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

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

### SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

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

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED	AMOUNT						
02/26/2025	\$ ALLOCATION NUMBER						

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))										
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31										
		Barcode Data Filing Period (optional - see instructions)										
Accounting Period												
		Instructions:										
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.										
Owner		List any other name or names under which the owner conducts the business of the cable system.										
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.											
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.											
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM											
		Shenandoah Cable Television, LLC										
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)										
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM										
		PO Box 459 (Number, street, rural route, apartment, or suite number)										
		Edinburg, VA 22824 (City, town, state, zp)										
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 filling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II								
	Shenandoah Cable Television, LLC	6347								
	Instructions: List each separate community served by the cable system. A "commu									
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and i discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification has the "first community." Please use it as the first community on all future filings.									
		hama narks should be reported in peroptheses below the								
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	nome parks should be reported in parentheses below the								
Served	identified city.									
	CITY OR TOWN	STATE								
First	Ronceverte	WV								
Community	Greenbriar County	WV								
	10000000000000000000000000000000000000									
dd Rows as Necessary										

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 63478

## Ε

### Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1	BLOCK 2					
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential: (Starter HD)							
Service to first set	14	\$33.00	Converter HD/DVR	6	\$16.95		
Service to additional set(s)			Add'I Converter HD/DVR	3	\$9.95		
• FM radio (if separate rate)			Cable Card	-	\$1.99		
Motel, hotel			Business DTA Converter	14	\$3.99		
Commercial							
Converter	29	\$5.95	Advanced (Expanded)	63	\$104.00		
Residential			Ulitmate (Digital)	20	\$125.00		
Non-residential							
					T		

# F

#### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERV	ICE RATE
Continuing Services:		Installation: Non-residential			
<ul> <li>Pay cable</li> </ul>		Motel, hotel			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
<ul> <li>Fire protection</li> </ul>		Pay cable			
<ul><li>Burglar protection</li></ul>		Pay cable-add'l channel			
Installation: Residential		Fire protection			
<ul> <li>First set (includes 2)</li> </ul>	\$99.95	Burglar protection			
<ul> <li>Additional set(s)</li> </ul>		Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$25.00	Service Call	\$49.95
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2024/2 FORM SA1-2F PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63478

## Ε

### Secondary **Transmission** Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Shenandoah Cable Television, LLC

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

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

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

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

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

BL	OCK 1	BLOCK 2					
CATEGORY OF CERVICE	NO. OF	DATE	CATECORY OF SERVICE	NO. OF	DATE		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set							
<ul> <li>Service to additional set(s)</li> </ul>			Copyright Fee	97	\$0.85		
<ul> <li>FM radio (if separate rate)</li> </ul>			Broadcast TV Surcharge	97	\$34.45		
Motel, hotel							
Commercial			TiVo Gateway	9	\$19.95		
Converter			TiVo Player	14	\$6.95		
Residential (DTA)	180	\$3.99	Home Gateway Box	3	\$14.95		
Non-residential			Home Gateway Player	6	\$5.00		

# F

#### Services Other Than Secondary Transmissions: Rates

### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

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

Accounting Period: 2024/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63478

Shenandoah Cable Television, LLC

PRIMARY TRANSMITTERS: TELEVISION

G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under

FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

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

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

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WDBJ	7	N	Roanoke, VA
WVVA	6	N	Bluefield, WV
WVVA-2	6.2	I-M	Bluefield, WV
WVVA-3	6.3	I-M	Bluefield, WV
WOAY	4	N	Oak Hill, WV
WOAY-2	4.2	I-M	Oak Hill, WV
WSWP	9	E	Grandview, WV
WSWP-2	9.2	E-M	Grandview, WV
WVNS	59	N	Lewisburg, WV
WVNS-2	59.2	I-M	Lewisburg, WV
WLPX	29	<u>l</u>	Charleston, WV
WVAH	11	<u>l</u>	Charleston, WV
WLFB	40	l	Bluefield, WV

Add Rows as Necessary

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

### Shenandoah Cable Television, LLC

63478

#### PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.
- **Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
		<del> </del>					
		<del> </del>					
	l	<del> </del>				<del> </del>	
		<del> </del>					
		<del> </del>					
		<del> </del>					
		†					
		ļ					
		ļ					
		ļ					
						ļ	
						ļ	
		<b></b>				ļ	
		<b></b>				ļ	
		<b></b>				<b> </b>	
		<b></b>				<b> </b>	
		<b></b>				<b> </b>	
		<del> </del>					
		<del> </del>					
	<b></b>	<del> </del>				<del> </del>	
		<del> </del>					
		<del> </del>				<del> </del>	
		<del> </del>					
		<del> </del>					

d: 2024/2								FORM	/I SA1-2E. PAGE 5.		
									SYSTEM ID# 63478		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. Fexplanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  YES  Note: If your answer is "No." leave the rest of this page blank. If your answer is "Yes." you must complete the program											
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information.  Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).  Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program											
S				CA	RRIAC	GE OCC	CUR	RED	7. REASON FOR DELETION		
	Yes or No	CALL SIGN	4. STATION'S LOCATIO	AND D	AY F	FROM		TO			
	Shenandoah Cable Tele Shenandoah Cable Tele Shenandoah Cable Tele Substitute Carriage In General: In space I, identif substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting periodroadcast by a distant stat Note: If your answer is "No," log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a cunder certain FCC rules, reg Do not use general categorie "NBA Basketball: 76ers vs. E Column 2: If the program Column 3: Give the call s Column 4: Give the broadcast by a Column 5: Give the monifies. Example: for May 7 give Column 6: State the time to the nearest five minutes. I stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules are was substituted for programm effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every non substitute basis during the accounting pe explanation of the programming that must 1. SPECIAL STATEMENT CONCER • During the accounting period, did your broadcast by a distant station?  Note: If your answer is "No," leave the r log in block 2.  2. LOG OF SUBSTITUTE PROGRA In General: List each substitute prograr clear. If you need more space, please a Column 1: Give the title of every nor period, was broadcast by a distant statio under certain FCC rules, regulations, or Do not use general categories like "mov "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast statio the case of Mexican or Canadian statio Column 5: Give the month and day v first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the I to delete under FCC rules and regulatio was substituted for programming that yo effect on October 19, 1976.  SUBSTITUT  1. TITLE OF PROGRAM  2. LIVE?	Substitute Carriage: Special Statemen In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. Special Statement Concerning Substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. Special Statement Concerning Substitute During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No," leave the rest of this paging in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separatic clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that you under certain FCC rules, regulations, or authorizations Do not use general categories like "movies" or "basket "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the column 5: Give the month and day when your systifirst. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program to the nearest five minutes. Example: a program carries stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect during was substituted for programming that your system was effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute b broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitu period, was broadcast by a distant station and that your cable system substitu under certain FCC rules, regulations, or authorizations. See page (v) of the g Do not use general categories like "movies" or "basketball." List specific prog! "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute prog Column 4: Give the broadcast station's location (the community to which t the case of Mexican or Canadian stations, if any, the community with which t Column 5: Give the month and day when your system carried the substitut first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by yo to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for pro- to delete under FCC rules and regulations in effect during the accounting peri was substituted for programming that your system was permitted to delete un- effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant substitute basis during the accounting period, under specific present and former FCC rules, re explanation of the programming that must be included in this log, see page (v) of the general in 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any not broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") period, was broadcast by a distant station and that your cable system substituted for they under certain FCC rules, regulations, or authorizations. See page (v) of the general instruction to use general categories like "movies" or "basketball." List specific program titles, for "NBA Basketball: Tõers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the broadcast station's location (the community with which the station is the case of Mexican or Canadian stations, if any, the community with which the station is the case of Mexican or Canadian stations, if any, the community with which the station is the case of Mexican or Canadian stations in the substitute program was substituted for programming the delete under FCC rules and regulations in effect during the accounting period; enter the was substituted for programming that your system was permitted to delete under FCC rule effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station substitute basis during the accounting period, under specific present and former FCC rules, regulative explanation of the programming that must be included in this log, see page (v) of the general instruct  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwo broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possib clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, or period, was broadcast by a distant station and that your cable system substituted for the program under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions:  Do not use general categories like "movies" or "basketball." List specific program titles, for exam "NBA Basketball: "Gers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identification of the station of the substitute program was carried by your cable system. List to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:3 stated as "6:00-6:30 p.m."  Column 5: State the times when the substitute program was carried the substitute programming that your to delete under FCC rules and regulations in effect during the accounting period; enter the letter was substituted for programming that your to delete under FCC rules and regulation	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that yo substitute basis during the accounting period, under specific present and former FCC rules, regulations, or a explanation of the programming that must be included in this log, see page (v) of the general instructions in till 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork telev broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complet log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS  In General: List each substitute program on a separate line. Use abbreviations wherever possible, if the clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the period, was broadcast by a distant station and that your cable system substituted for the programming of under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for furth Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Lo "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program. Use numerals, first. Example: for May 7 give "5/7"."  Column 6: State the times when the substitute program was carried by your cable system. List the tir to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. stated as "6:00-6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for programming that your system to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the was subs	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your ca substitute basis during the accounting period, under specific present and former FCC rules, regulations, or author explanation of the programming that must be included in this log, see page (v) of the general instructions in the period programming period, did your cable system carry, on a substitute basis, any nonnetwork television broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their middler. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the ac period, was broadcast by a distant station and that your cable system substituted for the programming of and under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love I "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is licensed by the FC the case of Mexican or Canadian stations, if any, the community with which the station is lorensed by the FC column 5: Give the month and day when your system carried by substitute program. Use numerals, with first. Example: for May 7 give "517."  Column 6: State the times when the substitute program was carried by your cable system. List the times to the nearest five minutes. Example: a program carried by a system	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable syster substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE - During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another statiunder certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 6: State the times when the substitute program was carried by your cable system. List the times accurated to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m."  Column 7: Enter the letter "F" if the listed program was substituted for programming that your system was required to delete under FCC rules and regul		

Accounting Period:	· · · · · · · · · · · · · · · · · · ·	
Name		EM ID#
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total 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.  S2,46 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	2.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	2.00
	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	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and 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	7.00
	EFT Trace # or TRANSACTION ID #	
	<u>Important:</u> 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 S	SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWN Shenandoah Cabl	NER OF CABLE SYSTEM: le Television, LLC										SYSTEM ID# 63478
M Channels	to its subscribers, and  1. Enter the total numbers system carried tele  2. Enter the total numbers on which the cable	must give (1) the number of and (2) the cable system's to able or which evision broadcast stations are for activated channels a system carried television services	total num th the cat  Is the broadca	mber o	of activated cha	annels during	the acc	counting period.			20 315	
N Individual to Be Contacted		E CONTACTED IF FURTH ut this statement of accour		FORM	MATION IS NEE	DED (Identif	y an ind	ividual				
for Further Information	Name P	etra R O'Neill							Telephone	(561) 801-	8668	
	(N	00 Shentel Way umber, street, rural route, aparti dinburg, VA 22824 ity, town, state, zip)	tment, or s	suite nu	umber)							
	Email	petra.o'neill@er	mp.sher	entel.c	com			Fax (optional)				
O	I, the undersigned, if  (Owner of  (Agent of     in line  X (Officer of     in line  I have examined the	is statement of account members certify that (Check or ther than corporation or partner) I am an officer (if 1 of space B.  e statement of account and I and correct to the best of my 001(1986)]	ation or powner is not if a corpo hereby do knowled	partne not a cooration declared, in	am the owner of the system of the corporation or partner (if the under penalty information, and	the cable system of law that all belief, and are on the line absignature" (e.	stem as zed agen p) of the I stateme e made i	identified in line 1  In t of the owner of  legal entity idention  ents of fact contain good faith.	the cable sy ified as own-	rstem as identii		
		Title: (Title of o			sident Lega		Coun	isel				
		Date:						February 26, 20	025			

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 telephon 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 law

accounting Period: 2024/2	FORM SA1-2E. PAGE 8.
EGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
henandoah Cable Television, LLC	63478
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."	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address  Name 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	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
xdays	
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	
ID number First community served Accounting period	

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.