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 COPYRIGH	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.	02/26/2025	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2024/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		SHENANDOAH CABLE TELEVISION, LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		P.O. BOX 459 (Number, street, rural route, apartment, or suite number)
		EDINBURG, VA 22824
		(City, town, state, zip)
С		<b>RUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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: SHENANDOAH CABLE TELEVISION, LLC	SYSTEM ID# 35233				
D Area Served	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 known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.					
	CITY OR TOWN	STATE				
First	Belington	WV				
Community	Junior					
	portions of Barbour County					
Add Rows as Necessary						

Name         LEGAL NAME OF OWNER OF CABLE SYSTEM         SYSTEM           SHENANDOAH CABLE TELEVISION, LLC         352           E         Secondary	Accounting Period	d: 2024/2							FORM SA1	2E PAGE
SHEANADOAH CABLE TELEVISION, LLC         3452           E         SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES in General: The information in space of how a lategories of secondary transmission service of the cable system, that is, the retransmission of belowision and radio brandcasts by your system to subscribers. Gen those existing on the system, that is, the retransmission of the levision and radio brandcasts by your system to subscribers. Gen those existing on the system, that is, the retransmission of the levision and radio brandcasts by your system to subscribers. Gen those existing on the subscribers and services sub- scribers and Retes         Import the levision of radio system method on 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 (of the pensite) Sidd(CHS). Summarize any standard rate variations within a particular retive cat- cell counting of the radio find category of service. Include both the amount of the charge and the unit which it is generally bild (Expensite): SiX0HMT). Summarize any standard rate variations within a particular retive cat- cell counting of the subscribers. Give the subscriber is category and the subscriber is and radio category that applies to your system. Note: Where an individual or organization is receiving service hat fails under different stategories. Tal person or thilly should be counted and a subscriber in ome back abscriber is and subscriber who pays sorts for cable service is additional sets would be included in the count under "Service is a stafficient.         EVOCK 1         EVOCK 2           Bioty Category OF SERVICE         No. OF         CATEGORY OF SERVICE         SUBSCRIBERS and services is a stafficient.         EVOCK 2           CATEGORY OF SERVICE		LEGAL NAME OF OWNER OF C	ABLE SYSTEM:							
F       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, bata, the transmission of levelsion and radio tradecations by your system to subscribents. Give information discussed in the space F, not here. All the facts you state must be those existing on the transmission of a 20 of Deember 31, as the case must be those existing on the transmission for Subscribent Solution and the system, bata, then the service of the cable system, bata, then the service of the cable system, bata, then the service of Subscribent Solution in space E call for the number of subscribent in humber of subscribents and the system, bata, then the service of subscribent in the number of subscribent is and the system, bata, then the service of subscribent is and the system, bata, then the induced discourds of persons or operatulations changed the unit in which it is generally billed. (Example: '320mH'). Surmarize any standard trate variations within a particular restores and the subscribent's of operating transmission service in the cable system is subscribent's on subscribent's and the subscribent's of and the both the anound the cable system service to additional setvice). The service to additional setvice is subscribent in sech applicable category. Example a residential subscribent's of additional setvice). The service table system is subscribent on the service is subscribent with a setvice the additional setvice). The service set of call beservice to additional setvice). The service set of call beservice to additional setvice). The service set of call beservice to additional setvice). The service set of call beservice to additional setvice). The service set of the service s	Name	SHENANDOAH CABLE	TELEVISIO	N. LLC	2					3523
First set* and would be counted once again under "Service to additional set(s)."       Biock 2: If your cable system has rate categories for scondary transmissions). Itsi 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.         BLOCK 1:       BLOCK 1:       BLOCK 1:       BLOCK 2:         CATEGORY OF SERVICE       SUBSCRIBERS       RATE       CATEGORY OF SERVICE       SUBSCRIBERS         Residential:       Stator HD       Service to first set       28       \$33.00         First Service to first set       28       \$33.00       Arter HD/DVR       7       \$16         Service to first set       28       \$33.00       Arter HD/DVR       7       \$16         Converter       104       \$5.55       Bulk DTA Converter       17       \$3.         Buik DTA Converter       1       \$3.       \$3.       \$10       \$12       \$10       \$12         Converter       0       45.       \$10       \$10       \$12       \$10       \$12       \$10       \$12       \$10       \$12       \$10       \$12       \$10       \$12       \$10       \$12       \$10       \$12       \$10       \$12       \$10       \$12       \$10       \$12       \$11       \$12       \$10       \$12	Secondary Transmission Service: Sub- scribers and	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmission about other services (including p last day of the accounting periodo Number of Subscribers: Both down by categories of secondar each category by counting the n separately for the particular serv Rate: Give the standard rate of unit in which it is generally billed category, but do not include disco Block 1: In the left-hand block systems most commonly provide that applies to your system. Note categories, that person or entity	SMISSION SERVICE: SUBSCRIBERS AND RATES mation in space E should cover all categories of secondary transmission service of the cable transmission of television and radio broadcasts by your system to subscribers. Give information (including pay cable) in space F, not here. All the facts you state must be those existing on the nting period (June 30 or December 31, as the case may be). <b>Tibers:</b> Both blocks in space E call for the number of subscribers to the cable system, broken f secondary transmission service. In general, you can compute the number of subscribers in nuting the number of billings in that category (the number of persons or organizations charged ticular service at the rate indicated—not the number of sets receiving service). Idard rate charged for each category of service. Include both the amount of the charge and the erally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate nclude discounts allowed for advance payment. hand block in space E, the form lists the categories of secondary transmission service that cable only provide to their subscribers. Give the number of subscribers and rate for each listed category stem. <b>Note:</b> Where an individual or organization is receiving service that falls under different on or entity should be counted as a subscriber in each applicable category. Example: a residential							
F         Services of the charge of the unit which is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Service to additional services in the form of a brief (wo-or three-word) description and include the rate of reach.         Service to additional services in the form of a brief (wo-or three-word) description and include the rate of reach.         Service to additional services in the form of a brief (wo-or three-word) description and or service for a single fee. There are two exceptions: you do not need to grade are charged on a variable per-program basis, enter only the letters "PP" in the rate column.         Block 1: Grade do not need to grade do not neeed to grade do not neeed to grade do not need to grade		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 diff printed in block 1 (for example, tiers of services that include one or more secondary transmissions) with the number of subscribers and rates, in the right-hand block. A two- or three-word description of							om those em, together ervice is	
CATEGORY OF SERVICE         SUBSCRIBERS         RATE         CATEGORY OF SERVICE         SUBSCRIBERS         RATE           Residential:         Starter HD         28         \$33.00         First Converter HD/DVR         7         \$16           Service to additional set(s)								BLOCK		
Service to first set       28       \$33.00       First Converter HD/DVR       7       \$16         Additional Set(s)		CATEGORY OF SERVICE			RATE	CATE	EGORY OF SEI	RVICE		RATE
Service to additional set(s)     ·································		Residential: Starter HD								
• FM radio (if separate rate)       Image: Separate rate (Motel, hotel       Image: Separate rate (Motel, hotel       Image: Separate rate (Motel, hotel         Converter       • Residential       104       \$5.95       Image: Separate (Motel, hotel       Image: Separate (Motel, hotel         Converter       • Non-residential       104       \$5.95       Image: Separate (Motel, hotel       Image: Separate				28	\$33.00					\$16.9
Motel, hotel Commercial Converter       Motel, hotel Comverter       Motel, hotel Converter       Motel, hotel Converter         • Residential • Non-residential       104       \$5.95         F       Services Other Than Secondary ransmissions 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 my secondary transmission service for a single fee. There are two exceptions: you do not need to give 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 in the form of a brief (two- or three-word) description and include the rate for each.         EXENCISE (CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE • Pay cable • Commercial • Firs protection • Burglar p		( )								\$9.9
Commercial Converter · Residential · Non-residential · Struces Other Than Secondary ransmissions: Rates · Rate · Non-residential · Content 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. <u>BLOCK 1</u> <u>CATEGORY OF SERVICE</u> <u>RATE</u> <u>CATEGORY OF SERVICE</u> <u>RATE</u> <u>CATEGORY OF SERVICE</u> <u>RATE</u> <u>CATEGORY OF SERVICE</u> <u>RATE</u> <u>CATEGORY OF SERVICE</u> <u>RATE</u> <u>CATEGORY OF SERVICE</u> <u>Pay cable</u> · Pay cable ·		· · · /								\$3.9
Converter       Residential       104       \$5.95       Advanced (Expanded)       54       \$104         • Non-residential       104       \$5.95       Advanced (Expanded)       54       \$104         F       Services       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 respect to all your cable system's services that were not covered in space E. There are two exceptions: you do not need to give rate information concerning (1) services for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services for a single fee. There are two exceptions: you do not need to give 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 1: Give the standard rate 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 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         'Pay cable       ·Pay cable       ·Motel, hotel       ·Cormercial       ·Pay cable       ·Pay cable       ·Pay cable       ·Pay cabl		,				Busine	SS DIA CON	verter	1	\$3.99
• Residential • Non-residential       104       \$5.95       Advanced (Expanded)       54       \$104         F       Non-residential       104       \$5.95       Advanced (Expanded)       54       \$104         F       Services Other Than 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 concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information oncerning (1) services furnished at cost or (2) services that your cable system for each of the applicable services listed. Block 1: Give the standard rate charge dby 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 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         · Pay cable       · Pay cable       · Oxonmercial       · Oxonmercial       · Pay cable       · P										
• Non-residential       Ultimate (Digital)       40       \$125         F       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 of califities 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.         E       ELOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         · Pay cable       · Motel, hotel       · Outmercial       · Outmercial       · Outmercial         · Pay cable       · States       · States       · States       · States       · States         · First set (influedes 2)       · States       · States       · Outmercial       · Outmercial       · Outmercial <t< td=""><td></td><td></td><td></td><td>104</td><td>\$5.95</td><td>Advanc</td><td>ed (Expand</td><td>ed)</td><td>54</td><td>\$104.0</td></t<>				104	\$5.95	Advanc	ed (Expand	ed)	54	\$104.0
F       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 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.         Biock 1: Give the standard rate charged by the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.       BloCk 1         BLOCK 1       BLOCK 2         CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICE       RATE         Pay cable       - Motel, hotel         - Pay cable       - Motel, hotel         - First set (inlcudes 2)       \$99.95         - Additional set(s)       \$14.95         - FM radio (if separate rate)       \$14.95         - FM radio (if separate rate)       - Reconnect         - Outlet relocation       - Station					ψ0.00			cu)		\$125.0
F       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 transmission 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.         Biock 1: Give the standard rate charge dby the cable system for each of the applicable services in the form of a brief (two- or three-word) description and include the rate for each.       BLOCK 1         Biock 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.         CATEGORY OF SERVICE       RATE       CATEGORY OF SERVICE       RATE         CATEGORY OF SERVICEs       RATE       CATEGORY OF SERVICE       RATE         Pay cable       • Motel, hotel       • Motel, hotel       • Pay cable       • Pay c							o (2.g.ta.)			ψ. <u>.</u>
CATEGORY OF SERVICERATECATEGORY OF SERVICERATECATEGORY OF SERVICERATEContinuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection • First set (inlcudes 2) • Additional set(s)Installation: Non-residential • Motel, hotel • Commercial • Pay cable-add'l channel • Pay cable-add'l channel • Pay cable-add'l channel • Fire protection • First set (inlcudes 2) • Additional set(s)Installation: • State • Pay cable-add'l channel • Fire protection • Burglar protectionInstallation: • Pay cable-add'l channel • Fire protection • Burglar protection • Burglar protectionInstallation: • Pay cable-add'l channel • Pay cable-add'l channel • Fire protection • Burglar protectionInstallation: • Pay cable-add'l channel • Fire protection • Pay cable-add'l channel • Pay cable-add'l channel <b< td=""><td>F Services Other Than Secondary Transmissions:</td><td colspan="7">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</td><td>smission services oth the ogram basis, were not</td><td></td></b<>	F Services Other Than Secondary Transmissions:	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							smission services oth the ogram basis, were not	
Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection • First set (inlcudes 2) • Additional set(s) • ConverterInstallation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cab							<b>D</b>	0.1756		<b>D</b> • <b>T</b> =
• Pay cable• Motel, hotel• Motel, hotel• Pay cable—add'l channel• Commercial• Commercial• Fire protection• Pay cable• Pay cable• Burglar protection• Pay cable-add'l channel• Pay cable-add'l channel• Installation: Residential• Fire protection• Fire protection• First set (inlcudes 2)\$99.95• Burglar protection• Installation: additional set(s)• FM radio (if separate rate)• Reconnect\$25.00Service Call• Converter• Outlet relocation• Outlet relocation• Installation:			RATE				RATE	CATEGO	JRY OF SERVICE	RATE
• Pay cable—add'l channel       • Commercial       • Pay cable         • Fire protection       • Pay cable       • Pay cable         • Burglar protection       • Pay cable-add'l channel       • Pay cable-add'l channel         • First set (inlcudes 2)       \$99.95       • Burglar protection         • Additional set(s)       \$14.95       Other services:         • FM radio (if separate rate)       • Reconnect       \$25.00         • Converter       • Outlet relocation       • Outlet relocation		-				aentiai				
• Fire protection • Burglar protection• Pay cable • Pay cable-add'l channel • Fire protection• Pay cable-add'l channel • Burglar protection• Pay cable-add'l channel • Pay cable-add'l channel • Pay cable-add'l channel • Burglar protection• Pay cable-add'l channel • Pay cable-add'l channel • Pay cable-add'l channel • Pay cable-add'l channel • Burglar protection• Pay cable-add'l channel • Pa		,			-					
•Burglar protection       •Pay cable-add'l channel         Installation: Residential       •Fire protection         •First set (inlcudes 2)       •Burglar protection         •Additional set(s)       •Status         •FM radio (if separate rate)       •Reconnect         •Converter       •Other services:         •Outlet relocation       •Outlet relocation				-						
Installation: Residential • First set (inlcudes 2) • Additional set(s)• Fire protection • Burglar protection • Burglar protection• Fire protection • Burglar protection• Additional set(s) • FM radio (if separate rate) • Converter\$14.95 • Reconnect • Disconnect • Outlet relocation• Fire protection • Burglar protection • Burglar protection					•	nannel				
Additional set(s)     FM radio (if separate rate)     Converter     Converter     Outlet relocation		<b>0</b>			-					
• FM radio (if separate rate)     • Converter     • Converter     • Outlet relocation		• First set (inlcudes 2)	\$99.95	• Bu	rglar protection					
• Converter     • Disconnect     • Outlet relocation		<ul> <li>Additional set(s)</li> </ul>	\$14.95	Other	services:					
•Outlet relocation		• FM radio (if separate rate)		•Re	connect		\$25.00	Service	e Call	\$49.9
		Converter								
Move to new address										
				• Mo	ove to new add	ess				

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						515	
	SHENANDOAH CABLE	TELEVISIO	N, LLC						3523
E Secondary Transmission Service: Sub- scribers 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 ca first set" and would be counted or <b>Block 2:</b> If your cable system printed in block 1 (for example, to with the number of subscribers a sufficient.	once again und has rate catego iers of services	er "Service ories for se that inclue	e to addition condary tra de one or m	al set(s)." nsmission : ore seconc	service that are lary transmissio	different fr ns), list the	om those em, together	
	BL	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:				0, 112	ATEGORT OF SERVICE		CODOCINIDEINO	
	Service to first set								
	<ul> <li>Service to additional set(s)</li> </ul>				Copyrig	Ti a a a a a a a a a a a a a a a a a a a		122	\$0.
	• FM radio (if separate rate)				Broadc	ast TV Surch	narge	122	\$35.
	Motel, hotel								
	Commercial					Gateway Box		2	\$14.
	Converter (DTA)		75	\$3.99		Gateway Play	/er	5	\$5.
	• Residential				TiVo Ga			3	\$19.
	Non-residential				TiVo Pl	ayer		-	\$6.
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for ra not covered in space E, that is, t service for a single fee. There au 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 ra Block 2: List any services that listed in block 1 and for which a brief (two- or three-word) description	e (not subscrib hose services to re two exceptio or facilities furr- nit in which it is rate column. te charged by to t your cable sys- separate charg	ber) information that are no ns: you do nished to n usually bil he cable s stem furnis e was made	ation with re t offered in not need to onsubscribe led. If any ra ystem for ea hed or offer de or establi	spect to all combinatio give rate i ers. Rate in ates are changed ach of the a ed during t	n with any seco nformation cond formation should arged on a varia upplicable servic he accounting p	ndary trans ærning (1) d include b able per-pro es listed. æriod that	smission services oth the ogram basis, were not	
	, , ,	BLOCK 1							
							-	BLOCK 2	T
	CATEGORY OF SERVICE	BLO RATE	CATEGO	RY OF SER		RATE	CATEG	DRY OF SERVICE	RAT
	CATEGORY OF SERVICE Continuing Services:		CATEGO	on: Non-res		RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEGO Installatio • Motel,	on: Non-res hotel		RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel		CATEGO Installatio • Motel, • Comn	n: Non-res hotel horcial		RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable		CATEGO Installatio • Motel, • Comn • Pay ci	on: Non-res hotel hercial able	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		CATEGO Installatio • Motel, • Comn • Pay ca • Pay ca	n: Non-res hotel horcial	idential	RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection		CATEGO Installatio • Motel, • Comn • Pay ca • Pay ca	on: Non-res hotel hercial able able-add'l cl	idential	RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential		CATEGO Installatio • Motel, • Comn • Pay ca • Pay ca	on: Non-res hotel hercial able able-add'l cl	idential	RATE	CATEGO		RA
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set (includes 2)		CATEGO Installatio • Motel, • Comn • Pay ca • Pay ca	on: Non-res hotel hercial able able-add'l cl	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection Installation: Residential • First set (includes 2) • Additional set(s)		CATEGO Installatio • Motel, • Comn • Pay ca • Pay ca	on: Non-res hotel hercial able able-add'l cl	idential	RATE	CATEGO		RAT
	CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection Burglar protection Installation: Residential • First set (includes 2) • Additional set(s) • FM radio (if separate rate)		CATEGO Installatio • Motel, • Comn • Pay ca • Pay ca	on: Non-res hotel hercial able able-add'l cl	idential	RATE	CATEGO		RA

				FORM SA1-2E. PA							
Name	LEGAL NAME OF OWNER OF			SYSTEM 352							
	SHENANDOAH CABL	•									
	PRIMARY TRANSMITTERS:	TELEVISION entify every television station (including t	repelator stations and low nower	tolovicion stationa)							
G	carried by your cable system	m during the accounting period, except	(1) stations carried only on a part	t-time basis under							
Primary		in effect on June 24, 1981, permitting the e)(2) and (4), or 76.63 (referring to 76.61									
ansmitters:	substitute program basis, a	s explained in the next paragraph.									
elevision	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 <i>not</i> list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the										
	_	<ul> <li>station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other</li> </ul>									
	basis. For further information	on concerning substitute basis stations, s	see page (v) of the general instru	ctions.							
		n's call sign. <i>Do not</i> report origination pr d with a station according to its over-the-									
	"WETA-2" as the same on t	the form.	<b>C</b>								
		el number the FCC assigned to the telev RC is channel 4 in Washington, D.C.	vision station for proadcasting ove	er the air in its community							
	Column 3: Indicate in each	a case whether the station is a network s	•								
		ering the letter "N" (for network), "N-M" (for , "E" (for noncommercial educational), or									
	For the meaning of these te	erms, see page (iv) of the general instruc	ctions in the paper SA1-2 form.	,							
		n of each station. For U.S. stations, list t dian stations, if any, give the name of th									
			,								
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION							
	WBOY WBOY-2	12 12.2	N	Clarksburg, WV							
			IN - IVI	Clarksburg, WV							
				a							
	WBOY-3	12.3	I-M	Clarksburg, WV							
	WBOY-4	12.4	I-M	Clarksburg, WV Clarksburg, WV							
ows as Necessary	-										
ows as Necessary	WBOY-4	12.4	I-M	Clarksburg, WV							
ows as Necessary	WBOY-4 WDTV	12.4 5	I-M N	Clarksburg, WV Weston, WV							
ows as Necessary	WBOY-4 WDTV WDTV-2	12.4 5 5.2	I-M N I-M	Clarksburg, WV Weston, WV Weston, WV							
ows as Necessary	WBOY-4 WDTV WDTV-2 WVFX	12.4 5 5.2 10	I-M N I-M N	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV							
lows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2	12.4 5 5.2 10 10.2	I-M N I-M N I-M	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV							
ows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
ows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
ows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
ows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
ows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
ows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
ows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
lows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
lows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
lows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
lows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
lows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
lows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
kows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							
lows as Necessary	WBOY-4 WDTV WDTV-2 WVFX WVFX-2 WNPB	12.4 5 5.2 10 10.2 24	I-M N I-M N I-M E	Clarksburg, WV Weston, WV Weston, WV Clarksburg, WV Clarksburg, WV Morgantown, WV							

SHENANDO	AH CABLE	TELE	VISION, LLC					352
	t every radio s	station c	<b>)</b> arried on a separate and dis enerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf idgnal, indicate Column 4: G	it is carried b monitoring, to ormation abou rm. dentify the cal state whether the radio state this by placin Sive the statio	y the sy be rece ut the Co I sign of the stati tion's sig g a cheo n's locat	II-Band FM Carriage: Under stem whenever it is received eived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. gnal was electronically proces ck mark in the "S/D" column. tion (the community to which , the community with which th	at the system's H e system's FM ar this point, see p ssed by the cable the station is lice	neadend, and ntenna, during age (v) of the e system as a nsed by the F	(2) it ca certain general separat	n be expected, stated intervals. instructions in the. e and discrete	Primary Transmitters Radio
		_	·			-		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	
	·							

Accounting Perio	od: 2024/2					FOI	RM SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF						SYSTEM ID#		
Name	SHENANDOAH CABLE		SION, LLC				35233		
	SUBSTITUTE CARRIAGE				c				
1						ion that your apple avat	om corried on a		
•	In General: In space I, identi substitute basis during the ad								
Substitute	explanation of the programm								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE								
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
Program Log	broadcast by a distant station?								
i rogium 20g	Note: If your answer is "No,	" leave the	rest of this nag	e blank. If your answer is '	'Yes " vou mi	_			
	log in block 2.		rest of this pag		res, you me	iot complete the progre	****		
	2. LOG OF SUBSTITUTE	PROGRA	MS						
	In General: List each subst	itute progra	m on a separat		wherever pos	sible, if their meaning i	S		
	clear. If you need more space					4	-		
	period, was broadcast by a			sion program ("substitute   ur cable system substitute					
	under certain FCC rules, reg								
	Do not use general categori		vies" or "basket	ball." List specific program	n titles, for exa	ample, "I Love Lucy" or			
	"NBA Basketball: 76ers vs.		least live onter	"Yes." Otherwise enter "N	lo."				
				sting the substitute progra					
	Column 4: Give the broa	dcast static	on's location (th	e community to which the	station is lice				
	the case of Mexican or Can						ath		
	first. Example: for May 7 giv		when your syst	em carried the substitute	program. Use	numerais, with the mo	onth		
			substitute prog	gram was carried by your o	cable system.	List the times accurate	ely		
	to the nearest five minutes.	Example: a	program carrie	ed by a system from 6:01:	15 p.m. to 6:2	8:30 p.m. should be	-		
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	was substituted for progra	mming that y	our system was <i>requir</i>	ed		
	to delete under FCC rules a								
	was substituted for program								
	effect on October 19, 1976.								
					WHE	N SUBSTITUTE			
	s	UBSTITUT	E PROGRAM	1		AGE OCCURRED	7. REASON FOR DELETION		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
		165 01 110	CALL SIGN	4. STATION S LOCATION	AND DAT				
						_			
						_			
			+						
			+						
						_			
						_			
			+						
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					1				
						—			
						_			

Accounting Period:	<b>2024/2</b> FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID
	SHENANDOAH CABLE TELEVISION, LLC 3523
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 of 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, see 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.
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-mon 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 \$ 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
	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 \$ 263,800.00
	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
	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 \$ 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:	2024/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: AH CABLE TELEVISION, LLC	SYSTEM ID# 35233
M Channels	<ul> <li>to its subscrib</li> <li>1. Enter the to system carri</li> <li>2. Enter the to on which the</li> </ul>	You must give (1) the number of channels on which the cable system carried television broadcast stations bers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ied television broadcast stations	18 306
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual ct about this statement of account.)	
for Further Information	Name	Petra R. O'Neill Telephone (56	1) 801-8668
	Address	500 Shentel Way, PO Box 459 (Number, street, rural route, apartment, or suite number)	
		Edinburg, VA 22824 (City, town, state, zip)	
	Email	petra.o'neill@emp.shentel.com Fax (optional)	
<b>O</b> Certification	I, the undersite     (Ow     (Ag     X     (Of     I have examinare true, comp	ON (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.) <b>Inter other than corporation or partnership</b> ) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system 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 owner of in line 1 of space B. ned the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X /s/ Derek Rieger Enter an electronic signature on the line above to certify this statement.	
		Typed or printed name:       Derek Rieger         Title:       Vice President Legal/General Counsel         (Title of official position held in corporation or partnership)	
		Date: February 26, 2025	

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 the 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 telephol 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 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 t 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 lav

ounting Period: 2024/2	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
ENANDOAH CABLE TELEVISION, LLC	35233
<ul> <li>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."     </li> <li>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.</li> <li>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?</li> <li>NO</li> </ul>	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name     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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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.	
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 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.