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 COPYRIG	Return completed workbook by email to		
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instructions are located in the first tab of this workbook.	2/28/24	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A ACCOUNTING PERIOD COVERE	D BY THIS STATEMENT: (Y)	YYY/(Period))		

		2023/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting Period		Barcode Data Filing Period (optional - see instructions)
(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
В		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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM					
Name	Shenandoah Cable Television, LLC	66					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter knowr as the "first community." Please use it as the first community on all future filings.						
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hon identified city.	ne parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Covington	VA					
Community	Clifton Forge	VA VA					
	portions of Allegheny Couunty	VA VA					
ld Rows as Necessary		VA					
	การสาวารการการการการการการการการการการการการกา						

	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:										
Name	Shenandoah Cable Television, LLC								660		
	SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES										
E	SECONDARY TRANSMISSION In General: The information in s					v transmission s	service of	the cable			
	system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary	about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the										
Transmission	last day of the accounting period (June 30 or December 31, as the case may be).										
Service: Sub- scribers and	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										
Rates	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 serv							0			
	Rate: Give the standard rate of	-	-	•				-			
	unit in which it is generally billed category, but do not include disc				any standa	rd rate variation	s within a	particular rate			
	Block 1: In the left-hand block				ries of sec	ondarv transmis	sion servi	ce that cable			
	systems most commonly provide	•		•		•					
	that applies to your system. Not			•		•					
	categories, that person or entity				••		•				
	subscriber who pays extra for ca first set" and would be counted of					d in the count ur	ider "Serv	ice to the			
	Block 2: If your cable system					service that are	different	from those			
		-		•							
	printed in block 1 (for example, tiers of services that include one or more secondary transmissi with the number of subscribers and rates, in the right-hand block. A two- or three-word description							service is			
	sufficient.	0.01/ 4			1		DI OOI	<u> </u>			
	BLO	OCK 1 NO. OF					BLOC	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIBI		RATE	CATI	EGORY OF SEF	RVICE	SUBSCRIBERS	RATE		
	Residential: (Starter HD)										
	 Service to first set 		180	\$30.00		verter HD/D		100 20	\$16.9		
	 Service to additional set(s) 					dd'I Converter HD/DVR			\$9.9		
	 FM radio (if separate rate) 				-	Digital Converter -			\$6.0		
	Motel, hotel				Cable (Cable Card 2			\$1.9		
	Commercial				Bulk D	Ik DTA Converter			\$3.9		
	Converter					Business DTA Converter			\$3.9		
	Residential		385	\$5.95	Advand	ed		627	\$94.0		
	 Non-residential 				Ultimat	e		276	\$115.0		
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S						
-	In General: Space F calls for ra					ll your cable sys	stem's ser	vices that were			
F	not covered in space E, that is, t					,	,				
Services	service for a single fee. There a furnished at cost or (2) services	•			•		• •	·			
Other Than	amount of the charge and the ur										
Secondary	enter only the letters "PP" in the	rate column.									
ransmissions:	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 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.										
		BLO						BLOCK 2			
	CATEGORY OF SERVICE	RATE		GORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE		
	Continuing Services:			ation: Non-res			0				
	• Pay cable		• Mo	tel, hotel							
	• Pay cable—add'l channel			mmercial							
	• Fire protection		• Pa	y cable							
	•Burglar protection			y cable-add'l cł	nannel						
	Installation: Residential			e protection							
	• First set (Includes 2)	\$99.95	• Bu	rglar protection							
	Additional set(s)			services:							
	• FM radio (if separate rate)			connect		\$25.00	Service	e Call	\$49.9		
	• Converter			connect							
				tlet relocation							
			• Mo	ve to new addr	ess						

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:	LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Name	Shenandoah Cable Television, LLC											
_	SECONDARY TRANSMISSION	I SERVICE: SUE	SCRIBERS AND R	ATES								
E	In General: The information in space E should cover all categories of secondary transmission service of the cable											
		that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information										
Secondary		t other services (including pay cable) in space F, not here. All the facts you state must be those existing on the day of the accounting period (June 30 or December 31, as the case may be).										
Transmission Service: Sub-						le system	broken					
scribers and	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											
Rates	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 serv											
	Rate: Give the standard rate of											
	unit in which it is generally billed category, but do not include disc				ro rate variations	within a p	Darticular rate					
	Block 1: In the left-hand block				ondary transmiss	sion servio	ce that cable					
	systems most commonly provide	•	•		•							
	that applies to your system. Not		-		-							
	categories, that person or entity											
	subscriber who pays extra for ca first set" and would be counted of				d in the count und	ler "Servio	ce to the					
	Block 2: If your cable system				service that are	different fi	rom those					
	printed in block 1 (for example, t	•	•									
	with the number of subscribers a	and rates, in the	right-hand block. A t	wo- or thre	e-word description	on of the s	service is					
	sufficient.						0					
	BL	OCK 1 NO. OF		BLOCK 2								
	CATEGORY OF SERVICE	SUBSCRIBER	RS RATE	CATE	EGORY OF SER	VICE	SUBSCRIBERS	RAT				
	Residential:			Teebree	Le eu · E e e		4 002	¢				
	Service to first set				Technology Fee		1,083	\$3.0				
	 Service to additional set(s) 			Copyrig			1,083	\$0.7				
	• FM radio (if separate rate)			Brdcst	TV Surcharge)	1,083	\$28.6				
	Motel, hotel						······································					
	Commercial				Gateway Box		15	\$14.9				
	Converter				Gateway Playe	er	33	\$5.0				
	• Residential (DTA)	1,	739 \$3.99	TiVo Ga			13	\$19.9				
	Non-residential			TiVo Pl	ayer		16	\$6.9				
	SERVICES OTHER THAN SEC	ONDARY TRAN		s								
_	In General: Space F calls for ra				ll your cable syst	em's serv	rices that were					
F	not covered in space E, that is, t	those services th	at are not offered in	combinatio	on with any secor	ndary tran	smission					
. .	service for a single fee. There a		,	0		0()						
Services Other Than	furnished at cost or (2) services											
Secondary	amount of the charge and the un enter only the letters "PP" in the		Isually billed. If any f	ales are cr	largeu on a varia	ble bei-bi	ografii basis,					
Fransmissions:	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 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) descri											
		BLOCI					BLOCK 2					
	CATEGORY OF SERVICE		ATEGORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT				
	Continuing Services:	Ir	nstallation: Non-res	sidential								
	• Pay cable		• Motel, hotel									
	Pay cable—add'l channel		Commercial									
	Fire protection		• Pay cable									
	•Burglar protection		• Pay cable-add'l cl	hannel								
	Installation: Residential		 Fire protection 					ļ				
	First set (Includes 2)							ļ				
	 Additional set(s) 											
	• FM radio (if separate rate)											
	Converter											

NI	LEGAL NAME OF OWNER C	OF CABLE SYSTEM:		SYSTEI						
Name	Shenandoah Cable Television, LLC									
	PRIMARY TRANSMITTERS:	TELEVISION								
G	carried by your cable syste	dentify every television station (including tra em during the accounting period, <i>except</i> (s in effect on June 24, 1981, permitting the	(1) stations carried only on a par	t-time basis under						
Primary	76.59(d)(2) and (4), 76.61	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								
ransmitters: Television		as explained in the next paragraph. s: With respect to any distant stations carr	ried by your cable system on a s	substitute program						
• • • •	basis under specific FCC	rules, regulations, or authorizations: ere in space G—but do list it in space I (the								
	station was carried only o	n a substitute basis.								
		l also in space I, if the station was carried b ion concerning substitute basis stations, se								
	Column 1: List each station	on's call sign. <i>Do not</i> report origination pro	ogram services such as HBO, ES	SPN, etc. Identify each						
	"WETA-2" as the same on		C 1							
	Column 2: Give the chann	nel number the FCC assigned to the televis VRC is channel 4 in Washington, D.C.	ision station for broadcasting over	er the air in its community						
	Column 3: Indicate in eac	ch case whether the station is a network sta	•							
		tering the letter "N" (for network), "N-M" (fo t), "E" (for noncommercial educational), or '								
	For the meaning of these t	terms, see page (iv) of the general instruct	tions in the paper SA1-2 form.	,						
		ion of each station. For U.S. stations, list th adian stations, if any, give the name of the	2	-						
			-							
	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						
Rows as Necessary	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						
	WFXR-4 27.4 I-M Roanoke, VA									
	WPXR			Roanoke, VA						
	WPXR WSET									
		38	<u> </u>	Roanoke, VA						
	WSET	38 13	I N	Roanoke, VA Lynchburg, VA						
	WSET WSET-2	38 13 13.2	I N I-M	Roanoke, VA Lynchburg, VA Lynchburg, VA						
	WSET WSET-2 WSET-3	38 13 13.2 13.3	I N I-M I-M	Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA						
	WSET WSET-2 WSET-3 WSET-4	38 13 13.2 13.3 13.4	I N I-M I-M	Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA						
	WSET WSET-2 WSET-3 WSET-4 WSLS	38 13 13.2 13.3 13.4 10	I N I-M I-M I-M N	Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA						
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2	38 13 13.2 13.3 13.4 10 10.2	I N I-M I-M I-M N I-M	Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA						
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3	38 13 13.2 13.3 13.4 10 10.2 10.3	I N I-M I-M I-M N I-M I-M	Roanoke, VA 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	38 13 13.2 13.3 13.4 10 10.2 10.3 10.4	I N I-M I-M I-M I-M I-M I-M I-M	Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA						
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3 WSLS-4 WSLS-5	38 13 13.2 13.3 13.4 10 10.2 10.3 10.4 10.5	I N I-M I-M I-M I-M I-M I-M I-M	Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA						
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-2 WSLS-3 WSLS-4 WSLS-5 WWCW	38 13 13.2 13.2 13.3 13.4 10 10.2 10.3 10.4 10.5 21	I N I-M I-M I-M I-M I-M I-M I-M I-M I-M I	Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Lynchburg, VA						
	WSET WSET-2 WSET-3 WSET-4 WSLS WSLS-2 WSLS-3 WSLS-4 WSLS-5 WWCW WWCW-3	38 13 13.2 13.2 13.3 13.4 10 10.2 10.3 10.4 10.5 21 21.3	I N I-M I-M I-M I-M I-M I-M I-M I-M I-M	Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Roanoke, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA Lynchburg, VA						

	LEGAL NAME OF OWNER O	F CABLE SYSTEM:		SYSTEM							
Name	Shenandoah Cable T	elevision, LLC		6							
	PRIMARY TRANSMITTERS:	•									
-	In General : In space G_id	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 ansmitters:	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.										
elevision			carried by your cable system on a subs	stitute program							
		ules, regulations, or authorizations:		N 16.0							
	• Do not list the station her station was carried only or		(the Special Statement and Program L	og)—If the							
	-		ed both on a substitute basis and also	on some other							
			s, see page (v) of the general instructio								
		÷	program services such as HBO, ESPN ne-air designation. For example, repor	-							
	"WETA-2" as the same on	5									
		-	levision station for broadcasting over the	he air in its community							
		RC is channel 4 in Washington, D.C.	k station, an independent station, or a ı	noncommercial							
			' (for network multicast), "I" (for indepen								
	(for independent multicast)	, "E" (for noncommercial educational),	or "E-M" (for noncommercial education								
		erms, see page (iv) of the general inst		a licensed by the							
			st the community to which the station is the community with which the station i								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							

ounting Period:										
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM 66						
	Shenandoah Cable Television, LLC									
	PRIMARY TRANSMITTERS:	TELEVISION								
G	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, <i>except</i> (1) stations carried only on a part-time basis under ECC rules and regulations in effect on lune 24, 1081, permitting the carried of exterior petwork programs [sections]									
Primary	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									
ransmitters:	substitute program basis, a	s explained in the next paragraph.								
Television		: With respect to any distant stations c	arried by your cable system on a sub	stitute program						
		ules, regulations, or authorizations: e in space G—but do list it in space I (1	he Special Statement and Program I	oa)—if the						
	station was carried only on									
	 List the station here, and a 	also in space I, if the station was carrie	d both on a substitute basis and also	on some other						
		on concerning substitute basis stations								
		n's call sign. <i>Do not</i> report origination d with a station according to its over-th	.							
	"WETA-2" as the same on	5		i multot cum						
	Column 2: Give the channe	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.									
	On human On headle starting and		sectors and the design of the sectors of the sectors of the sector of th							
		case whether the station is a network	•							
	educational station, by ente	n case whether the station is a network ering the letter "N" (for network), "N-M"	(for network multicast), "I" (for indepe	ndent), "I-M"						
	educational station, by ente (for independent multicast),	case whether the station is a network	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio	ndent), "I-M"						
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the						
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instri	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the						
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the						
	educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. t the community to which the station is	ndent), "I-M" nal multicast). s licensed by the						
	educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana	n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr in of each station. For U.S. stations, lis dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. It the community to which the station is he community with which the station is	ndent), "I-M" nal multicast). s licensed by the is identified.						
	educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana	n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr in of each station. For U.S. stations, lis dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. It the community to which the station is he community with which the station is	ndent), "I-M" nal multicast). s licensed by the is identified.						
	educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana	n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr in of each station. For U.S. stations, lis dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. It the community to which the station is he community with which the station is	ndent), "I-M" nal multicast). s licensed by the is identified.						
	educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the locatio FCC. For Mexican or Cana	n case whether the station is a network ering the letter "N" (for network), "N-M" , "E" (for noncommercial educational), erms, see page (iv) of the general instr in of each station. For U.S. stations, lis dian stations, if any, give the name of t	(for network multicast), "I" (for indepe or "E-M" (for noncommercial educatio uctions in the paper SA1-2 form. It the community to which the station is he community with which the station is	ndent), "I-M" nal multicast). s licensed by the is identified.						
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								SYSTEM ID
Shenandoah	n Cable Tel	evisio	n, LLC					660
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 for	it is carried by monitoring, to prmation abou rm.	y the sys be rece It the Co	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s pyright Office regulations on th	t the system's he system's FM ante	eadend, and (2 enna, during o	2) it can certain s	be expected, tated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	tate whether t the radio stat this by placing ive the station	the station ion's sig g a chec n's location	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the 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	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Shenandoah Cable Te	levision,	LLC				6609
	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	 During the accounting per 		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 proc	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever p	ossible, if their meaning	g is
	clear. If you need more spa				II) (1		•
	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 - 7		
				er "Yes." Otherwise enter " asting the substitute progr			
				he community to which the		censed by the FCC or,	in
	the case of Mexican or Car						
	Column 5: Give the mor first. Example: for May 7 gives		when your sys	stem carried the substitute	e program. U	se numerals, with the n	nonth
	, , , , ,		e substitute pro	ogram was carried by your	cable syste	m List the times accur	ately
	to the nearest five minutes.						atory
	stated as "6:00–6:30 p.m."						
				n was substituted for progr			
	to delete under FCC rules a was substituted for program						ogram
	effect on October 19, 1976.	•	, ,			5	
	SI	JBSTITUT	E PROGRAM			N SUBSTITUTE	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:	2023/2	FORM SA1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Shenandoah Cable Television, LLC	6609
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transitions (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission service
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 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00. Line 1. Royalty fee for accounting period	his six-month
	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 \$137,1	00)
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	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)
	1. Enter the amount of gross receipts from space K \$ 470,817.30	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	2,070.17
	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	\$ 3,389.17
	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)	3,389.17
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,409.17
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the paper SA1-2 form and the Excel instructions tab for more than the sec page is a second	

Accounting Period:	2023/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: a Cable Television, LLC	SYSTEM ID# 6609
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. otal number of channels on which the cable ed television broadcast stations	34
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual of about this statement of account.)	
for Further Information	Name	Petra R. O'Neill Telephone	(561) 801-8668
	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 Certification	I, the undersig (Ow (Age (Age (Age) (Afge) (Afge) (Age) (Age	(This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) mer other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as o in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained here blete, and correct to the best of my knowledge, information, and belief, and are made in good faith.	e B; or e system as identified wner of the cable system
		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.

ounting Period: 2023/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	660
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the fol- lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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 \$ -	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	

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.