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 COPYRIGHT OFFICE USE ONLY       email to         for Secondary Transmissions by       DATE RECEIVED       AMOUNT       coplicsoa@copyright.get         Cable Systems (Short Form)       \$
Cable Systems (Short Form)         General instructions are located         in the first tab of this workbook.         A         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
B       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)
C 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:
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.

Nores	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Shenandoah Cable Television, LLC	43
	Instructions: List each separate community served by the cable system. A "com	
D	"a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that yo as the "first community." Please use it as the first community on all future filing	ed communities within unincorporated areas and including singl u list will serve as a form of system identification hereafter know
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or molidentified city.	
First	CITY OR TOWN Wytheville	STATE VA
Community	Wythe County	VA
,	Rural Retreat	VA VA
dd Dawe ac Nasaaaaa		
dd Rows as Necessary		

								FORM SA1			
Name	LEGAL NAME OF OWNER OF C							515	TEM ID 435		
	Shenandoah Cable Tele	evision, LLC	3						400		
_	SECONDARY TRANSMISSION	I SERVICE: SI	JBSCR	BERS AND R	ATES						
E	In General: The information in s			-		•					
Secondary	system, that is, the retransmission about other services (including provide the services)										
Transmission	last day of the accounting period										
Service: Sub-	Number of Subscribers: Both	•				,	ble system	n, broken			
scribers and	down by categories of secondar			•		•					
Rates	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)										
	separately for the particular service at the rate indicated—not the number of sets receiving service). <b>Rate:</b> 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 systems most commonly provide	•		0							
	that applies to your system. Not										
	categories, that person or entity			-		-					
	subscriber who pays extra for ca					d in the count ur	nder "Servi	ce 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, 1										
	with the number of subscribers a										
	sufficient.				1						
-	BLO	OCK 1 NO. OF					BLOCK	K 2 NO. OF	OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	SUBSCRIBERS	RATE		
	Residential: (Starter HD)										
	Service to first set		163	\$30.00	1st Converter HD/DVR			65	\$16.9		
	<ul> <li>Service to additional set(s)</li> </ul>				Add'I Converter HD/DVR			7	\$9.9		
	<ul> <li>FM radio (if separate rate)</li> </ul>				CableCard			6	\$1.9		
	Motel, hotel				Bulk DTA Converter			15	\$3.9		
	Commercial				Busine	ss DTA Con	verter	231	\$3.9		
	Converter										
	Residential		343	\$5.95		ed (Expand	ed)	473	\$94.0		
	Non-residential				Ultimat	e (Digital)		207	\$115.0		
					<u> </u>			•			
_	SERVICES OTHER THAN SEC In General: Space F calls for ra					Il vour cable sv	stem's serv	vices that were			
F	not covered in space E, that is, t		,		•						
- ·	service for a single fee. There an	•	,		0		0.	,			
Services Other Than	furnished at cost or (2) services amount of the charge and the ur										
Secondary	-		usualiy	Dilleu. Il ally la		larged on a van	lable hei-h	logram basis,			
ransmissions:	enter only the letters "PP" in the rate column. Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.										
Rates	Block 2: List any services that				•	•	•				
	listed in block 1 and for which a brief (two- or three-word) description		-		shed. List	these other ser	vices in the	e form of a			
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER		RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE		
	Continuing Services:	NATE		ation: Non-res		NATE	CATEG	JRT OF SERVICE	NATE		
	Pay cable			itel, hotel	laonnaí						
	Pay cable—add'l channel			mmercial							
	Fire protection			y cable							
	•Burglar protection			y cable-add'l ch	annel						
	Installation: Residential		• Fire	e protection							
		\$99.95	• Bu	rglar protection							
	<ul> <li>First set (includes 2)</li> </ul>				1						
	<ul> <li>First set (includes 2)</li> <li>Additional set(s)</li> </ul>	\$14.95	Other	services:	tor on Pomier						
	· · · · ·	\$14.95		services: connect		\$25.00 Service Call			\$49.9		
	• Additional set(s)	\$14.95	۰Re			\$25.00	Service	e Call	\$49.9		
	<ul><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>	\$14.95	• Re • Dis	connect		\$25.00	Service	e Call	\$49.9		

								FORM SA1		
Name	LEGAL NAME OF OWNER OF C							SYS	TEM II 43	
	Shenandoah Cable Tele	evision, LLC							43:	
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIBERS	AND RA	TES					
E	In General: The information in s	•		0		•				
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period				-		1030 07131			
Service: Sub-	Number of Subscribers: Both						le system	, broken		
scribers and	down by categories of secondary	•	•			•				
Rates	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 c					•	,	ge and the		
	unit in which it is generally billed	-								
	category, but do not include disc		•							
	Block 1: In the left-hand block			-		•				
	systems most commonly provide that applies to your system. Not									
	categories, that person or entity		-			-				
	subscriber who pays extra for ca					in the count une	der "Servio	ce to the		
	first set" and would be counted o									
	<b>Block 2:</b> If your cable system printed in block 1 (for example, t	-		•						
	with the number of subscribers a									
	sufficient.	,	5							
	BLC	DCK 1					BLOCK			
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE	RS RA	TE	CATE	EGORY OF SER	VICE	NO. OF SUBSCRIBERS	RAT	
	Residential:				GATEGORY OF GER					
	Service to first set			1	Technology Fee			843	\$3.0	
	<ul> <li>Service to additional set(s)</li> </ul>					ght Fee		843	\$0.7	
	• FM radio (if separate rate)				Broadcast TV Surch		arge	843	\$28.6	
	Motel, hotel									
	Commercial			٦	TiVo Ga	ateway		55	\$19.9	
	Converter			٦	TiVo Pl	ayer		75	\$6.9	
	Residential (DTA)	1	,096	\$3.99 I	Home (	Gateway Box		11	\$14.9	
	Non-residential			ŀ	Home (	Gateway Play	er	30	\$5.0	
	SERVICES OTHER THAN SEC					ll vour cable syst	em's serv	ices that were		
F	In General: Space F calls for rat	te (not subscrib	er) information	n with res	pect to a	• •				
F		te (not subscrib hose services t	per) information that are not off	n with res fered in co	pect to a ombination	on with any seco	ndary tran	smission		
Services	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services	te (not subscrib hose services t re two exception or facilities furn	ber) information that are not off ns: you do not hished to nonsi	n with res fered in co need to g ubscribers	pect to a ombinatio give rate s. Rate ir	on with any secon information conc nformation should	ndary tran erning (1) d include t	smission services poth the	<u> </u>	
Services Other Than	In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur	te (not subscrib hose services t re two exception or facilities furn hit in which it is	ber) information that are not off ns: you do not hished to nonsi	n with res fered in co need to g ubscribers	pect to a ombinatio give rate s. Rate ir	on with any secon information conc nformation should	ndary tran erning (1) d include t	smission services poth the		
Services Other Than Secondary	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the	te (not subscrib hose services t re two exception or facilities furm hit in which it is rate column.	ber) information that are not off ns: you do not vished to nonse usually billed.	n with res fered in co need to g ubscribers If any rate	pect to a ombinatio give rate s. Rate ir es are ch	on with any secon information conc nformation should narged on a varia	ndary tran erning (1) d include t ble per-pr	smission services poth the		
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Services Other Than Secondary 'ransmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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 Installation: Residential • First set (includes 2) • Additional set(s)	te (not subscrib hose services t re two exception or facilities furm hit in which it is rate column. te charged by th t your cable sys separate charg btion and includ BLOC RATE	er) information that are not off ns: you do not ished to nonsu usually billed. The cable syste stem furnished e was made of le the rate for CK 1 CATEGORY (C Installation: N • Motel, hote • Pay cable	n with res fered in co ineed to g ubscribers If any rate in for eac or offered r establish each. DF SERV Non-resic el ial	pect to a combination give rate s. Rate in es are ch ch of the d during hed. List <u>ICE</u> dential	on with any seco information conc nformation should harged on a varia applicable servic the accounting p these other serv	ndary tran erning (1) d include t ble per-pr es listed. eriod that ices in the	smission services ooth the rogram basis, were not e form of a BLOCK 2	RATI	
Services Other Than Secondary 'ransmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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 • First set (includes 2)	te (not subscrib hose services t re two exception or facilities furm hit in which it is rate column. te charged by th t your cable sys separate charg btion and includ BLOC RATE	er) information that are not off ns: you do not ished to nonsu usually billed. The cable syste stem furnished e was made of le the rate for CK 1 CATEGORY (C Installation: N • Motel, hote • Pay cable	n with res fered in co ineed to g ubscribers If any rate in for eac or offered r establish each. DF SERV Non-resic el ial	pect to a combination give rate s. Rate in es are ch ch of the d during hed. List <u>ICE</u> dential	on with any seco information conc nformation should harged on a varia applicable servic the accounting p these other serv	ndary tran erning (1) d include t ble per-pr es listed. eriod that ices in the	smission services ooth the rogram basis, were not e form of a BLOCK 2	RATI	
Services Other Than Secondary 'ransmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that 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 Installation: Residential • First set (includes 2) • Additional set(s)	te (not subscrib hose services t re two exception or facilities furm hit in which it is rate column. te charged by th t your cable sys separate charg btion and includ BLOC RATE	er) information that are not off ns: you do not ished to nonsu usually billed. The cable syste stem furnished e was made of le the rate for CK 1 CATEGORY (C Installation: N • Motel, hote • Pay cable	n with res fered in co ineed to g ubscribers If any rate in for eac or offered r establish each. DF SERV Non-resic el ial	pect to a combination give rate s. Rate in es are ch ch of the d during hed. List <u>ICE</u> dential	on with any seco information conc nformation should harged on a varia applicable servic the accounting p these other serv	ndary tran erning (1) d include t ble per-pr es listed. eriod that ices in the	smission services ooth the rogram basis, were not e form of a BLOCK 2	RATI	
Services Other Than Secondary 'ransmissions:	In General: Space F calls for rai not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set (includes 2) • Additional set(s) • FM radio (if separate rate)	te (not subscrib hose services t re two exception or facilities furm hit in which it is rate column. te charged by th t your cable sys separate charg btion and includ BLOC RATE	er) information that are not off ns: you do not ished to nonsu usually billed. The cable syste stem furnished e was made of le the rate for CK 1 CATEGORY (C Installation: N • Motel, hote • Pay cable	n with res fered in co ineed to g ubscribers If any rate in for eac or offered r establish each. DF SERV Non-resic el ial	pect to a combination give rate s. Rate in es are ch ch of the d during hed. List <u>ICE</u> dential	on with any seco information conc nformation should harged on a varia applicable servic the accounting p these other serv	ndary tran erning (1) d include t ble per-pr es listed. eriod that ices in the	smission services ooth the rogram basis, were not e form of a BLOCK 2	RAT	

	LEGAL NAME OF OWNER O	DF CABLE SYSTEM:		SYSTEM
Name	Shenandoah Cable T			2
	PRIMARY TRANSMITTERS:	·		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r	dentify every television station (including t em during the accounting period, <i>except</i> is in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6' as explained in the next paragraph. is: With respect to any distant stations ca rules, regulations, or authorizations: ere in space G—but do list it in space I (th	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su	-time basis under rams [sections ations carried on a ubstitute program
	basis. For further informati <b>Column 1:</b> List each static	on a substitute basis. I also in space I, if the station was carried tion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	see page (v) of the general instruc program services such as HBO, ES	stions. PN, etc. Identify each
	"WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W	6	vision station for broadcasting over	r the air in its community
	educational station, by ent (for independent multicast) For the meaning of these t <b>Column 4:</b> Give the location	the case whether the station is a network s tering the letter "N" (for network), "N-M" (f t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc- ion of each station. For U.S. stations, list adian stations, if any, give the name of th	(for network multicast), "I" (for indep or "E-M" (for noncommercial educat actions in the paper SA1-2 form. the community to which the station	pendent), "I-M" tional multicast). n is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRA	15	E	Roanoke, VA
	WBRA-2	15.2	E-M	Roanoke, VA
	WBRA-3	15.3	E-M	Roanoke, VA
	WBRA-4	15.4	E-M	Roanoke, VA
	WDBJ	7	N	Roanoke, VA
	WDBJ-2	7.2	I-M	Roanoke, VA
	WDBJ-3	7.3	I-M	Roanoke, VA
	WFXR	27	N	Roanoke, VA
	WFXR-3	27.3	I-M	Roanoke, VA
d Rows as Necessary	WFXR-4	27.4	I-M	Roanoke, VA
,				
· · · · · · · · ,	WPXR	38	l	Roanoke, VA
	WPXR WSET	<u>38</u> 13	l N	Roanoke, VA Lynchburg, VA
,				
	WSET	13	N	Lynchburg, VA
	WSET WSET-2	13 13.2	N I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA
	WSET WSET-2 WSET-3	13 13.2 13.3	N I-M I-M	Lynchburg, VA Lynchburg, VA
	WSET WSET-2 WSET-3 WSET-4	13 13.2 13.3 13.4	N I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA
	WSET WSET-2 WSET-3 WSET-4 WSLS	13 13.2 13.3 13.4 10	N I-M I-M N	Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3	13 13.2 13.3 13.4 10 10.2 10.3	N I-M I-M I-M N I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3 WSLS-4	13 13.2 13.3 13.4 10 10.2 10.3 10.4	N i-M i-M i-M i-M i-M i-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3 WSLS-4 WSLS-5	13 13.2 13.3 13.4 10 10.2 10.3 10.4 10.5	N I-M I-M I-M N I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3 WSLS-4 WSLS-5 WWCW	13 13.2 13.3 13.4 10 10.2 10.3 10.4 10.5 21	N i-M i-M i-M i-M i-M i-M i-M i-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3 WSLS-4 WSLS-5	13 13.2 13.3 13.4 10 10.2 10.3 10.4 10.5	N I-M I-M N I-M I-M I-M I-M I-M	Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA

ounting Period:	2023/2			FORM SA1-2E. PAG				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM				
Name	Shenandoah Cable Television, LLC							
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable system	entify every television station (including m during the accounting period, <i>excep</i>	t (1) stations carried only on a part-	-time basis under				
Primary Transmitters:	76.59(d)(2) and (4), 76.61(6 substitute program basis, a	n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph.	61(e)(2) and (4))]; and (2) certain sta	ations carried on a				
Television	basis under specific FCC ru	: With respect to any distant stations of ules, regulations, or authorizations: e in space G—but do list it in space I ( a substitute basis.						
	• List the station here, and a basis. For further informatic <b>Column 1:</b> List each station	also in space I, if the station was carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	, see page (v) of the general instruc program services such as HBO, ES	ctions. PN, etc. Identify each				
	of license. For example, WI	the form. el number the FCC assigned to the tel RC is channel 4 in Washington, D.C. I case whether the station is a network	Ū.					
	(for independent multicast),	ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instr	or "E-M" (for noncommercial educat					
		n of each station. For U.S. stations, lis dian stations, if any, give the name of	•					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
	WZBJ-3	24.3	I-M	Danville, VA				

LEGAL NAME O								SYSTEM ID
Shenandoal	n Cable Tel	evisio	n, LLC					435
	t every radio s	tation ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for <b>Column 1:</b> lo	it is carried by monitoring, to ormation abou rm. dentify the call	y the sys be rece t the Co sign of	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the pyright Office regulations on the each station carried. on is AM or FM.	t the system's he system's FM ante	eadend, and (2 enna, during c	2) it can ertain s	be expected, tated intervals.	Primary Transmitters: Radio
signal, indicate Column 4: G	this by placing Give the station	g a chec n's locati	nal was electronically process k mark in the "S/D" column. on (the community to which th the community with which the	e station is licen	sed by the FC			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
							·	
							·	

Accounting Perio	od: 2023/2					FORM	/I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Shenandoah Cable Te	levision,	LLC				4350
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident						
	substitute basis during the a						
Substitute	explanation of the programm				ne general ins	structions in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-					
Statement and	<ul> <li>During the accounting per</li> </ul>		ur cable system	n carry, on a substitute ba	sis, any nonr	network television prog	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the prog	Iram
	log in block 2.						
	2. LOG OF SUBSTITUTE	PROGRA	AMS				
	In General: List each subst				s wherever p	ossible, if their meaning	g is
	clear. If you need more spa				II) (I		•
	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					
	"NBA Basketball: 76ers vs.			······································	NI- "		
				er "Yes." Otherwise enter ' asting the substitute progr			
				he community to which th		censed by the FCC or,	in
	the case of Mexican or Car						
			when your sys	stem carried the substitute	e program. U	se numerals, with the n	nonth
	first. Example: for May 7 giv Column 6: State the time		e substitute pro	ogram was carried by you	r cable syste	m List the times accur	ately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
				n was substituted for prog			
	to delete under FCC rules a was substituted for program						Jyrann
	effect on October 19, 1976.	•	, , ,			5	
							1
	SI	JBSTITUT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
						_	
						_	
						_	
						_	
						_	
						_	
						_	

Accounting Period:	<b>2023/2</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
Name	Shenandoah Cable Television, LLC 435
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts form subscribers for secondary transmission service(s) during the accounting period.         IMPORTANT: You must complete a statement in space P concerning gross receipts.
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.
	Line 1. Royalty fee for accounting period
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2
	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)
	BLOCK 5. GROSS RECEIPTS OF WORE THAN \$200,000 (but less than \$527,000)
	1. Enter the amount of gross receipts from space K \$ 368,848.90
	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) \$ 1,319.00
	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 \$ 2,369.49
	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)
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 \$ 2,389.49
	EFT Trace # or TRANSACTION ID #
	<b>Important:</b> 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: Cable Television, LLC			SYSTEM ID# 4350
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to	rs, and (2) the cable system's total al number of channels on which the		he accounting period.	35
	and nonbroa	cast services			
N Individual to Be Contacted		D BE CONTACTED IF FURTHER about this statement of account.)	INFORMATION IS NEEDED (Identify		
for Further Information	Name	Petra R. O'Neill		Telephone	(561) 801-8668
	Address	500 Shentel Way (Number, street, rural route, apartment,	or suite number)		
		Edinburg, VA 22824 (City, town, state, zip)	,		
	Email	petra.o'neill@emp.s	thentel com	Fax (optional)	
		perd.o noniejemp.e			
O Certification	• I, the undersig	ned, hereby certify that (Check one, <i>t</i>	e certified and signed in accordance o but only one , of the boxes.) ership) I am the owner of the cable sys		B; or
	i X (Off	line 1 of space B and that the owner	or partnership) I am the duly authoriz r is not a corporation or partnership; or corporation) or a partner (if a partnership	-	
	<ul> <li>I have examin are true, compl</li> </ul>	ed the statement of account and here	by declare under penalty of law that all wledge, information, and belief, and are		n
			X /s/ Derek Rieger		
			er an electronic signature on the line abo er signature using an "/s/ signature" (e.g.,		
		Typed or printed nar	ne: Derek Rieger		
			ce President/General Couns position held in corporation or partnership)	el	
		Date:		February 28, 2024	
<b>.</b>	Į				

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: 2023/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	435
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
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.	
** 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.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please	
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.	

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