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	IENT OF ACCOUNT	FOR COPYRIG	FOR COPYRIGHT OFFICE USE ONLY								
for Second	lary Transmissions by	DATE RECEIVED	AMOUNT	coplicsoa@loc.gov							
General instr	<i>tems (Short Form)</i> ructions are located b of this workbook	08/29/2023	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150							
Α	ACCOUNTING PERIOD COVEREI	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))									
	2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31								
	2023	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 fil			37683							
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTE	М								
	Cogeco US (Penn), LLC										
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERE	NT)								
	MAILING ADDRESS OF OWNER O										
	(Number, street, rural route, apartment, or suite number)										
	Quincy, MA 02169 (City, town, state, zip)										
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line										
System	1 IDENTIFICATION OF CABLE SYSTEM: Cogeco UC, LLC										
	2 MAILING ADDRESS OF CABLE SYSTEM: 120 Southmont Blvd. (Number, street, rural route, apartment, or sulte number) Johnstown, PA 15905										
	(City, town, state, zip code)										

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 sufficiency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I						
Name	Cogeco US (Penn), LLC	376						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rule: "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 know as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
		OT ATE						
First	CITY OR TOWN Derry	PA STATE						
Community	Decatur	PA						
-								
dd Rows as Necessary								

	FORM SA1-26									
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:								TEM ID 3768	
	Cogeco US (Penn), LLC									
_	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	IBERS AND R	ATES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
0	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									
Secondary Transmission		. , .	30 or December 31, as the case may be).							
Service: Sub-					er of subscribers to the cable system, broken					
scribers and	down by categories of secondary	, transmission	service	. In general, yo	ou can com	pute the number	er of subsc	ribers in		
Rates	each category by counting the n		0	0,0				charged		
	separately for the particular serv					•	,	to and the		
	Rate: Give the standard rate c unit in which it is generally billed	-	-				-			
	category, but do not include disc	· · ·		,			s wiu iir a j			
	Block 1: In the left-hand block					ondary transmis	sion servio	ce that cable		
	systems most commonly provide									
	that applies to your system. Not			-		-				
	categories, that person or entity						•			
	subscriber who pays extra for ca first set" and would be counted of					a in the count ur	ider Servi	ce lo lne		
	Block 2: If your cable system					service that are	different f	rom those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	ind rates, in th	e right-l	hand block. A t	wo- or thre	e-word descript				
	sufficient.							0		
	BLU	DCK 1 NO. OF	:				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	 Service to first set 		179	\$39.99	Res Exp			167	\$ 69.9	
	 Service to additional set(s) 				Digital V			1	\$ 69.9	
	• FM radio (if separate rate)				Digital P	Digital Plus		-	\$122.9	
	Motel, hotel		0	\$39.99						
	Commercial		1	\$39.99						
	Converter									
	Residential			4.99-14.99						
	Non-residential									
	SERVICES OTHER THAN SEC				-	ll vour cable sve	tem's serv	ices that were		
F	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									
Services	furnished at cost or (2) services									
Other Than	amount of the charge and the un		usually	/ billed. If any r	ates are ch	narged on a vari	able per-pi	rogram basis,		
Secondary Transmissions:	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.									
Rates	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
	listed in block 1 and for which a separate charge was made or established. List these other services in the form of a									
	brief (two- or three-word) description and include the rate for each.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	ORY OF SERVICE	RATE	
	Continuing Services:			ation: Non-res	idential					
	• Pay cable	1.99 - 19.99		tel, hotel						
	Pay cable—add'l channel			mmercial						
	Fire protection		•Pa	y cable						
	 Burglar protection 			y cable-add'l cl	nannel					
	Installation: Residential			e protection						
	First set	50.00		rglar protection						
	 Additional set(s) 	40.00		services:						
	 FM radio (if separate rate) 			connect		40.00				
	Converter			sconnect						
			•Ou	tlet relocation		40.00				
			• Mo	ve to new add	ess	40.00				

			· · · · · · · · · · · · · · · · · · ·					
Name	LEGAL NAME OF OWNER OF			SYSTEI 3				
	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, <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 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 <i>not</i> 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 <i>only</i> 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. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. 							
	Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.							
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WGAL	8	Ν	LANCASTER, PA				
	WHP	7	N	HARRISBURG, PA				
Rows as Necessary	WHTM	5	Ν	HARRISBURG, PA				
	WHVL	3	N	STATE COLLEGE, PA				
	WITF	13	E	HARRISBURG, PA				
	WHP (CW)	4	Ι	HARRISBURG, PA				
	WPMT	6	Ν	YORK, PA				
	WVIA	9	E	PITTSTON, PA				
	WVIA WHVL.2	9 3	EI	PITTSTON, PA STATE COLLEGE, PA				
			E I N					
	WHVL.2	3		STATE COLLEGE, PA				
	WHVL.2 WHTM.2	3 5	I N	STATE COLLEGE, PA HARRISBURG, PA				
	WHVL.2 WHTM.2 WPMT.2 WVIA.2	3 5 6	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA PITTSTON, PA				
	WHVL.2 WHTM.2 WPMT.2	3 5 6 9	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA				
	WHVL.2 WHTM.2 WPMT.2 WVIA.2	3 5 6 9	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA PITTSTON, PA				
	WHVL.2 WHTM.2 WPMT.2 WVIA.2	3 5 6 9	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA PITTSTON, PA				
	WHVL.2 WHTM.2 WPMT.2 WVIA.2	3 5 6 9	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA PITTSTON, PA				
	WHVL.2 WHTM.2 WPMT.2 WVIA.2	3 5 6 9	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA PITTSTON, PA				
	WHVL.2 WHTM.2 WPMT.2 WVIA.2	3 5 6 9	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA PITTSTON, PA				
	WHVL.2 WHTM.2 WPMT.2 WVIA.2	3 5 6 9	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA PITTSTON, PA				
	WHVL.2 WHTM.2 WPMT.2 WVIA.2	3 5 6 9	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA PITTSTON, PA				
	WHVL.2 WHTM.2 WPMT.2 WVIA.2	3 5 6 9	I N N	STATE COLLEGE, PA HARRISBURG, PA YORK, PA PITTSTON, PA				

Cogeco US	FOWNER OF ((Penn), LL(SYSTEM I 376
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) in the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: G	it is carried by monitoring, to prmation abou rm. dentify the call tate whether t the radio stati this by placing sive the statior	y the sys be recei t the Co sign of e he static ion's sign g a check n's locatio	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licens	adend, and (2 anna, during c ge (v) of the g ystem as a se sed by the FC	2) it can l ertain st eneral ir eparate a	be expected, ated intervals. Instructions in the.	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
OALL SIGN		30	LOCATION OF STATION	UALL SIGN		3,0	LOCATION OF STATION	
		l						

Accounting Perio	d: 2023/1						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Cogeco US (Penn), LL	.C						37683
	SUBSTITUTE CARRIAG	E: SPECI	AL STATEME	NT AND PROGRAM LO	G			
I	In General: In space I, ident	tify every no.	nnetwork televi	<i>ision program</i> , broadcast by	a distant sta	tion, that y	our cable sys	tem carried on a
	substitute basis during the a	accounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, o	r authorizatio	ns. For a further
Substitute	explanation of the programn	ning that mu	ist be included	in this log, see page (v) of tl	he general ins	structions i	n the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting pe 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	network te	levision prog	ram
Program Log	broadcast by a distant sta	YES	× NO					
	Note: If your answer is "No	o", leave the	e rest of this pa	ige blank. If your answer is	s "Yes," you r	nust comp	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT							
	In General: List each subs				s wherever p	ossible, if	their meaning	g is
	clear. If you need more spa			rows to the tables. vision program ("substitute	orogram") ti	hat during	, the account	tina
	period, was broadcast by a							
	under certain FCC rules, re	egulations, o	or authorizatio	ns. See page (v) of the ge	neral instruct	ions for fu	rther informa	ition.
	Do not use general catego "NBA Basketball: 76ers vs.		ovies" or "bask	etball." List specific progra	am titles, for e	example, "	I Love Lucy"	or
			dcast live. ent	er "Yes." Otherwise enter '	'No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute progr	am.			
				the community to which the			the FCC or,	in
	the case of Mexican or Car Column 5: Give the mo			stem carried the substitute			als with the r	nonth
	first. Example: for May 7 gi		When you by		program. o			
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.n	n. should be	
	stated as "6:00–6:30 p.m." Column 7: Enter the let	ter "R" if the	e listed program	n was substituted for prog	ramming that	vour svst	em was <i>requ</i>	iired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
	effect on October 19, 1976							
		•						
		·			WHE	N SUBST	ITUTE	
	S	UBSTITUT	E PROGRAM	1	CARRI	AGE OCO	CURRED	7. REASON FOR
	S		E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCO		7. REASON FOR DELETION
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		
		UBSTITUT 2. LIVE?	3. STATION'S		CARRI 5. MONTH	AGE OCO 6.		

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Cogeco US (Penn), LLC		37683
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (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.	ission service amount, see	5,128.00 ss receipts)
		. 5	. ,
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.	263,800	
	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 accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	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 lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	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		0.00
	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 \$ 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)	1,319.00	
	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 DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
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	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2023/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Penn), LLC	SYSTEM ID# 37683
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	13 146
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
Be Contacted for Further Information	Name Patrick Bratton Telephone 6	517-786-8800
	Address <u>2 Batterymarch Park, Suite 205</u> (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
	Email pbratton@breezeline.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable sy I line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as own In line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. I B U.S.C., Section 1001(1986)] I were signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Patrick Bratton Title: Chief Financial Officer (Title of official position held in corporation or partnership)	/stem as identified
	Date: August 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 fing, a determination that would be made by a court of law.

counting Period: 2023/1	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
geco US (Penn), LLC	37683
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here - x	
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 www.copyright.gov/licensing/interest-rate.pdf. 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	
ID number First community served Accounting period	

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