This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

# SA1-2E Short Form

## STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/29/2023	\$ ALLOCATION NUMBER

Return completed workbook by email to:

### coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
A	20231 Barcode Data Filing Period (optional - see instructions)
Accounting Period	
В	Instructions:  Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Cogeco US (Penn), LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MANUNC ADDRESS OF OWNER OF CARLE SYSTEM
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM  2 Batterymarch Park, Suite 205
	(Number, street, rural route, apartment, or suite number)  Quincy, MA 02169
	(City, town, state, zip)
С	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	IDENTIFICATION OF CABLE SYSTEM:
	Cogeco US, LLC
	MAILING ADDRESS OF CABLE SYSTEM:
	2   24 Main St.   (Number, street, rural route, apartment, or suite number)
	Bradford, PA 16701 (City, town, state, zip code)
1	(Orty, town, state, zip oods)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 suffciency of the fling, a determination that would be made by a court of law.

Cogeco US (Penn), LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Shippenville  PA  Ashland  PA  Beaver  PA			FORM SA1-2E. PAG						
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC with a structions: List each separate community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CitY OR TOWN	Namo	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM						
"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including sing discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Shippenville  Ashland  PA  Beaver  PA  Clarion  PA  Knox Borough  Imestone  Monroe Clarion Co.  Township of Richland, Clarion Cty  Paint Clarion Co  Piney  Porter  Redbank  Rockland  Salem  PA  Salem  PA  Salem  PA  PA  PA  PA  PA  PA  PA  PA  PA  P	Name	Cogeco US (Penn), LLC 292							
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Shippenville  Ashland  PA  Beaver  PA  Clarion  PA  Elk  Knox Borough  Limestone  Monroe Clarion Co.  Township of Richland, Clarion Cty  Paint Clarion Co  Piney  Porter  Redbank  Rockland  Salem  PA  Salem  PA  Schland  PA  Salem  PA  Salem  PA  PA  PA  PA  PA  PA  PA  PA  PA  P		Instructions: List each separate community served by the cable syster	m. A "community" is the same as a "community unit" as defined in FCC rule						
Area Served    City Or Town   State   Shippenville   PA	D								
Area Served  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.  CITY OR TOWN  STATE  Shippenville  Community  Ashland  PA  Beaver  PA  Clarion  PA  Knox Borough  Limestone  Monroe Clarion Co.  Township of Richland, Clarion Cty  Paint Clarion Co  Piney  Porter  Redbank  Rockland  Rockland  Salem  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.	_								
Area Served identified city.    City Or Town									
CITY OR TOWN  First Shippenville Community Ashland Beaver PA  Clarion Elk Rows as Necessary Clarion PA  Limestone Monroe Clarion Co. Township of Richland, Clarion Cty Paint Clarion Co Piney Paint Clarion Co Piney Porter Redbank Rockland Salem PA  State  STATE  STATE  STATE  STATE  STATE  PA  PA  PA  PA  PA  PA  PA  PA  PA  P			ms, or mostic nome parts should be reported in parentnesses sciow the						
First Shippenville PA Community Ashland PA Beaver PA Community Beaver PA  Community Beaver PA  Community Beaver PA  Community Beaver PA  Community Beaver PA  Community PA  Elk PA  Knox Borough PA  Limestone PA  Monroe Clarion Co. PA  Township of Richland, Clarion Cty PA  Paint Clarion Co PA  Paint Clarion Co PA  Porter PA  Redbank PA  Rockland PA  Salem PA	Served	acontinuos dity.							
First Shippenville PA Community Ashland PA Beaver PA Community Beaver PA  Community Beaver PA  Community Beaver PA  Community Beaver PA  Community Beaver PA  Community PA  Elk PA  Knox Borough PA  Limestone PA  Monroe Clarion Co. PA  Township of Richland, Clarion Cty PA  Paint Clarion Co PA  Paint Clarion Co PA  Porter PA  Redbank PA  Rockland PA  Salem PA									
Community Ashland PA Beaver PA  Rows as Necessary Clarion PA  Eik PA  Knox Borough PA  Limestone PA  Monroe Clarion Co. PA  Township of Richland, Clarion Cty PA  Paint Clarion Co PA  Piney PA  Porter PA  Redbank PA  Rockland PA  Salem PA									
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Rows as Necessary  Clarion PA  Elk PA  Knox Borough PA  Limestone PA  Monroe Clarion Co. PA  Township of Richland, Clarion Cty PA  Paint Clarion Co PA  Piney PA  Porter PA  Redbank PA  Rockland PA  Salem PA	Community	Ashland							
Elk PA Knox Borough PA Limestone PA Monroe Clarion Co. PA Township of Richland, Clarion Cty PA Paint Clarion Co PA Piney PA Porter PA Redbank PA Rockland PA Salem PA		Beaver	PA						
Knox Borough Limestone PA Monroe Clarion Co. PA Township of Richland, Clarion Cty Paint Clarion Co PA Piney Porter PA Redbank Rockland PA Salem	Rows as Necessary	Clarion							
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Limestone PA  Monroe Clarion Co. PA  Township of Richland, Clarion Cty PA  Paint Clarion Co PA  Piney PA  Porter PA  Redbank PA  Rockland PA  Salem PA		Knox Borough	PA						
Monroe Clarion Co.  Township of Richland, Clarion Cty Paint Clarion Co Piney Pare Porter Pagebank Rockland Pagebank Rockland Pagebank			PA						
Township of Richland, Clarion Cty Paint Clarion Co Phiney Porter Pagebank Rockland Pagebank Pagebank Rockland Pagebank		Monroe Clarion Co.							
Paint Clarion Co PA Piney Porter Porter Redbank Rockland PA Salem PA									
Piney Porter PA Redbank Rockland Salem PA PA PA PA PA PA PA									
Porter PA Redbank PA Rockland PA Salem PA									
Redbank Rockland PA Salem PA									
Rockland PA Salem PA									
Salem PA									
Township of Richland, Vengo City			PA						
		Township of Richland, Vengo City	PA						

Accounting Period: 2023/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

FORM SA1-2E. PAGE 2.

SYSTEM ID#

29232

Cogeco US (Penn), LLC

E

Secondary Transmission Service: Subscribers and

Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

**Number of Subscribers:** Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

**Rate:** Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

**Block 1:** In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

**Block 2:** If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
<ul> <li>Service to first set</li> </ul>	683	39.99	Res Expanded	598	\$ 69.99		
<ul> <li>Service to additional set(s)</li> </ul>			Digital Value	28	\$ 69.98		
<ul> <li>FM radio (if separate rate)</li> </ul>			Digital Plus	-	\$122.97		
Motel, hotel	0	39.99					
Commercial	52	39.99					
Converter							
<ul> <li>Residential</li> </ul>	0	4.99-14.99					
<ul> <li>Non-residential</li> </ul>	100000000000000000000000000000000000000						
				1	1		

F

Services Other Than Secondary Transmissions: Rates

## SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

**Block 2:** List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

	BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
• Pay cable	1.99 - 19.99	Motel, hotel		
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		
Fire protection		• Pay cable		
•Burglar protection		Pay cable-add'l channel		
Installation: Residential		Fire protection		
• First set	50.00	Burglar protection		
Additional set(s)		Other services:		
• FM radio (if separate rate)		Reconnect	40.00	
Converter		Disconnect		
		Outlet relocation	40.00	
		Move to new address	40.00	

Accounting Period: 2023/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 29232

Cogeco US (Penn), LLC

G

## Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDKA	2	N	PITTSBURGH, PA
WJAC	6	N	JOHNSTOWN, PA
WPCB	9	<u> </u>	GREENSBURG, PA
WPCW	5	<u> </u>	JEANETTE, PA
WPGH	8	N	PITTSBURGH, PA
WPNT	7	<u>l</u>	PITTSBURGH, PA
WPSU	3	E	CLEARFIELD, PA
WPXI	11	N	PITTSBURGH, PA
WQED	13	<b>E</b>	PITTSBURGH, PA
WTAE	4	N	PITTSBURGH, PA
WINP	16	<u>l</u>	PITTSBURGH, PA

Accounting Period: 2023/1 FORM SA	-2E. PAGE 4
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Penn), LLC

29232

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
WCCR	FM		Clarion, PA				
WDSY	FM		Pittsburgh, PA				
WOKW	FM		Indiana, PA				
WORK	FM		Pittsburgh, PA				
WQED	FM		Pittsburgh, PA				
WRJS	FM		Oil City, PA				
WWSW	FM		Pittsburgh, PA			l	
VVVV3VV	I IVI		Fillsburgii, FA				
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Accounting Perio	nd: 2023/1						FO	RM SA1-2E. PAGE 5.	
Accounting Ferre	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#	
Name	Cogeco US (Penn), LL	-C						29232	
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	ENT AND PROGRAM LO	G				
1		_	_	rision program, broadcast by	_	tion, that y	our cable s	ystem carried on a	
	substitute basis during the a	accounting p	eriod, under sp	pecific present and former F	CC rules, reg	ulations, d	r authorizat	ions. For a further	
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form								
Carriage: Special	1. SPECIAL STATEMEN								
Statement and		-	ur cable syste	m carry, on a substitute ba	sis, any nonr	network te	levision pro		
Program Log	broadcast by a distant sta	ation?					YES	× NO	
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer is	"Yes," you r	nust com	plete the pr	ogram	
	log in block 2.								
	2. LOG OF SUBSTITUT								
	In General: List each subsclear. If you need more spa			rate line. Use abbreviations	wherever po	ossible, if	their mean	ing is	
				ม rows to the tables. evision program ("substitute	program") th	nat. durin	the accou	ntina	
	period, was broadcast by a	a distant sta	ition and that y	our cable system substitut	ed for the pro	ogrammir	g of anothe	er station	
				ons. See page (v) of the ger					
	"NBA Basketball: 76ers vs		ovies of basi	ketball." List specific progra	m uues, ior e	example,	I Love Luc	y OI	
	Column 2: If the progra	m was broa		ter "Yes." Otherwise enter "					
		0		casting the substitute progr			500	. •.	
	the case of Mexican or Ca			the community to which the			the FCC o	r, in	
				stem carried the substitute			als, with the	month	
	first. Example: for May 7 g								
				rogram was carried by your rried by a system from 6:01					
	stated as "6:00–6:30 p.m."		a program car	ned by a system nom o.o.	. 13 p.111. to 0	.20.30 p.	II. SHOUIU L	С	
	Column 7: Enter the let	ter "R" if the		m was substituted for progr					
				during the accounting perio				program	
	effect on October 19, 1976	•	your system w	vas permitted to delete und	er FCC rules	and regu	nauons m		
				T	T			<u> </u>	
		LIDOTITUI				N SUBS		7. REASON FOR	
	S		E PROGRAN				CURRED TIMES	7. REASON FOR DELETION	
	TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM	— TO		
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ccounting Period:					A1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Penn), LLC			S	YSTEM ID 2923			
<b>K</b> iross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see 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 re			\$ 21 (Amount of gr	<b>4,008.47</b> oss receipts)			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100  Use block 3 if the amount of gross receipts in space K is more than \$263,800  See page (vi) of the general instructions located in the paper SA1-2 form for more	but less th	nan \$527,600	263,800				
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royal accounting period is \$52.00	Ity fee that	you must pay for	this six-mon				
	Line 1. Royalty fee for accounting period			•				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add in	ines 1 and	2	· · <u> </u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	ore than \$137,1	00)				
	Base amount under statutory formula	\$	263,800.00					
	2. Enter amount of gross receipts from space K	\$	214,008.47					
	3. Subtract line 2 from line 1	\$	49,791.53	•				
	4. Enter the amount of gross receipts from space K		\$ 2	214,008.47				
	5. Enter the amount from line 3		\$	49,791.53				
	6. Subtract line 5 from line 4		\$	164,216.93				
	7. Multiply line 6 by .005 (enter figure here)			\$	821.08			
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8		\$	821.08			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26:	3,800 (but	less than \$527	,600)				
	4 Fabruika annount of management from a new K							
	Enter the amount of gross receipts from space K							
	2. Base amount under statutory formula		263,800.00					
	3. Subtract line 2 from line 1			•				
	4. Multiply line 3 by .01							
	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			0.00				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6						
	FILING FEE AND TOTAL REMITTANCE DU	JE						
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	821.08				
Due	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			\$	841.08			
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA		-		jhts!			

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF O	WNER OF CABLE SYSTEM: nn), LLC				SYSTEM ID# 29232
<b>M</b> Channels	to its subscribers,     Enter the total system carried t     Enter the total on which the car.	number of channels on which relevision broadcast stations. number of activated channels ble system carried television b		Is during the account	ing period.	11
N Individual to Be Contacted		BE CONTACTED IF FURTHI	ER INFORMATION IS NEEDED	<b>)</b> (Identify an individua	al to whom	
for Further Information	Name	Patrick Bratton			Telephone	617-786-8800
	Address	2 Batterymarch Park, (Number, street, rural route, apartm				
		Quincy, MA 02169 (City, town, state, zip)				
	Email	pbratton@breez	eline.com	Fax	(optional)	
0	CERTIFICATION (	This statement of account mu	st be certified and signed in acc	cordance with Copyri	ght Office regulations)	
O Certification	• I, the undersigne	d, hereby certify that (Check or	ne,but only one, of the boxes.)			
	(Owner	other than corporation or pa	artnership) I am the owner of the	e cable system as ider	ntified in line 1 of space	B; or
		-	tion or partnership) I am the du wner is not a corporation or partr		the owner of the cable	system as identified
		e <b>r or partner)</b> I am an officer (i ne 1 of space B.	f a corporation) or a partner (if a	partnership) of the leg	al entity identified as ow	rner of the cable system
		e, and correct to the best of my	nereby declare under penalty of knowledge, information, and bel			1
			X /s/ Patrick Bratto	on	_	
			Enter an electronic signature on t Enter signature using an "/s/ sign			
		Typed or printed	name: Patrick Bratton			
		Title: (Title of off	Chief Financial Officer			
		Date:		AL	ugust 29, 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 fling, a determination that would be made by a court of law.

unting Period: 2023/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
eco US (Penn), LLC	29232
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."	P Special Statement Concerning Gross Receipts Exclusion
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?  X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
	İ
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 Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.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 list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address Address	
ID number First community served Accounting period	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)