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               | <u>coplicsoa</u>                                |  |  |
| 2/28/24                       | \$ ALLOCATION NUMBER | For addition contact the Office Lice (202) 707- |  |  |

Return completed workbook by

coplicsoa@copyright.gov

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

| Α                    | ACC   | OUNTING 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<br>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. |   |  |  |  |  |  |  |  |
|                      |   | T   |  |  |  |  |  |  |  |
|                      |   | 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               | <u> </u>  | IDENTIFICATION OF CABLE SYSTEM:   |  |  |  |  |  |  |  |
|                      | 1   |   |  |  |  |  |  |  |  |
|                      |   | 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   |
| Name                 | Shenandoah Cable Television, LLC   | 6395  |
| ·                    | Instructions: List each separate community served by the cable system. A "community served by the cable system." |   |
| D                    | "a separate and distinct community or municipal entity (including unincorporate                                  | d communities within unincorporated areas and including single,     |
| D                    | discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you                                | u list will serve as a form of system identification hereafter know |
|                      | as the "first community." Please use it as the first community on all future filing                              |   |
| Area                 | Note: Entities and properties such as hotels, apartments, condominiums, or mob                                   | oile home parks should be reported in parentheses below the         |
| Served               | identified city.   |   |
| Octived              |  |   |
|                      |  |   |
|                      | CITY OR TOWN   | STATE   |
| First                | City of Suffolk  | VA  |
| Community            | Suffolk County   | VA  |
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| id Nows as Necessary |  |   |
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Accounting Period: 2023/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63955

## 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)                |             |      |                     |             |   |  |
| <ul> <li>Service to first set</li> </ul> |             |      | Locals TV           | 5           | \$49                                    |  |
| Service to additional set(s)             |             |      | Entertain TV        | 19          | \$116                                   |  |
| • FM radio (if separate rate)            |             |      | Delight TV          | 1           | \$152                                   |  |
| Motel, hotel                             |             |      | Indulge TV          | 4           | \$192                                   |  |
| Commercial                               |             |      |                     |             |   |  |
| Converter                                |             |      |                     |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| Residential                              |             |      |                     |             |   |  |
| Non-residential                          |             |      |                     |             | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
|  |             |      |                     | 1           |   |  |

# 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                         | RATE    | 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                   |         | Fire protection               |      |                     |      |
| • First set (Includes 2)                    |         | Burglar protection            |      |                     |      |
| Additional set(s)                           |         | Other services:               |      |                     |      |
| • FM radio (if separate rate)               |         | Reconnect                     |      |                     |      |
| Converter                                   |         | Disconnect                    |      |                     |      |
|   |         | Outlet relocation             |      |                     | h    |
|   |         | Move to new address           |      |                     |      |
|   |         |                               |      |                     |      |

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63955

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             |
|--------------|--------------------------|--------------------|------------------------------------|
| WAVY         | 10                       | N                  | Portsmouth, VA                     |
| WAVY-2       | 10.2                     | I-M                | Portsmouth, VA                     |
| WAVY-3       | 10.3                     | I-M                | Portsmouth, VA                     |
| WTKR         | 3                        | N                  | Norfolk, VA                        |
| WTKR-2       | 3.2                      | I-M                | Norfolk, VA                        |
| WTKR-3       | 3.3                      | I-M                | Norfolk, VA                        |
| WTKR-5       | 3.5                      | I-M                | Norfolk, VA                        |
| WVEC         | 13                       | N                  | Hampton/Norfolk/Virginia Beach, VA |
| WVEC         | 13.2                     | I-M                | Hampton/Norfolk/Virginia Beach, VA |
| WVEC-2       | 13.5                     | I-M                | Hampton/Norfolk/Virginia Beach, VA |
| WVEC-3       | 13.5                     | I-M                | Hampton/Norfolk/Virginia Beach, VA |
| WVBT         | 43                       | N                  | Virginia Beach, VA                 |
| WVBT-2       | 43.2                     | I-M                | Virginia Beach, VA                 |
| WVBT-3       | 43.3                     | I-M                | Virginia Beach, VA                 |
| WHRO         | 15                       | E                  | Hampton-Norfolk, VA                |
| WHRO-2       | 15.2                     | E-M                | Hampton-Norfolk, VA                |
| WHRO-3       | 15.3                     | E-M                | Hampton-Norfolk, VA                |
| WHRO-4       | 15.4                     | <b>E-M</b>         | Hampton-Norfolk, VA                |
| WTVZ         | 33                       | <u> </u>           | Norfolk, VA                        |
| WTVZ-2       | 33.2                     | I-M                | Norfolk, VA                        |
| WTVZ-3       | 33.3                     | I-M                | Norfolk, VA                        |
| WTVZ-4       | 33.4                     | I-M                | Norfolk, VA                        |
| WGNT         | 27                       | <u> </u>           | Portsmouth, VA                     |
| WGNT-2       | 27.2                     | I-M                | Portsmouth, VA                     |

Add Rows as Necessary

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63955

#### 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 |
|--------------|--------------------------|--------------------|------------------------|
| WGNT-3       | 27.3                     | I-M                | Portsmouth, VA         |
| WGNT-4       | 27.4                     | I-M                | Portsmouth, VA         |
| WTPC         | 21                       | I                  | Virginia Beach, VA     |
| WPXV         | 49                       |                    | Norfolk, VA            |
| WSKY         | 4                        | l                  | Norfolk, VA            |
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|   | LEGAL NAME OF OWNER OF   | CARLE SYSTEM:   |  | SYSTEM ID#   |  |  |  |
|---|--|---|--|--|--|--|--|
| Name  | Shenandoah Cable Te  |   |  | 63955  |  |  |  |
|   | PRIMARY TRANSMITTERS:  | ·   |  |  |  |  |  |
| G<br>Primary<br>Transmitters:<br>Television | In General: In space G, ide carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations   | entify every television station (including m during the accounting period, except n effect on June 24, 1981, permitting to 2)(2) and (4), or 76.63 (referring to 76.85) is explained in the next paragraph. | g translator stations and low power tele<br>of (1) stations carried only on a part-tin<br>the carriage of certain network prograr<br>61(e)(2) and (4))]; and (2) certain station<br>carried by your cable system on a subs | ne basis under<br>ns [sections<br>ons carried on a |  |  |  |
|   | <ul> <li>Do not list the station here<br/>station was carried only on</li> </ul>   | a substitute basis.   | the Special Statement and Program Lo   | ·  |  |  |  |
|   | Column 1: List each station  | n's call sign. <i>Do not</i> report origination<br>I with a station according to its over-th  | s, see page (v) of the general instruction<br>program services such as HBO, ESPN<br>e-air designation. For example, report   | N, etc. Identify each                              |  |  |  |
|   | of license. For example, WF Column 3: Indicate in each   | RC is channel 4 in Washington, D.C. case whether the station is a network   | evision station for broadcasting over the station, an independent station, or a reference to the station, or a reference to the station.   | 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                             |  |  |  |
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FORM SA1-2E. PAGE 3.

Accounting Period: 2023/2

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63955

Shenandoah Cable Television, LLC

#### 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 |
|-----------|----------|------|---------------------|-----------|--------------|----------|---------------------|
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|           |          |      |                     |           |              |          |                     |
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| Accounting David   | d. 2022/2   |  |  |  |  | FOR  | M CA4 OF DACE E  |
|--|---|--|--|--|--|--|--|
| Accounting Perio   | LEGAL NAME OF OWNER OF  | CABLE SYS  | TEM:   |  |  | FUR  | M SA1-2E. PAGE 5.  SYSTEM ID#  |
| Name   | Shenandoah Cable Te   |  |  |  |  |  | 63955  |
| Substitute<br>Carriage:<br>Special<br>Statement and<br>Program Log | SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMENT During the accounting per broadcast by a distant star  Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re            | ify every nor cooning processing that must represent the concerning that must represent the concerning that must represent the concerning that represent the concerning that represent the concerning that represents the concerning the concerning that represents the concerning the concer | nnetwork televii eriod, under sp st be included i RNING SUBS ur cable system rest of this pa  MMS am on a separa add additional ennetwork televicion and that ye   | sion program, broadcast be ecific present and former n this log, see page (v) of TITUTE CARRIAGE n carry, on a substitute be ge blank. If your answer ate line. Use abbreviation rows to the tables. vision program ("substituour cable system substituour cable system substituent."                | asis, any noni is "Yes," you in the program") te program") tuted for the pro   | nulations, or authorizations in the paper structions are structed in the paper structions in the paper struction in the paper struc | ons. For a further SA1-2 form.  gram  X NO  gram  gram  griam  station |
|  | Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976. | ies like "mo<br>Bulls."<br>m was broad<br>sign of the<br>adcast statid<br>addan statid<br>and day<br>we "5/7."<br>es when the<br>Example: a<br>er "R" if the<br>and regulatin<br>mming that y  | ovies" or "bask<br>dcast live, ente<br>station broadc<br>on's location (t<br>ons, if any, the<br>when your syste<br>e substitute pro<br>a program carr<br>listed program<br>ons in effect d<br>your system was | etball." List specific progrer "Yes." Otherwise enter asting the substitute progree community to which to community with which the stem carried the substitute program was carried by your ided by a system from 6:00 in was substituted for programing the accounting per as permitted to delete ur | ram titles, for of "No." gram. he station is line station is id te program. U ur cable syste 11:15 p.m. to 6 gramming tha idd; enter the idder FCC rules | censed by the FCC or lentified). se numerals, with the m. List the times accurs: 28:30 p.m. should be t your system was requetter "P" if the listed property and regulations in  | or<br>in<br>month<br>rately<br>uired<br>rogram                         |
|  | Si  |  | E PROGRAM  |  | <b>-</b>   | AGE OCCURRED   | 7. REASON FOR DELETION   |
|  | TITLE OF PROGRAM  | 2. LIVE?<br>Yes or No  | 3. STATION'S CALL SIGN   | 4. STATION'S LOCATION  | 5. MONTH<br>AND DAY  | 6. TIMES<br>FROM — TO  | BEELTION   |
|  |   |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |

| Accounting Period:                        | <b>2023/2</b> FORM SA1-   | -2E. PAGE 6.          |
|---|---|-----------------------|
| Name                                      | LEGAL NAME OF OWNER OF CABLE SYSTEM:  Shenandoah Cable Television, LLC  | 63955                 |
| <b>K</b><br>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.  IMPORTANT: You must complete a statement in space P concerning gross receipts. | 715.00<br>s receipts) |
| Copyright<br>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   | 52.00                 |
|   | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8  | 0.00                  |
|   | Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2  | 52.00                 |
|   | BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)  |                       |
|   | 1. Base amount under statutory formula  |                       |
|   | 2. Enter amount of gross receipts from space K  |                       |
|   | 3. Subtract line 2 from line 1  |                       |
|   | 4. Enter the amount of gross receipts from space K  |                       |
|   | 5. Enter the amount from line 3   |                       |
|   | 6. Subtract line 5 from line 4  |                       |
|   |   |                       |
|   | 7. Multiply line 6 by .005 (enter figure here)  |                       |
|   | 8. Interest charge. Enter the amount from line 4, space Q, page 8   | 0.00                  |
|   | 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   |                       |
|   | 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<br>Total Remittance<br>Due | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)   |                       |
| 246                                       | 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  | 67.00                 |
|   | 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:                       | <b>223/2</b> FORM SA1-2E. PAGE 7.  |
|--|--|
| Name                                     | EGAL NAME OF OWNER OF CABLE SYSTEM:  Shenandoah Cable Television, LLC  63955   |
| <b>M</b><br>Channels                     | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  29 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  247   |
| N Individual to Be Contacted for Further | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name Petra R. O'Neill Telephone (561) 801-8668   |
| Information                              | Address 500 Shentel Way (Number, street, rural route, apartment, or suite number)  Edinburgh, VA 22824   |
|  | (City, town, state, zip)  Email petra.o'neill@emp.shentel.com Fax (optional)   |
| O<br>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)] |
|  | Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)  Typed or printed name: Derek Rieger  Title: Vice President Legal/General Counsel  (Title of official position held in corporation or partnership)  Date: 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.

| Accounting Period: 2023/2  | FORM SA1-2E. PAGE 8.                                  |
|--|---|
| LEGAL NAME OF OWNER OF CABLE SYSTEM:   | SYSTEM ID#  |
| Shenandoah Cable Television, LLC   | 63955   |
| 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 following 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 subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." | 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 Mailing Address   |   |
|  |   |
| INTEREST ASSESSMENT  |   |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.   | Q   |
| Line 1 Enter the amount of late payment or underpayment  | Interest 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   | _   |
| 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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.  |   |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.   |   |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  |   |
| Owner Address  |   |
| ID number First community served Accounting period   |   |

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