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	FNT	OF ACCOUNT	FOR COPYRIC	FOR COPYRIGHT OFFICE USE ONLY						
-		ransmissions by	DATE RECEIVED	AMOUNT	_					
		Short Form)			<u>coplicsoa@copyright.gov</u>					
		,		\$	For additional information, contact the U.S. Copyright					
General instru			08/24/2023		Office Licensing Division at					
in the first tab	of thi	s workbook.		ALLOCATION NUMBER	(202) 707-8150.					
Α	ACC	OUNTING PERIOD COVEREI	D BY THIS STATEMENT: (Y	YYY/(Period))						
		2022/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31						
		2023/1		· · · · , · · · · ·						
		Barcode Data Filing Period (optional - see instructions)								
Accounting Period										
		Instructions:	the sole sustant little surrer is a subs	idian of another permetation size the full corr						
В		of the subsidiary, not that of the parent		idiary of another corporation, give the full corp	oorate title					
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									
		Shenandoah Cable Television, LLC BUSINESS NAME/S) OF OWNER OF CABLE SYSTEM (JE DIEFERENT)								
		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)									
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	1	IDENTIFICATION OF CABLE SYSTEM:								
		Staunton FTTH-Glo Fiber	M·							
		MAILING ADDRESS OF CABLE SYSTEM:								
	_									
	2	MAILING ADDRESS OF CABLE SYSTE Same As Above (Number, street, rural route, apartment, or suite								
	2	Same As Above								

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Numo	Shenandoah Cable Television, LLC	63826						
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "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 known 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 r identified city.	nobile home parks should be reported in parentheses below the						
	CITY OR TOWN STATE							
First	Staunton	VA						
Community	Augusta County	VA						
Rows as Necessary								

Name	LEGAL NAME OF OWNER OF C	CABLE SYSTEM	:				SY	STEM I 638			
	Shenandoah Cable Tele			030							
-	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	In General: The information in s	-	-		•						
0	system, that is, the retransmissi										
Secondary Transmission	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Service: Sub-	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										
scribers and	down by categories of secondary transmission service. In general, you can compute the number of subscribers in										
Rates	each category by counting the n						charged				
	separately for the particular serv				•	,					
	Rate: Give the standard rate of	-				-	•				
	unit in which it is generally billed category, but do not include disc	· · ·	,		ro rate variations	s within a	barticular rate				
	Block 1: In the left-hand block				ondary transmis	sion servi	ce that cable				
	systems most commonly provide	-		-	•						
	that applies to your system. Not		-		-						
	categories, that person or entity				0,	•					
	subscriber who pays extra for ca				a in the count un	der "Servi	ce to the				
	first set" and would be counted of Block 2: If your cable system				service that are	different f	rom those				
	printed in block 1 (for example,	•	•								
	with the number of subscribers	and rates, in th	e right-hand block. A	two- or thre	e-word description	on of the s	service is				
	sufficient.			11							
	BLO	OCK 1	·			BLOCK					
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SER	VICE	NO. OF SUBSCRIBERS	RAT			
	Residential:	COBCOTUD		0,111		TICE	CODOCIUDEIRO	/ 1011			
	Service to first set			Locals	тv		13	7 \$			
	Service to additional set(s)			Enterta			34				
	• FM radio (if separate rate)			Delight			4				
	Motel, hotel			Indulge							
	Commercial			maaige	7 I V			v • •			
	Converter										
	Residential										
	Non-residential										
	- Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	ANSMISSIONS: RA	TES							
-	In General: Space F calls for ra				Il your cable sys	tem's serv	rices that were				
F	not covered in space E, that is,										
	service for a single fee. There a	•	,	0		0.0					
Services Other Than	furnished at cost or (2) services										
Secondary	amount of the charge and the up		usually billed. If any	rales are cr	larged on a varia	able per-p	ogram basis,				
occontaary	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.										
ransmissions:	Block 1: Give the standard ra	Block 2: List any services that your cable system furnished or offered during the accounting period that were not									
ransmissions: Rates	Block 2: List any services that	• •	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 tha listed in block 1 and for which a	separate charg		-	÷ ·	rices in the	e form of a				
	Block 2: List any services that	separate charg		-	÷ ·	rices in the	e form of a				
	Block 2: List any services tha listed in block 1 and for which a	separate charg	de the rate for each.	-	÷ ·	rices in the	e form of a BLOCK 2				
	Block 2: List any services tha listed in block 1 and for which a	separate charg	de the rate for each.	blished. List	÷ ·			E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services:	separate charg ption and inclue BLO	de the rate for each. CK 1	Blished. List	these other serv		BLOCK 2	E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and inclue BLO	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel	Blished. List	these other serv		BLOCK 2	E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services:	separate charg ption and inclue BLO	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r	Blished. List	these other serv		BLOCK 2	E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri CATEGORY OF SERVICE Continuing Services: • Pay cable	separate charg ption and inclue BLO	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel	Blished. List	these other serv		BLOCK 2	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	separate charg ption and inclue BLO	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial	Blished. List	these other serv		BLOCK 2	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	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable	Blished. List	these other serv		BLOCK 2	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'l channel • Fire protection • Burglar protection	separate charg ption and inclue BLO	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l	Blished. List	these other serv		BLOCK 2	ERAT			
	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 • Burglar protection Installation: Residential	separate charg ption and inclue BLO	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable-add'l • Fire protection	Blished. List	these other serv		BLOCK 2	ERAT			
	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	separate charg ption and inclue BLO	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti	Blished. List	these other serv		BLOCK 2	E RAT			
	Block 2: List any services tha listed in block 1 and for which a brief (two- or three-word) descri 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	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti Other services:	Blished. List	these other serv		BLOCK 2	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	de the rate for each. CK 1 CATEGORY OF SE Installation: Non-r • Motel, hotel • Commercial • Pay cable • Pay cable • Pay cable-add'l • Fire protection • Burglar protecti Other services: • Reconnect	Blished. List	these other serv		BLOCK 2	ERAT			

	LEGAL NAME OF OWNER O)F CABLE SYSTEM:		SYSTE					
Name	Shenandoah Cable T	felevision, LLC							
	PRIMARY TRANSMITTERS: TELEVISION								
G Primary Transmitters: Television	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 iden								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					
	WHSV	3	N	Harrisonburg, VA					
	WHSV-4	3.4	I-M	Harrisonburg, VA					
	WVIR	29	N	Charlottesville, VA					
	WVIR-2	29.2	N-M	Charlottesville, VA					
	WVIR-3	29.3	I-M	Charlottesville, VA					
Rows as Necessary	WSVF	43	N	Harrisonburg, VA					
d Rows as Necessary									
	WSVF-2	43.2	N-M	Harrisonburg, VA					
			_	Harrisonburg, VA Staunton, VA					
	WVPT	51	E	Staunton, VA					
			_	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					
	WVPT WVPT-3	51 51.3	E E-M	Staunton, VA Staunton, VA					

egal name oi Shenandoal								SYSTEM II 638
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cat					Н
eceivable if (1) on the basis of or detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation about rm. Identify the call tate whether to the radio stat this by placing sive the station	y the sys be recein the Co sign of the static ion's sig g a chec n's locati	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	at the system's he system's FM ant his point, see pa sed by the cable ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s eneral ii eparate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
CALL SIGN		3/D	LOCATION OF STATION	CALL SIGN		3/D	LOCATION OF STATION	
							·	
							·	
							·	
							·	
							·	
							·	

Accounting Perio	od: 2023/1						FORM	I SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Shenandoah Cable Te	levision,	LLC					63826		
	SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G					
1	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a									
-	substitute basis 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 th	ne general ins	structions in	the paper S	A1-2 form.		
Carriage:	1. SPECIAL STATEMEN		NING SUBS	TITUTE 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		
i rogram zog	Note: If your anowar is "No	" loovo tho	root of this no	ao blank. If your anowar is	"Voo" vou r		-			
	Note: If your answer is "No	, leave the	rest of this pa	ge blank. If your answer is	s res, your	nust comp	lete the prog	ram		
	log in block 2.		MO							
	2. LOG OF SUBSTITUTE In General: List each subst			ate line. Use abbreviations	wherever p	ossible if t	heir meaning	is		
	clear. If you need more spa					0001010, 11 1				
				/ision program ("substitute						
	period, was broadcast by a									
	under certain FCC rules, re Do not use general categor	ies like "mo	or authorization	etball " List specific progra	meral instruct	example "I	l ove l ucv" (ion. or		
	"NBA Basketball: 76ers vs.					Mampio, i	Lovo Luoy			
				er "Yes." Otherwise enter "						
				asting the substitute progr he community to which the		concod by	the ECC or i	n		
	the case of Mexican or Car									
				stem carried the substitute			ls, with the m	onth		
	first. Example: for May 7 give					1		1.1.		
	to the nearest five minutes.			ogram was carried by your				itely		
	stated as "6:00–6:30 p.m."		a program can	ied by a system nom 0.01	. 10 p.m. to 0	.20.00 p.m				
	Column 7: Enter the lett			n was substituted for progr						
	to delete under FCC rules a							ogram		
	was substituted for program effect on October 19, 1976.	• •	your system wa	as permitted to delete und		and regul				
					1					
						N SUBST				
	S		E PROGRAM		-	AGE OCC		 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	FROM	— ТО			
							_			
							<u> </u>			
							_			
							_			
			·		 					

Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#							
Hame	Shenandoah Cable Television, LLC		63826							
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enial 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, se	,398.58							
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 thi accounting period is \$52.00.	is six-month								
	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									
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,10	0)								
	1. Base amount under statutory formula									
	2. Enter amount of gross receipts from space K \$ 151,398.58									
	3. Subtract line 2 from line 1									
	4. Enter the amount of gross receipts from space K \$ 15	1,398.58								
	5. Enter the amount from line 3	2,401.42								
	6. Subtract line 5 from line 4	8,997.16								
	7. Multiply line 6 by .005 (enter figure here)	\$	194.99							
	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	\$	194.99							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	00)								
	1. Enter the amount of gross receipts from space K									
	2. Base amount under statutory formula									
	3. Subtract line 2 from line 1									
	Willippi line 5 by .01 S. 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 Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	194.99								
	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	\$	214.99							
	EFT Trace # or TRANSACTION ID #									
	Important: Your remittance must be in the form of an electronic payment payable to the Register o See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more									

Accounting Period:	2023/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Shenandoah Cable	IER OF CABLE SYSTEM: e Television, LLC				SYSTEM ID# 63826
M Channels	to its subscribers, an 1. Enter the total nun system carried tele 2. Enter the total nun on which the cable	nd (2) the cable system's to mber of channels on which wision broadcast stations . mber of activated channels system carried television I	otal numb the cable 		counting period.	10 173
N Individual to Be Contacted		CONTACTED IF FURTH		RMATION IS NEEDED (Identify an ind	dividual	
for Further Information	Name Pe	etra R. O'Neill			Telephone	(561) 801-8668
	(Nu	00 Shentel Way umber, street, rural route, apartm dinburgh, VA 22824 ty, town, state, zip)		e number)		
	Email	petra.o'neill@en	np.shent	el.com	Fax (optional)	
O Certification	I, the undersigned, h (Owner oth (Agent of a in line 4 X (Officer of in line 4 . I have examined the	hereby certify that (Check o her than corporation or part owner other than corpora 1 of space B and that the owner of partner) I am an officer (if 1 of space B. e statement of account and I nd correct to the best of my 001(1986)]	ne, <i>but on</i> artnershi tion or pr wner is no f a corpor hereby de knowledg X Enter an e Enter sign name:	p) I am the owner of the cable system a artnership) I am the duly authorized ag to a corporation or partnership; or ation) or a partner (if a partnership) of t eclare under penalty of law that all state ge, information, and belief, and are mad /s/ Derek Rieger	as identified in line 1 of space yent of the owner of the cable he legal entity identified as o ments of fact contained here le in good faith.	B; or system as identified wner of the cable system
				resident Legal/General Cou n held in corporation or partnership)	nsel	
		Date:			August 24, 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.

GAL NAME OF OWNER OF CABLE SYSTEM: nenandoah Cable Television, LLC	SYSTEM ID
venandoah 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
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	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
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	
ID number First community served	

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.