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					
8/29/24	\$					
	ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

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

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
	20241 Barcode Data Filing Period (optional - see instructions)							
Accounting 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							
	Cogeco US (Delmar), LLC							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM							
	3 Batterymarch Park, Suite 200 (Number, street, rural route, apartment, or suite number)							
	Quincy, MA 02169 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these							
	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1 IDENTIFICATION OF CABLE SYSTEM: 1 Cogeco US, LLC							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 330 Drummer Drive (Number, street, rural route, apartment, or suite number)							
	Grasonville, MD 21638 (City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 suffciency of the fling, a determination that would be made by a court of law.

	LEGAL MANE OF CHANED OF CARLE OVCTEM	FORM SA1-2E. PAGI SYSTEM I						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
	Cogeco US (Delmar), LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules:							
D		unincorporated communities within unincorporated areas and including single						
		munity that you list will serve as a form of system identification hereafter kno						
	as the "first community." Please use it as the first community on al	nituture filings. niums, or mobile home parks should be reported in parentheses below the						
Area	identified city.	nums, or mobile nome parks should be reported in parentneses below the						
Served	lacitified city.							
	0.577.05.2010							
F14	CITY OR TOWN	STATE MD						
First Community	Town of Perryville Cecil County							
Community	Town of Port Deposit	MD						
	I own of Port Deposit	MD						
Rows as Necessary								

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (Delmar), LLC

SYSTEM ID# 23546

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BL	OCK 1		BLOCK 2				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
 Service to first set 	696	\$49.99	Entertainment	562	\$89.98		
 Service to additional set(s) 			Variety	18	\$134.98		
 FM radio (if separate rate) 							
Motel, hotel	0						
Commercial	128	\$49.99					
Converter							
Residential		\$4.99					
 Non-residential 							
	[····	1		T	Y		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	\$1.99-19.99	Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
•Burglar protection		Pay cable-add'l channel			
Installation: Residential		Fire protection			
• First set	\$99.00	Burglar protection			
Additional set(s)	\$40.00	Other services:			
• FM radio (if separate rate)		Reconnect	\$50.00		
Converter		Disconnect			
		Outlet relocation	\$40.00		
		Move to new address	\$40.00		

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 23546

Cogeco US (Delmar), 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.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBAL	11	N	Baltimore, MD
WBFF	45	N	Baltimore, MD
WDCA	20	l	Washington, DC
WJZ	13	N	Baltimore, MD
WMAR	2	N	Baltimore, MD
WMPT	42	E	Annapolis, MD
WNUV	8	l	Baltimore, MD
WNUV-Comet	8.3	<u>l</u>	Baltimore, MD
WUTB	24	<u>l</u>	Baltimore, MD
WNUV-Stadium	8.4	I-M	Baltimore, MD
WNUV-Antenna TV	8.2	I-M	Baltimore, MD
WBAL-MeTV	11.2	I-M	Baltimore, MD
WBFF-Charge	45.4	I-M	Baltimore, MD
WBFF-MyNet	45.2	I-M	Baltimore, MD
WDCA-MyNet	20.1	I-M	Washington, DC
WJZ-Dabl	13.3	I-M	Baltimore, MD
WJZ-Start	13.2	I-M	Baltimore, MD
WMAR-Bounce	2.3	I-M	Baltimore, MD
WMAR-Grit	2.2	I-M	Baltimore, MD
WUTB-MyNet			

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

23546

Cogeco US (Delmar), LLC

PRIMARY TRANSMITTERS: RADIO

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

Н

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

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION CALL SIGN AM OR FM S/D LOCATION OF STATION OF								
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
							ļ 	
							 	

Accounting Period: 2024/1 LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Delmar), LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	FORM SA1-2E. PAGE 5.									
Cogeco OS (Delmar), LLC	SYSTEM ID#									
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG	23546									
OUDUITIONE UNIVIAGE. OF EGIAL OTATEMENT AND TROOMAIN EGO										
In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable	ble system carried on a									
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 paper SA1-2 form.									
Choolal	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Statement and Statement and	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 me	neaning 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 ac period, was broadcast by a distant station and that your cable system substituted for the programming of and	<u> </u>									
under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further in	nformation.									
Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love I "NBA Basketball: 76ers vs. Bulls."	Lucy" or									
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.	CC or in									
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 identified).	CC or, in									
Column 5: Give the month and day when your system carried the substitute program. Use numerals, with	th 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 a	: 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										
stated as "6:00–6:30 p.m."	a required									
Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the list										
was substituted for programming that your system was permitted to delete under FCC rules and regulations										
effect on October 19, 1976.	3									
WHEN SUBSTITUTE	E									
SUBSTITUTE PROGRAM CARRIAGE OCCURRE	ED 7. REASON FOR									
SUBSTITUTE PROGRAM CARRIAGE OCCURRE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES	ED 7. REASON FOR									
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SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES	7. REASON FOR DELETION									

Accounting Period:	2024/1			FORM S	SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Cogeco US (Delmar), LLC			(3YSTEM II 2354
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file ar all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanatio 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 from subscribers for secondary transmission service(s)	system's se on of how to	condary transn o compute this	nission service amount, see	
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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	an \$527,600	5263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137	7,100 OR L	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalt	y fee that y	ou must pay for	this six-mon	
	accounting period is \$52.00				
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2	!		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES	SS (but mo	ore than \$137,	100)	
	Base amount under statutory formula	\$	263,800.00	=	
	Enter amount of gross receipts from space K	\$	233,843.58	_	
	3. Subtract line 2 from line 1	\$	29,956.42	_	
	Enter the amount of gross receipts from space K		. \$	233,843.58	
	5. Enter the amount from line 3		. \$	29,956.42	
	6. Subtract line 5 from line 4		\$	203,887.16	
	7. Multiply line 6 by .005 (enter figure here)			\$	1,019.44
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	′ and 8		\$	1,019.44
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	3,800 (but I	ess than \$527	7,600)	
	Enter the amount of gross receipts from space K				
	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				
				•	
	FILING FEE AND TOTAL REMITTANCE DU	E			
Filing Fee and	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	1.019.44	
otal Remittance Due				•	
	2.1 ming 1 de (dec the instructions for more information on tilling lee calculations)		· 	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,039.44
	Important: Your remittance must be in the form of an electronic pays	ment payal	ole to the Regi	ster of Copyri	ghts!
Total Remittance		ment payal	. \$	ster of Copyri	

Accounting Period:	2024/1				FORM SA1-2E. PAGE 7					
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: elmar), LLC			SYSTEM ID# 23546					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations									
		able system carried television ast services	broadcast stations		166					
N Individual to Be Contacted		BE CONTACTED IF FURTH	HER INFORMATION IS NEEDED (I	dentify an individual to whom						
for Further Information	Name	Patrick Bratton		Teleph	one 617-786-8800					
	Address	3 Batterymarch Park (Number, street, rural route, apart Quincy, MA 02169 (City, town, state, zip)								
	Email	pbratton@bree	zeline.com	Fax (optional)						
	CERTIFICATION	(This statement of account m	ust be certified and signed in accor	dance with Copyright Office regulation	ons)					
Certification	• I, the undersign	ed, hereby certify that (Check o	one, but only one, of the boxes.)							
	(Owne	r other than corporation or p	partnership) I am the owner of the c	able system as identified in line 1 of sp	pace B; or					
			ation or partnership) I am the duly owner is not a corporation or partner	authorized agent of the owner of the caship; or	able system as identified					
		er or partner) I am an officer (line 1 of space B.	(if a corporation) or a partner (if a pa	tnership) of the legal entity identified a	is owner of the cable system					
		e, and correct to the best of my	l hereby declare under penalty of law y knowledge, information, and belief	that all statements of fact contained had are made in good faith.	erein					
			X /s/ Patrick Bratton		_					
		- •	Enter an electronic signature on the Enter signature using an "/s/ signatu							
		Typed or printed	d name: Patrick Bratton	111111111111111111111111111111111111111						
		Title:	Chief Financial Officer	rship)						
		Date:		August 29, 2024						

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

counting Period: 2024/1	FORM S	SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
ogeco US (Delmar), LLC		23546
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable service of providing secondary transmissions of primary broadcast transmitters, the system scribers and amounts collected from subscribers receiving secondary transmissions pure For more information on when to exclude these amounts, see the note on page (vii) of the gene located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for smade by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	ystem for the basic m shall not include sub- uant to section 119." Conce Receip	P al Statement rning Gross ts Exclusion
Name Mailing Address Mailing Address		
INTEREST ASSESSMENT		
You must complete this worksheet for those royalty payments submitted as a result of a late payment for an explanation of interest assessment, see page (viii) of the general instructions located in the submitted as a result of a late payment.		Q
Line 1 Enter the amount of late payment or underpayment	Interes	Assessment
	x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-	
	x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For the contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	irther assistance please	
** 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 list below the owner, address, first community served, ID number, and accounting period as give		
Owner Address		
ID number		
First community served		

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 fling, a determination that would be made by a court of law.

CONTROL #: REMITTANCE #:

	Cable Worksheet		Total amount of remittance	Nur	nber of SAs rec'd	Initials		
	Woi	rksheet						
			Date of remittance	☐ Check	□ EFT	☐ FILING	G FEES	
Cable ID #						Amount	Initials	
Examined by		Reviewed by	Date examination completed	Allocatio	on number			
Space A Accounting Period								
	☐ Janua	ary 1 - June 30, 2017		July 1 - Decen	nber 31, 2017			
	☐ Letter	r sent		Information re	ceived			
	☐ Accep	oted		☐ Phone call/Date/Contact				
Space B Owner								
	☐ Letter	r sent		Information re	ceived			
	☐ Accep	oted	Г	Phone call/Dat	te/Contact			
Space D Area Served								
	☐ Lette	r sent	Γ	Information re	eceived			
	☐ Accep	oted	Г	Phone call/Dat	te/Contact			
Space E Secondary Transission								
Service Subscribers:	☐ Letter	r sent		Information re	ceived			
and Rates	☐ Accep	oted		Phone call/Dat	e/Contact			
Space G Primary Transmitters:								
Television	☐ Lette	r sent		Information re	eceived			
	☐ Accep	oted		☐ Phone call/Da	te/Contact			
Space H Primary Transmitters:								
Radio	☐ Accep	oted		☐ Phone call/Da	te/Contact			

		Space I Substitute Carriage
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space J Part-time Carriage Log
☑ Letter sent	☐ Information received	(SA3 only)
☐ Accepted	☐ Phone call/Date/Contact	
		Space K Gross Receipts
☐ Letter sent	☐ Information received	
☐ Letter sent	☐ Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
☐ Royalty Fee should be	☐ Refund request to fiscal	
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phoe call/Date/Contact	
		Space M Channels
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space O Certification
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space P Statement of Gross Receipts
☐ Letter sent	☐ Information received	
☐ Accepted	☐ Phone call/Date/Contact	
		Space Q Interest Assessment
☐ Letter sent	☐ Info/add'l fee received	
☐ Accepted	☐ Phone call/Date/Contact	