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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to
-		ransmissions by	DATE RECEIVED	AMOUNT	-
		Short Form)			<u>coplicsoa@copyright.gov</u>
-		,		\$	For additional information,
General instru	uction	s are located	08/24/2023		contact the U.S. Copyright Office Licensing Division at
in the first tab	of thi	s workbook.		ALLOCATION NUMBER	(202) 707-8150.
Α	ACC	OUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	
			Barlad 4 - January 4 June 20	Devied 2 - July 4 December 24	
		2023/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
			Barcode Data Filing Period (optional	- see instructions)	
Accounting					
Period					
-	-	Instructions:			
В		-		diary of another corporation, give the full corp	oorate title
Б		of the subsidiary, not that of the parent	corporation.		
Owner		List any other name or names under wh	ich the owner conducts the business of t	he cable system.	
		-		the last day of the accounting period should s	ubmit a
		single statement of account and royalty	fee payment covering the entire accoun	ting period.	63871
		Check here if this is the system's first fili	ng. If not, enter the system's ID number	assigned by the Licensing Division.	63871
		LEGAL NAME OF OWNER/MAILIN	NG ADDRESS OF CABLE SYSTEM		
		Shenandoah Cable Television, LLC	C		
		BUSINESS NAME(S) OF OWNER C)	
		MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
		PO Box 459			
		(Number, street, rural route, apartment, or suite	number)		
		Edinburg, VA 22834 (City, town, state, zip)			
	INST		iness or trade names used to ide	ntify the business and operation of the	system unless these
С				he system, if different from the address	
System	1	IDENTIFICATION OF CABLE SYSTEM:			
	1	Roanoke FTTH-Glo Fiber			
		MAILING ADDRESS OF CABLE SYSTE	М:		
	2	Same As Above (Number, street, rural route, apartment, or suite	number)		
	-	(reaction of street, rulai route, apartment, of suite			
		(City, town, state, zip code)			
			authorized the Convright Office to collect t		

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
Name	Shenandoah Cable Television, LLC	63
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated c discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you lis as the "first community." Please use it as the first community on all future filings.	ommunities within unincorporated areas and including sing
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Roanoke	VA
Community	Blacksburg	
	Vinton Town	VA
dd Rows as Necessary		

								FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SYS	
	Shenandoah Cable Tele	evision, LLC							6387
-	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCRI	BERS AND R	ATES				
E	In General: The information in s								
Secondam/	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the accounting period	• • •			-		nose exist	ing on the	
Service: Sub-	Number of Subscribers: Both	•				,	ole system	, broken	
scribers and	down by categories of secondar			•		•			
Rates	each category by counting the n separately for the particular serv							charged	
	Rate: Give the standard rate of					•	,	e 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	able service to	addition	al sets would l	be included	d in the count ur	der "Servio	ce to the	
	first set" and would be counted of						-1:66		
	Block 2: If your cable system printed in block 1 (for example, the system)	-		•					
	with the number of subscribers a								
	sufficient.		0			•			
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIND	LIKO	TUTE	0,111		(TIOL	CODECITIDENC	TUT
	Service to first set				Locals	тν		208	\$4
	 Service to additional set(s) 				Enterta	in TV		490	\$11
	• FM radio (if separate rate)				Delight	: TV		56	\$15
	Motel, hotel				Indulge			36	\$19
	Commercial								
	Converter								
	Residential								
	Non-residential								
							I		
	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		-		0		0 ()		
Other Than	amount of the charge and the ur		usually	billed. If any r	ates are cl	narged on a vari	able per-pr	ogram basis,	
Secondary	enter only the letters "PP" in the Block 1: Give the standard ra		ho cobl	o ovetom for o	ach of the	applicable convi	oc listed		
ransmissions:	Block 2: List any services that	• •				••		were not	
Rates	-	• •			-				
Rates	listed in block 1 and for which a	ooparato onarg		nade or establ	ished. List	these other ser			
Rates	listed in block 1 and for which a brief (two- or three-word) descrip		de the ra		ished. List	these other ser			
Rates					ished. List	these other ser		BLOCK 2	
Rates		ption and inclu	CK 1			these other ser	CATEGO	BLOCK 2 DRY OF SERVICE	RATE
Rates	brief (two- or three-word) descrip	ption and inclue BLO	CK 1 CATEG	ate for each.	VICE		CATEGO		RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue BLO	CK 1 CATEG Installa	ate for each. ORY OF SER	VICE		CATEGO		RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and inclue BLO	CK 1 CATEG Installa • Mot	ate for each. ORY OF SER ttion: Non-res	VICE		CATEGO		RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and inclue BLO	CK 1 CATEG Installa • Mot • Cor	ate for each. GORY OF SER ation: Non-res	VICE		CATEGO		RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and inclue BLO	CK 1 CATEG Installa • Mot • Cor • Pay	ate for each. GORY OF SER ation: Non-res el, hotel nmercial	VICE		CATEGO		RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and inclue BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	GORY OF SER tition: Non-res rel, hotel nmercial r cable r cable-add'l cl protection	VICE idential		CATEGO		RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	ption and inclue BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire	ate for each. ORY OF SER ation: Non-res rel, hotel nmercial r cable r cable-add'l cl	VICE idential		CATEGO		RATE
Rates	brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	ption and inclue BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ate for each. GORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l cl protection glar protection gervices:	VICE idential		CATEGO		RATE
Rates	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	ption and inclue BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s	ate for each. GORY OF SER ition: Non-res rel, hotel mmercial r cable r cable r cable-add'l cl protection glar protection	VICE idential		CATEGO		RATE
Rates	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)	ption and inclue BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec	ate for each. GORY OF SER ition: Non-res el, hotel nmercial r cable r cable-add'l cl protection glar protection gervices:	VICE idential		CATEGO		RATE
Rates	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)	ption and inclue BLO	CK 1 CATEG Installa • Mot • Cor • Pay • Pay • Fire • Bur Other s • Rec • Dise	CRY OF SER ition: Non-res el, hotel mmercial r cable r cable-add'l cl protection glar protection services: connect	VICE idential		CATEGO		RATI

	LEGAL NAME OF OWNER C	JF CABLE SYSTEM:		SYSTEM
Name	Shenandoah Cable T			63
	PRIMARY TRANSMITTERS:	· ·		
G	carried by your cable syste	dentify every television station (including t tem during the accounting period, <i>except</i>	(1) stations carried only on a part	t-time basis under
Primary	5	s in effect on June 24, 1981, permitting the I(e)(2) and (4), or 76.63 (referring to 76.61	s . s	
ransmitters: Television	substitute program basis,	as explained in the next paragraph.		
Felevision	basis under specific FCC	ns: With respect to any distant stations can rules, regulations, or authorizations:		
	• Do not list the station he station was carried only o	ere in space G—but do list it in space I (th on a substitute basis.	e Special Statement and Program	n Log)—if the
	 List the station here, and 	d also in space I, if the station was carried		
		tion concerning substitute basis stations, sion's call sign. <i>Do not</i> report origination p		
		ed with a station according to its over-the-	-	•
	Column 2: Give the chann	nel number the FCC assigned to the telev	vision station for broadcasting ove	er the air in its community
		NRC is channel 4 in Washington, D.C. ch case whether the station is a network s	station an independent station, or	a noncommercial
	educational station, by ent	ntering the letter "N" (for network), "N-M" (f	for network multicast), "I" (for inde	ependent), "I-M"
	For the meaning of these t	t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruction	ctions in the paper SA1-2 form.	,
	Column 4: Give the locati	tion of each station. For U.S. stations, list the name of the name	the community to which the station	
		aulan stations, it any, give the name of th	le community with which the state	n is idenuited.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WZBJ	24		Danville, VA
	WZBJ-2	24.2	I-M	Danville, VA
	WSLS	10	N	Roanoke, VA
	WSLS-2	10.2	I-M	Roanoke, VA
	WSLS-3	10.3	I-M	Roanoke, VA
	WWCW-3	21.3	I-M	Lynchburg, VA
	WWCW-4	21.4	I-M	Lynchburg, VA
Rows as Necessary	WSET	13	Ν	Lvnchburg, VA
Rows as Necessary	WSET WSET-2	13 13.2	N I-M	Lynchburg, VA Lynchburg, VA
Rows as Necessary				
Rows as Necessary	WSET-2	13.2	I-M	Lynchburg, VA
Rows as Necessary	WSET-2 WSET-3	13.2 13.3	I-M I-M	Lynchburg, VA Lynchburg, VA
Rows as Necessary	WSET-2 WSET-3 WSET-4	13.2 13.3 13.4	I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA
Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ	13.2 13.3 13.4 7	I-M I-M I-M N	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA
Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2	13.2 13.3 13.4 7 7.2	I-M I-M I-M N I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA
Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3	13.2 13.3 13.4 7 7.2 7.3	I-M I-M I-M I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA
Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4	13.2 13.3 13.4 7 7.2 7.3 7.4	I-M I-M N I-M I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
d Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR	13.2 13.3 13.4 7 7.2 7.3 7.4 27 27.3	I-M I-M N I-M I-M I-M I-M N	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR WFXR-3	13.2 13.3 13.4 7 7.2 7.2 7.3 7.4 27	I-M I-M I-M N I-M I-M I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
d Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR WFXR-3	13.2 13.3 13.4 7 7.2 7.3 7.4 27 27.3	I-M I-M I-M N I-M I-M I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
d Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR WFXR-3	13.2 13.3 13.4 7 7.2 7.3 7.4 27 27.3	I-M I-M I-M N I-M I-M I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
d Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR WFXR-3	13.2 13.3 13.4 7 7.2 7.3 7.4 27 27.3	I-M I-M I-M N I-M I-M I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
d Rows as Necessary	WSET-2 WSET-3 WSET-4 WDBJ WDBJ-2 WDBJ-3 WDBJ-4 WFXR WFXR-3	13.2 13.3 13.4 7 7.2 7.3 7.4 27 27.3	I-M I-M I-M N I-M I-M I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA

egal name oi Shenandoal								SYSTEM I 638
			., ==•					050
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cat					н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If	it is carried by monitoring, to prmation about rm. lentify the call tate whether to the radio stat	y the sys be rece at the Co sign of the static ion's sig	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.	it the system's h system's FM an his point, see pa	eadend, and (tenna, during o age (v) of the g	2) it can certain s eneral ir	be expected, tated intervals. hstructions in the.	Primary Transmitters Radio
Column 4: G	live the station	n's locati	ion (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio	od: 2023/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Shenandoah Cable Te	levision, l	LLC					63871
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO)G			
	In General: In space I, ident	-	-			tion that vo	ur cable svs	tem carried on a
-	substitute basis during the a							
Substitute	explanation of the programm	ning that mus	st be included	n this log, see page (v) of t	the general ins	structions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	riod, did you	ur cable syster	n carry, on a substitute ba	asis, any nonr	network tele	vision prog	ram
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 " vou r	nust compl	-	
	log in block 2.	,		ge ziaini in jean anener i	o 100, jou.	indet eenip:	oto 110 prog	<i></i>
	2. LOG OF SUBSTITUTE	E PROGRA	MS					
	In General: List each subs	titute progra	am on a separ		s wherever p	ossible, if th	neir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute our cable system substitut				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	example, "I	Love Lucy"	or
	"NBA Basketball: 76ers vs.		daaat liya anti	or "Voo" Othonwigo ontor '	"No."			
				er "Yes." Otherwise enter ' asting the substitute progr				
				he community to which th		censed by t	he FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 give	•	when your sy	stem carried the substitute	e program. U	se numeral	s, with the n	nonth
			e substitute pr	ogram was carried by you	ir cable syste	m. List the t	imes accura	ately
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	ar "D" if the	listed program	a waa awhatitutad far arag	remained the			ire d
				n was substituted for prog				
				uring the accounting perio			ne iisteu br	ouram
	was substituted for progran	nming that y		uring the accounting peric as permitted to delete unc				ogram
		nming that y						ogram
	was substituted for progran	nming that y			der FCC rules	and regula	ations in	
	was substituted for progran effect on October 19, 1976	nming that y		as permitted to delete und	der FCC rules		ations in	7. REASON FOR
	was substituted for progran effect on October 19, 1976	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	
	was substituted for progran effect on October 19, 1976 SI	nming that y UBSTITUT	your system w	as permitted to delete unc	der FCC rules WHE CARRI	N SUBSTI	TUTE URRED	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
	was substituted for progran effect on October 19, 1976 SI	UBSTITUT	your system w E PROGRAN 3. STATION'S	as permitted to delete unc	WHE CARRI 5. MONTH	N SUBSTI AGE OCC 6. T	TUTE URRED IMES	7. REASON FOR
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Accounting Period:	2023/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S	YSTEM ID#
Name	Shenandoah Cable Television, LLC		63871
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Er 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 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.	nission service amount, se	6,937.89
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 \$ • 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.	3263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for th accounting period is \$52.00. Line 1. Royalty fee for accounting period		
	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	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		
		06,937.89	
	5. Enter the amount from line 3	56,862.11	
	6. Subtract line 5 from line 4	50,075.78	
	7. Multiply line 6 by .005 (enter figure here)	\$	750.38
	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	\$	750.38
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,6	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)	750.38	
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	\$	770.38
	EFT Trace # or TRANSACTION ID #		
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the Register of 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		VNER OF CABLE SYSTEM: ble Television, LLC				SYSTEM ID# 63871
M Channels	 to its subscribers, a Enter the total nu system carried tel Enter the total nu on which the cable 	and (2) the cable system's to umber of channels on which elevision broadcast stations umber of activated channels le system carried television	otal numb n the cable s broadcas		ccounting period.	31 193
N Individual to Be Contacted		BE CONTACTED IF FURTH out this statement of accour		RMATION IS NEEDED (Identify an in	dividual	
for Further Information	Name F	Petra R. O'Neill			Telephone	(561) 801-8668
	(h	500 Shentel Way Number, street, rural route, apartr Edinburgh, VA 22824 City, town, state, zip)		e number)		
	Email	petra.o'neill@er	np.shent	el.com	Fax (optional)	
O Certification	 I, the undersigned, (Owner of the inline) X (Officer of the inline) I have examined the inline 	I, hereby certify that (Check c other than corporation or p of owner other than corpora e 1 of space B and that the o or partner) I am an officer (i e 1 of space B. he statement of account and and correct to the best of my 1001(1986)] Typed or printed Title:	artnershi artnershi wner is no if a corpor- hereby de knowledg K Enter an e Enter sign name: Vice P	tified and signed in accordance with (<i>ly one</i> , of the boxes.) p) I am the owner of the cable system a artnership) I am the duly authorized ag ot a corporation or partnership; or ation) or a partner (if a partnership) of the acclare under penalty of law that all state ge, information, and belief, and are mad /s/ Derek Reiger electronic signature on the line above to that ure using an "/s/ signature" (e.g., /s/ J Derek Rieger resident Legal/General Cou n held in corporation or partnership)	as identified in line 1 of space gent of the owner of the cable the legal entity identified as o ements of fact contained here de in good faith.	e B; or e system as identified wner of the cable system
		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.

ounting Period: 2023/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	6387
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.	
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	
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 Interest Assessmer
	Q Interest Assessmen
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	
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