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

Browner Accounting Period Accounting Period Period 2 + July 1 - December 31 Browner Instructions: Instruction: Period 2 - July 1 - December 31 Instruction: Instruct	STATEM	FNT	OF ACCOUNT	FOR COPYRIG	email to						
Cable Systems (Short Form) Image: Cable System (Short Form)	-			DATE RECEIVED	AMOUNT	-					
General instructions are located 08/24/2023 ALLOCATION NUMBER Office Lienning Division at (20) 707-8150. A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY//Period)) (20) 707-8150. (20) 707-8150. A ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY//Period)) (20) 707-8150. (20) 707-8150. Accounting 2003/1 Period 1 = January 1 - June 30 Period 2 = Jaly 1 - December 31 (20) 707-8150. Accounting Barcode Data Filing Period (optional - see instructions) Barcode Data Filing Period (optional - see instructions) (20) 707-8150. Accounting Instructions: (11) The owner of the coble system. If the owner is a subsidiary of another corporation, give the full corporate title of the side day, not that of the parent corporato. (11) The owner of the coble system. If the owner is a subsidiary of another corporation, give the full corporate title of the side day, not that of the parent corporato. (11) The owner of the cable system. If the owner is a subsidiary of another corporation. (12) 107-8150. Cover Check here if this is the system's first filing. If not, enter the system's 10 number assigned by the Licensing Division. (28) 25 Cover LEGAL NAME OF OWNER OF CABLE SYSTEM Sheenandoah Cable Television, LLC (28) 28 Business NAME(s) OF OWNER OF CABLE SYSTEM Sheenandoah Cable Television, LLC (20) 100-100-100-100-100-100-10		-	-			For additional information,					
Accounting Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Accounting Period Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 Barcode Data Filing Period (optional - see instructions) Accounting Period B Owner Instructions: Owner Instructions: December 31 Decemb	-			08/24/2023		Office Licensing Division at					
Accounting Period Period 2 = July 1 - December 31 Accounting Period Improve the full (application 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-stream of ancount and royably fee payment covering the entire accounting period. Check here if this is the system's first filling. If not, enter the system's 10 number assigned by the Licensing Division. E3825 LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Shenandoah Cable Television, LLC BUSINESS NAME(5) OF OWNER OF CABLE SYSTEM MAILING ADDRESS OF OWNER OF CABLE SYSTEM PO Box 459 (Winder, steel, roll multimest, estatement, or stale number): Exc took, steel, roll multimest, appearing, or stale number): Exc took, steel, roll multimest, or stale number): Exc took, steel, roll multimest, appearing or stale number): Exc took, steel, roll multimest, or stale number): Exc took, steel, roll multimest, appearing address of trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, 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 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 any business or trade names used to identify the business and operation of the system unless these names already appearin in space B. In line 2, give any business or trade names used to	in the first tab	o of thi	s workbook.		ALLOCATION NUMBER	(202) 707-8150.					
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C Instruction Ins			Check here if this is the system's first filir	ng. If not, enter the system's ID number	assigned by the Licensing Division.	63825					
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Interview				CABLE SYSTEM							
Image: Crity, town, state, zip) Image: Crity, town, state, zip) <td></td> <td></td> <td></td> <td>number)</td> <td></td> <td></td>				number)							
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2 (Number, street, rural route, apartment, or suite number)											
(City, town, state, zip code)		2		umber)							
			(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.

Neme	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Shenandoah Cable Television, LLC	638
	Instructions: List each separate community served by the cable system. A	"community" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincor discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community th as the "first community." Please use it as the first community on all future	hat you list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, o identified city.	
Servea		
First	CITY OR TOWN Front Royal	STATE VA
Community		
dd Rows as Necessary		
uu nows as Necessary		

								1-2E. PAG			
Name	LEGAL NAME OF OWNER OF C		51	STEM I 638							
	Shenandoah Cable Television, LLC										
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRIBERS AND R	ATES							
E	In General: The information in s										
Secondary	system, that is, the retransmissi about other services (including p										
Transmission	last day of the accounting period	• • •		•	ale musi be i						
Service: Sub-					ers to the cat	ole system	, broken				
scribers and	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										
Rates	each category by counting the n separately for the particular serv			•			charged				
	Rate: Give the standard rate of				•	,	ge and the				
	unit in which it is generally billed	-	• •				-				
	category, but do not include disc										
	Block 1: In the left-hand block systems most commonly provide		-		•						
	that applies to your system. Not										
	categories, that person or entity		-	-							
	subscriber who pays extra for ca				the count un	der "Servi	ce to the				
	first set" and would be counted of Block 2: If your cable system				rvice that are	different f	rom those				
	printed in block 1 (for example, 1	Ũ	•								
	with the number of subscribers a				,		, 0				
	sufficient.			1							
	BLOCK 1						X 2 NO. OF				
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATEG	ORY OF SER	VICE	SUBSCRIBERS	RAT			
	Residential:	000001110		0/1120			000001				
	Service to first set			Locals T	1		41	\$4			
	 Service to additional set(s) 			Entertain	TV		194	· \$1			
	• FM radio (if separate rate)			Delight T	V		24	\$1 ؛			
	Motel, hotel			Indulge T	V		8	8 \$19			
	Commercial										
	Converter										
	Residential										
	Non-residential										
	SERVICES OTHER THAN SEC										
F	In General: Space F calls for ra not covered in space E, that is, t	•	,	•	-						
-	service for a single fee. There a										
Services	furnished at cost or (2) services	•		•		• • • •					
Other Than	amount of the charge and the un		usually billed. If any r	ates are char	ged on a varia	able per-p	rogram basis,				
Secondary	enter only the letters "PP" in the		he cable system for e	ach of the an	olicable servic	es listed					
ranemieeione	Block 1 : Give the standard ra	te onargea by	•				were not				
ransmissions: Rates	Block 1: Give the standard ra Block 2: List any services tha	t your cable sy	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								
	Block 2: List any services that	• •		-	• •	lices in the					
	Block 2: List any services that	separate charg	je was made or estab	-	• •	lices in the					
	Block 2: List any services tha listed in block 1 and for which a	separate charg	ge was made or estab de the rate for each.	-	• •	lices in the	BLOCK 2				
	Block 2: List any services tha listed in block 1 and for which a	separate charg	ge was made or estab de the rate for each.	lished. List the	• •		BLOCK 2 DRY OF SERVIC	E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip	separate charg ption and inclue BLO	ge was made or estab de the rate for each. CK 1	lished. List the	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	separate charg ption and inclue BLO	ge was made or estab de the rate for each. CK 1 CATEGORY OF SEF	lished. List the	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	separate charg ption and inclue BLO	e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res	lished. List the	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and inclue BLO	e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel	lished. List the	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate charg ption and inclue BLO	e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial	lished. List the RVICE sidential	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	separate charg ption and inclue BLO	e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable	lished. List the RVICE sidential	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	separate charg ption and inclue BLO	e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c	NVICE sidential	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and inclue BLO	e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services:	NVICE sidential	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg ption and inclue BLO	e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services: • Reconnect	NVICE sidential	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	separate charg ption and inclue BLO	e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services: • Reconnect • Disconnect	NVICE sidential	ese other serv			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	separate charg ption and inclue BLO	e was made or estab de the rate for each. CK 1 CATEGORY OF SEF Installation: Non-res • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l c • Fire protection • Burglar protectior Other services: • Reconnect	NVICE sidential	ese other serv			E RAT			

	LEGAL NAME OF OWNER C	DF CABLE SYSTEM:		SYSTEM					
Name	Shenandoah Cable T	Felevision, LLC		63					
	PRIMARY TRANSMITTERS: TELEVISION								
G 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 noncommercial educational multicast). For the meaning of these terms, see page (w) 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								
	FCC. For Mexican or Cana	adian stations, if any, give the name of th 2. B'CAST CHANNEL NUMBER	he community with which the station 3. TYPE OF STATION	A. LOCATION OF STATION					
	WJLA	7	N	Washington, DC					
	WJLA-2	7.2	I-M	Washington, DC					
	WJLA-3	7.3	I-M	Washington, DC					
	WJLA-4	7.4	I-M	Washington, DC					
l Rows as Necessary	WJLA-4 WTTG	5	I-M N	Washington, DC Washington, DC					
Rows as Necessary		5	N	Washington, DC					
Rows as Necessary	WTTG WTTG-2	5		Washington, DC Washington, DC					
l Rows as Necessary	WTTG WTTG-2 WDCW	5 5.2 50	N I-M I	Washington, DC Washington, DC Washington, DC					
l Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2	5 5.2 50 50.2	N I-M I I-M	Washington, DC Washington, DC Washington, DC Washington, DC					
l Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA	5 5.2 50 50.2 9	N I-M I I-M N	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC					
l Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2	5 5.2 50 50.2 9 9.2	N I-M I I-M N I-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC					
l Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT	5 5.2 50 50.2 9 9.2 51	N I-M I I-M N I-M E	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Staunton, VA					
l Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA	5 5.2 50 50.2 9 9.2 51 26	N I-M I I-M N I-M E E E	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Staunton, VA Washington, DC					
l Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2	5 5.2 50 50.2 9 9.2 51 26 26.2	N I-M I I-M N I-M E E E E E E-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Staunton, VA Washington, DC Washington, DC					
l Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2 WDVM	5 5.2 50 50.2 9 9.2 51 26 26.2 25	N I-M I I-M N I-M E E E E E I I	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Staunton, VA Washington, DC Washington, DC Hagerstown, MD					
l Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2 WDVM WDVM-2	5 5.2 50 50.2 9 9.2 51 26 26.2 25 25.2	N I-M I I-M N I-M E E E E E I I I I I I I I I I I I I	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Staunton, VA Washington, DC Washington, DC Hagerstown, MD Hagerstown, MD					
I Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2 WDVM WDVM-2 WDVM-3	5 5.2 50 50.2 9 9.2 51 26 25.2 25.2 25.3	N i-M i i-M N i-M E E E E E-M i i-M i-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Staunton, VA Washington, DC Washington, DC Hagerstown, MD Hagerstown, MD Hagerstown, MD					
I Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2 WDVM WDVM-2 WDVM-3 WDVM-4	5 5.2 50 50.2 9 9.2 51 26 26.2 25.2 25.2 25.3 25.4	N i-M i-M N i-M E E E E E I i-M i-M i-M i-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Staunton, VA Washington, DC Washington, DC Hagerstown, MD Hagerstown, MD Hagerstown, MD					
I Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2 WDVM WDVM-2 WDVM-3	5 5.2 50 50.2 9 9.2 51 26 25.2 25.2 25.3	N i-M i i-M N i-M E E E E E-M i i-M i-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Staunton, VA Washington, DC Washington, DC Hagerstown, MD Hagerstown, MD Hagerstown, MD					
I Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2 WDVM WDVM-2 WDVM-3 WDVM-4	5 5.2 50 50.2 9 9.2 51 26 26.2 25.2 25.2 25.3 25.4	N i-M i-M N i-M E E E E E I i-M i-M i-M i-M	Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Washington, DC Staunton, VA Washington, DC Washington, DC Hagerstown, MD Hagerstown, MD Hagerstown, MD					
I Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2 WDVM WDVM-2 WDVM-3 WDVM-4	5 5.2 50 50.2 9 9.2 51 26 26.2 25.2 25.2 25.3 25.4	N i-M i-M N i-M E E E E E I i-M i-M i-M i-M	Washington, DC Staunton, VA Washington, DC Washington, DC Staunton, VA Washington, DC Hagerstown, MD Hagerstown, MD Hagerstown, MD Hagerstown, MD					
I Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2 WDVM WDVM-2 WDVM-3 WDVM-4	5 5.2 50 50.2 9 9.2 51 26 26.2 25.2 25.2 25.3 25.4	N i-M i-M N i-M E E E E E I i-M i-M i-M i-M	Washington, DC Staunton, VA Washington, DC Washington, DC Staunton, VA Washington, DC Hagerstown, MD Hagerstown, MD Hagerstown, MD Hagerstown, MD					
ł Rows as Necessary	WTTG WTTG-2 WDCW WDCW-2 WUSA WUSA-2 WVPT WETA WETA-2 WDVM WDVM-2 WDVM-3 WDVM-4	5 5.2 50 50.2 9 9.2 51 26 26.2 25.2 25.2 25.3 25.4	N i-M i-M N i-M E E E E E I i-M i-M i-M i-M	Washington, DC Staunton, VA Washington, DC Washington, DC Staunton, VA Washington, DC Hagerstown, MD Hagerstown, MD Hagerstown, MD Hagerstown, MD					

								SYSTEM ID#
Shenandoal	n Cable Tel	evisio	n, LLC					6382
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo	it is carried by monitoring, to prmation abou rm.	y the sys be rece It the Co	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t	at the system's he system's FM ant	eadend, and (2 enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stat this by placing Give the station	the station ion's sig g a chec n's location	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which th the community with which the	ne station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
ONLE OIGH		0/0		ONLE OTON	710101110	0/0		
			·					

Accounting Perio	od: 2023/1						FORM	1 SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Shenandoah Cable Te	levision,	LLC					63825		
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
	In General: In space I, ident	ify every noi	nnetwork televi	s <i>ion program</i> , broadcast by	a distant sta	tion, that yo	our cable syst	em carried on a		
	In General: In space I, identify <i>every nonnetwork television program</i> , broadcast by a <i>distant</i> station, that your cable system carried on a <i>substitute basis</i> during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further									
Substitute	explanation of the programm	ning that mu	st be included i	n this log, see page (v) of tl	he general ins	structions ir	the paper S	A1-2 form.		
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Program Log	broadcast by a distant sta	tion?					YES	× NO		
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp				
	log in block 2.									
	2. LOG OF SUBSTITUTE	E PROGRA	MS							
	In General: List each subs				s wherever po	ossible, if t	heir meaning	is		
	clear. If you need more spa			rows to the tables. /ision program ("substitute	program") ti	aat during	the accounti	na		
	period, was broadcast by a									
	under certain FCC rules, re	gulations, o	or authorization	ns. See page (v) of the ge	neral instruct	ions for fur	ther informat	ion.		
	Do not use general categor		ovies" or "bask	etball." List specific progra	im titles, for e	example, "I	Love Lucy"	or		
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live_ente	er "Yes." Otherwise enter '	'No "					
				asting the substitute progr						
				he community to which the			the FCC or,	n		
	the case of Mexican or Car			community with which the stem carried the substitute			le with the m	onth		
	first. Example: for May 7 give	•	when your sy		e program. Os	se numera	is, with the fi	IONUN		
			e substitute pro	ogram was carried by you	r cable syster	m. List the	times accura	ately		
	to the nearest five minutes.	Example: a	a program carr	ied by a system from 6:01	:15 p.m. to 6	:28:30 p.m	i. should be			
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n was substituted for prog	comming that	vour evet	m was requ	irod		
	to delete under FCC rules a									
	was substituted for progran	nming that						0		
	effect on October 19, 1976									
					WHF	N SUBST	ITUTE			
	S	1	E PROGRAM		CARRIAGE OCCURRED 7.			7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION		
							_			
		+								
							_			
							_			
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Accounting Period:	2023/1 FORM SA1-2E. PAGE 6.							
	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#							
Name	Shenandoah Cable Television, LLC 63825							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c 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, se 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. § 75,106.09 (Amount of gross receipts) IMPORTANT: You must complete a statement in space P concerning gross receipts. (Amount of gross receipts)							
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • 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.							
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS							
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.							
	Line 1. Royalty fee for accounting period							
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8							
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$ 52.00							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)							
	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) \$ 52.00							
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							
	EFT Trace # or TRANSACTION ID #							
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.							

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM: able Television, LLC				SYSTEM ID# 63825
M Channels	to its subscribers 1. Enter the total system carried t 2. Enter the total on which the ca	s, and (2) the cable system's tota number of channels on which the television broadcast stations number of activated channels able system carried television broadcast	al numbe he cable		st stations	19 173
	and nonbroadca	ast services				
N Individual to Be Contacted		BE CONTACTED IF FURTHER bout this statement of account.)		MATION IS NEEDED (Identify an individual		
for Further Information	Name	Petra R. O'Neill			Telephone	(561) 801-8668
	Address	500 Shentel Way (Number, street, rural route, apartmer	nt, or suite	number)		
		Edinburg, VA 22824 (City, town, state, zip)				
	Email	petra.o'neill@emp	o.shente	I.com Fax (optional)		
ο		(This statement of account must	t be certi	fied and signed in accordance with Copyright Office re	egulations)	
Certification	• I, the undersigne	ed, hereby certify that (Check one	e,but only	one, of the boxes.)		
	(Owner	r other than corporation or part	rtnership)	I am the owner of the cable system as identified in line	e 1 of space	B; or
		t of owner other than corporatio ine 1 of space B and that the own		tnership) I am the duly authorized agent of the owner a corporation or partnership; or	of the cable	system as identified
		er or partner) I am an officer (if a ine 1 of space B.	a corporat	ion) or a partner (if a partnership) of the legal entity ide	ntified as ov	vner of the cable system
		e, and correct to the best of my ki	-	lare under penalty of law that all statements of fact con e, information, and belief, and are made in good faith.	tained herei	n
			X	/s/ Derek Rieger		
				ectronic signature on the line above to certify this stateme ture using an "/s/ signature" (e.g., /s/ John Smith)	ent.	
		Typed or printed n	name:	Derek Rieger		
				esident Legal/General Counsel held in corporation or partnership)		
		Date:		August 24, 20	23	

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: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
nandoah Cable Television, LLC	6382
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the 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 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.	Receipts Exclusion
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 Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmer
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 www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov. ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	

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 th 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.