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

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

## SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
2/28/24	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))								
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
		Barcode Data Filing Period (optional - see instructions)							
Accounting Period									
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner		List any other name or names under which the owner conducts the business of the cable system.							
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
		Shenandoah Cable Television, LLC							
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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:							
		MAILING ADDRESS OF CABLE SYSTEM:							
	2	(Number, street, rural route, apartment, or suite number)							
		(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.

		FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
	Shenandoah Cable Television, LLC	3003
D	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	communities within unincorporated areas and including single, list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobil identified city.	e home parks should be reported in parentheses below the
First	city or town Petersburg	STATE WV
Community	Portions of Grant County	WV
	Franklin	WV
d Rows as Necessary	Portions of Pendleton County	W

Accounting Period: 2023/2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

FORM SA1-2E. PAGE 2.

SYSTEM ID#

30036

Ε

Secondary Transmission Service: Subscribers and

Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2			
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential (Starter HD)					
Service to first set Franklin	120	\$30.00	1st Converter HD/DVR	33	\$16.95
Service to additional set(s)			Add'l Converter HD/DVR	9	\$9.95
• FM radio (if separate rate)			Cable Card	-	\$1.99
Motel, hotel			Bulk DTA Converter	176	\$3.99
Commercial			Business DTA Converter	92	\$3.99
Converter			Advanced	383	\$94.00
Residential	243	\$5.95	Ultimate	143	\$115.00
Non-residential					
1		T		T	l

F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE					RATE
Continuing Services:		Installation: Non-residential				
• Pay cable		Motel, hotel				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable				
Burglar protection		<ul> <li>Pay cable-add'l channel</li> </ul>				
Installation: Residential		<ul> <li>Fire protection</li> </ul>				
• First set (includes 2)	\$99.95	Burglar protection				
<ul><li>Additional set(s)</li></ul>	\$14.95	Other services:				
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$25		Service Call	\$49.95
Converter		Disconnect				
		<ul> <li>Outlet relocation</li> </ul>				
		<ul> <li>Move to new address</li> </ul>				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 30036

Ε

# SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLG	OCK 1		BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential						
Service to first set Franklin			Technology Fee	646	\$3.00	
Service to additional set(s)			Copyright Fee	646	\$0.70	
• FM radio (if separate rate)			Brdcst TV Charge-Petersbu	406	\$21.99	
Motel, hotel			Brdcst TV Charge-FrnkIn	240	\$29.09	
Commercial						
Converter						
• Residential (DTA)	828	\$3.99	Home Gateway Box	4	\$14.95	
Non-residential			Home Gateway Player	10	\$5.00	

F

Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		-			
• First set (includes 2)					
Additional set(s)					
• FM radio (if separate rate)					
• Converter					
Convention					

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30036

Shenandoah Cable Television, LLC

G

### Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WDCA *	20	I	Washington, DC
WDCW	50	<u> </u>	Washington, DC
WDCW-2	50.2	I-M	Washington, DC
WTTG *	5	N	Washington, DC
WTTG-2 *	5.2	I-M	Washington, DC
WTTG-3 *	5.3	I-M	Washington, DC
WETA *	27	E	Washington, DC
WHSV	3	N	Harrisonburg, VA
WHSV-4 **	3.4	I-M	Harrisonburg, VA
WNPB	24	E	Morgantown, WV
WNPB-2	24.2	E-M	Morgantown, WV
WPXW	66	1	Manassas, VA
WUSA *	9	N	Washington, DC
WUSA-3 *	9.3	I-M	Washington, DC
WUSA-4 *	9.4	I-M	Washington, DC
WVPY **	51	E	New Market, VA
WSVF **	43	N	Harrisonburg, VA
WSVF-2 **	43.2	N-M	Harrisonburg, VA
* Carried in Petersb	urg and Grant Counties ONLY		
** Carried in Frankli	n and Pendleton Counties ONLY	•	

Add Rows as Necessary

Accounting Period: 2023/2 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30036 Shenandoah Cable Television, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary Transmitters: 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 Television basis under specific FCC rules, regulations, or authorizations: • Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 4. LOCATION OF STATION 3. TYPE OF STATION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Shenandoah Cable Television, LLC

30036

#### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

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

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION

accounting Perio	od: 2023/2						FOR	M SA1-2E. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
	Shenandoah Cable Te	levision,	LLC					30036
	SUBSTITUTE CARRIAG In General: In space I, idensubstitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting periodicast by a distant state of the product of t	itify every non- accounting p ning that mu  T CONCEF riod, did you tion?  b," leave the  E PROGRA titute progra ace, please of every no distant sta	nnetwork televineriod, under spet be included in RNING SUBS are cable system are set of this part and additional connetwork televition and that years and addition and that years are set of the set of this part and additional connetwork televition and that years are set of the set of th	sion program, broadcast by ecific present and former Fn this log, see page (v) of the triple of triple	a distant star CC rules, reg he general ins sis, any noni s "Yes," you i s wherever p e program") t ted for the pri	julations, of structions network te must com ossible, if hat, during	relevision progression progres	ns. For a further SA1-2 form.  Tram  X  NO  gram  g is  ting station
	Do not use general catego "NBA Basketball: 76ers vs. Column 2: If the prograte Column 3: Give the call Column 4: Give the brothe case of Mexican or Calumn 5: Give the mofirst. Example: for May 7 gi Column 6: State the tim to the nearest five minutes stated as "6:00–6:30 p.m."	ries like "mo Bulls." m was broa sign of the adcast stati- nadian stati- nth and day ve "5/7." es when the Example: a ter "R" if the and regulati- mming that	dcast live, enter station broadcon's location (toons, if any, the when your system a program carroll stated program carroll listed program ions in effect d	etball." List specific progra er "Yes." Otherwise enter " asting the substitute prograte community to which the community with which the stem carried the substitute ogram was carried by your ried by a system from 6:01 in was substituted for prograting the accounting perio	am titles, for a "No." ram. e station is lies station is ide program. U r cable syste l:15 p.m. to 6 ramming that bd; enter the der FCC rules	censed by lentified). se numera m. List the 5:28:30 p.i t your sys letter "P" i	"I Love Lucy"  I the FCC or  als, with the  e times accur  m. should be  tem was requifithe listed properties.	in month ately
	S	UBSTITUT	E PROGRAM		CARRIAGE OCCURRED 7. REAS			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

counting Period:	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Shenandoah Cable Television, LLC  300
<b>K</b> 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.  Secondary transmission service(s) full transmission service(s)  (Amount of gross receipts)
_	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
	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)
	Enter the amount of gross receipts from space K
	Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	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 NEWHITTANGE DOE
iling Fee and tal Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	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:	2023/2					FORM SA1-2E. PAGE 7.	
Name		OWNER OF CABLE SYSTEM: able Television, LLC				SYSTEM ID# 30036	
M Channels	to its subscribers  1. Enter the total system carried  2. Enter the total on which the carrier	s, and (2) the cable system's t number of channels on which	otal numb		accounting period.	Petersburg(24)/Franklin(19)  Petersburg(310)/Franklin(305)	
N Individual to		BE CONTACTED IF FURTH		ORMATION 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, apartr Edinburgh, VA 22824 (City, town, state, zip)  petra.o'neill@et	1		Fax (optional)		
	Liliali	petra.oneii@ei	np.snem	101.0011	T ax (optional)		
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)  (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or  X (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.  I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]						
		Typed or printed	Enter an Enter sign I name:	/s/ Derek Rieger electronic signature on the line above nature using an "/s/ signature" (e.g., /signature Rieger	s/ John Smith)		
		(Title of of	TICIAI positio	on held in corporation or partnership)	February 28, 2024		

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.

counting Period: 2023/2	FORM SA1-2E. PAGE 8.
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
enandoah Cable Television, LLC	30036
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 a lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall rescribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions.	or the basic not include sub-  Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instruction located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?	v transmissions
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or For an explanation of interest assessment, see page (viii) of the general instructions located in the paper	
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
x	days
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u>-</u>
,	x 0.00274
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	erest charge)
* To view the interest rate chart click on <a href="https://www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further as 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 Copyrigh list below the owner, address, first community served, ID number, and accounting period as given in the	· · · · · · · · · · · · · · · · · · ·
Owner Address	
ID number	
First community served	
Accounting period	

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.

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