program				
		les, regulations, or authorizations:	- Charles Ctatement and Draws-	-\ : <b>6 4</b> L -				
	• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the							
	,	<ul> <li>station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other</li> </ul>						
	<ul> <li>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.</li> </ul>							
	Column 1: List each station	i's call sign. <i>Do not</i> report origination p	rogram services such as HBO, ESPN,	etc. Identify each				
		with a station according to its over-the	e-air designation. For example, report	multistream				
	"WETA-2" as the same on t	he form. I number the FCC assigned to the tele	vision station for broadcasting over the	oir in ite community				
			VISION Station for broadcasting over the					
	of license. For example, WRC is channel 4 in Washington, D.C. <b>Column 3:</b> 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.						
	<b>Column 4:</b> 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				

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 tate whether t the radio stati this by placing Sive the statior	y the sys be receivent t the Cop sign of e he statio ion's sign a check n's locatio	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 gen 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	

	d: 2022/2						FO	RM SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF Shenandoah Cable Te							SYSTEM ID#
	Shehahuuan Cable Te							63870
<b>J</b> Substitute	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the a explanation of the programm	ify every non ccounting pe	network televisi riod, under spe	<i>ion program,</i> broadcast by a cific present and former FC	C rules, regula	ations, or au	uthorizations.	For a further
Carriage:	1. SPECIAL STATEMENT			• • • • • •	5			
Special Statement and	<ul> <li>During the accounting per</li> </ul>	riod, did you	r cable system	carry, on a substitute basi	s, any nonne	twork telev	<u>ision</u> progra	m
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	," leave the	rest of this pag	je blank. If your answer is '	ʻYes," you mu	ust complet	te the progra	am
	log in block 2. 2. LOG OF SUBSTITUTE							
	period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. <b>Column 2:</b> If the prograr <b>Column 3:</b> Give the call <b>Column 4:</b> Give the broat the case of Mexican or Can <b>Column 5:</b> Give the mor first. Example: for May 7 giv <b>Column 6:</b> State the time to the nearest five minutes, stated as "6:00–6:30 p.m." <b>Column 7:</b> Enter the lett to delete under FCC rules a was substituted for program	ace, please a of every nor distant stati gulations, o ies like "mor Bulls." m was broad sign of the s adcast statio hadian statio th and day we "5/7." es when the Example: a er "R" if the and regulatio mming that y	add additional r nnetwork televi ion and that you r authorizations vies" or "baske dcast live, enter station broadca on's location (th ins, if any, the of when your syst substitute pro- program carrie listed program ons in effect du	rows to the tables. ision program ("substitute pur cable system substitutes s. See page (v) of the gene tball." List specific program r "Yes." Otherwise enter "N isting the substitute progra ne community to which the community with which the s tem 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. Use cable system. 15 p.m. to 6:2 mming that y ; enter the let	at, during th ramming o ns for furth ample, "I L nsed by the tified). • numerals, • List the tir 28:30 p.m. s rour system ter "P" if th	e accountin ove Lucy" of e FCC or, in with the mo mes accurat should be n was <i>requir</i> e listed prog	g ation on. r onth ely ed
	effect on October 19, 1976.	-		s permitted to delete unde	r FCC rules a	and regulati		
			E PROGRAM	·	WHE	EN SUBST	TTUTE	7. REASON FO
		UBSTITUT 2. LIVE?	E PROGRAM		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	7. REASON FO DELETION
	s	SUBSTITUT			WHE CARR	EN SUBST	TTUTE CURRED	
	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
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	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
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	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	7. REASON FOF           DELETION
	s	UBSTITUT 2. LIVE?	3. STATION'S		WHE CARR 5. MONTH	EN SUBST IAGE OCC 6.	TITUTE CURRED TIMES	
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Accounting Period:	2022/2	FORM S	A1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Shenandoah Cable Television, LLC		63870
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Entra 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 at 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.	ssion service mount, see	0,424.00 pss receipts)
L Copyright Royalty Fee	<ul> <li>COPYRIGHT ROYALTY FEE 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 \$2</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>	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.	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 \$137,1	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 mo		

Accounting Period:	2022/2				FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Cable Television, LLC			SYSTEM ID# 63870
M Channels	to its subscribe 1. Enter the tot system carr 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 ns els on broadc		ations 24 182
N Individual to Be Contacted		TO BE CONTACTED IF FURT		DRMATION IS NEEDED (Identify an individual	
for Further Information	Name	Petra R. O'Neill		Tele	hone (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	mp.shent	el.com Fax (optional	
O Certification	I, the undersign     (Own     (Ager     X     (Offic     I have examine     are true, compl	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> partnershi ation or p le owner is if a corpor hereby de	tified and signed in accordance with Copyright Office regula <i>ly one</i> , of the boxes.) <b>p)</b> I am the owner of the cable system as identified in line 1 of s <b>artnership)</b> 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 I ge, information, and belief, and are made in good faith.	pace B; or able system as identified as owner of the cable system
			Enter an	/s/ Derek Rieger	
		Typed or printed	I 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.

unting Period: 2022/2	FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM 638
nandoah Cable Television, LLC	030
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Stateme Concerning Gro Receipts Exclusi
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?	
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
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	Q Interest Assessm
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment         \$       52.0         x       1%	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment         \$       52.0         x       1%	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	52
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.         Line 1       Enter the amount of late payment or underpayment	<u>52</u> 80

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 telephon 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.