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 COPYRIC	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.	8/29/24	S ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (Y	YYY/(Period))	_	

2024/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Barcode Data Filing Period (optional - see instructions)	
Accounting	
Period	
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	
B 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 22834	
(City, town, state, zip)	
C INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless thes 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	e
System IDENTIFICATION OF CABLE SYSTEM:	
Lebanon VA	
MAILING ADDRESS OF CABLE SYSTEM:	
2 Same As Above (Number, street, rural route, apartment, or suite number)	
(City, town, state, zip code)	

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

		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Humo	Shenandoah Cable Television, LLC	25
	Instructions: List each separate community served by the cable system. A "communi-	ty" is the same as a "community unit" as defined in FCC ru
	"a separate and distinct community or municipal entity (including unincorporated co	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list	
	as the "first community." Please use it as the first community on all future filings.	win serve as a form of system identified for herearter kite
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile h	ama parks should be reported in parentheses below the
Area		ome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Lebanon	VA
Community	Castlewood	VA
oonnanty		
	Honaker	
Add Rows as Necessary	Russell County	VA
	St. Paul	VA
	Wise County	VA
	Dante	VA
	Swords Creek	VA

								FORM SA1-	TEM ID		
Name	LEGAL NAME OF OWNER OF C							313	2519		
	Shenandoah Cable Tele	evision, LLC	j.						2010		
Е	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND R	ATES						
E	In General: The information in s	•		-		•					
Secondary	system, that is, the retransmissi about other services (including a										
Transmission	last day of the accounting period							g on the			
Service: Sub-	Number of Subscribers: Bot	•					2				
scribers and	down by categories of secondar			•		•					
Rates	each category by counting the r separately for the particular serv			0,0				s charged			
	Rate: Give the standard rate of					•	,	ge and the			
	unit in which it is generally billed	· ·	,		•	ard rate variation	s within a	particular rate			
	category, but do not include disc Block 1: In the left-hand block					andar, transmis		as that ashle			
	systems most commonly provide	· ,		0		,					
	that applies to your system. No										
	categories, that person or entity						•				
	subscriber who pays extra for ca						nder "Servi	ce 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,	-		-							
	with the number of subscribers	and rates, in th	e right-h	and block. A t	wo- or thre	ee-word descript	ion of the	service is			
	sufficient.	001/ 4			1			()			
	BL	OCK 1 NO. OF				BLOCK 2					
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CATE	ATEGORY OF SERVICE		SUBSCRIBERS	RATI		
	Residential:										
	 Service to first set 	Starter HD -	· 227	\$33.00		onverter HD/		110	\$16.		
	 Service to additional set(s) 					Addt'I HD/DVR Converter			\$9.9		
	• FM radio (if separate rate)					able Card			\$1.9		
	Motel, hotel					Bulk DTA Converter			\$3.9		
	Commercial				Busine	ess DTA Con	verter	121	\$3.9		
	Converter										
	Residential		467	\$5.95	Advand			517	\$104.		
	Non-residential				Ultimat	(e		279	\$125.0		
	SERVICES OTHER THAN SEC										
-	In General: Space F calls for ra					all your cable sys	stem's serv	vices that were			
F	not covered in space E, that is,										
0	service for a single fee. There a		,		0		0.	,			
Services Other Than	furnished at cost or (2) services amount of the charge and the u										
Secondary	enter only the letters "PP" in the		uouuny	billou: It uny t				rogram baolo,			
ransmissions:											
Rates	Block 2: List any services that										
	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.										
							1				
	CATEGORY OF SERVICE	BLO RATE		ORY OF SER		RATE	CATEG	BLOCK 2 ORY OF SERVICE	RATE		
	Continuing Services:	TUTE		tion: Non-res		TUTE	ONTEO		1011		
			• Mot	el, hotel			Service	e Call	\$49.9		
	-			nmoroiol							
	Pay cable Pay cable Add'l channel		 Con 	IIIIeiciai							
	• Pay cable			cable							
	• Pay cable • Pay cable—add'l channel		•Pay		hannel						
	Pay cable Pay cable—add'l channel Fire protection		• Pay • Pay	cable	hannel						
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection 	\$99.95	• Pay • Pay • Fire	cable cable-add'l cl							
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential 		• Pay • Pay • Fire • Burg	cable cable-add'l cl protection							
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set 		• Pay • Pay • Fire • Burg Other s	cable cable-add'l cl protection glar protection		\$25.00					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) 		• Pay • Pay • Fire • Burg Other s • Rec	cable cable-add'l cl protection glar protection eervices:		\$25.00					
	 Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) 		• Pay • Pay • Fire • Burg Other s • Rec • Disc	cable cable-add'l cl protection glar protection services: connect		\$25.00					

	1						FORM SA1-				
Name	LEGAL NAME OF OWNER OF C						SYS				
	Shenandoah Cable Tele	evision, LLC	C					2519			
_	SECONDARY TRANSMISSION	SERVICE: SI	UBSCRIBERS AND	RATES							
E	In General: The information in s	-	-		•						
0	system, that is, the retransmission										
Secondary Transmission	about other services (including plast day of the accounting period					inose exist	ing on the				
Service: Sub-	Number of Subscribers: Both	`			,	ble system	ı, broken				
scribers and	down by categories of secondar										
Rates	each category by counting the n		0 0 7 (,	charged				
	separately for the particular serve Rate: Give the standard rate of				•	,	ne and the				
	unit in which it is generally billed	-					-				
	category, but do not include disc										
	Block 1: In the left-hand block	•		-							
	systems most commonly provide that applies to your system. Not										
	categories, that person or entity		0		0						
	subscriber who pays extra for ca					•					
	first set" and would be counted o	0		()							
		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 the with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the se										
	sufficient.	,	5		1						
	BLC	DCK 1				BLOCK		r			
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE			
	Residential:	SOBSCIUD		U U U		(VIOL	SOBSCILIBEIKS				
	Service to first set			Convtr	(DTA) Resid	ential	1,537	\$3.9			
	 Service to additional set(s) 										
	• FM radio (if separate rate)			Copyri	ght Fee		1,023	\$0.8			
	Motel, hotel				cast TV Surcharge		1,023	\$36.0			
	Commercial				Gateway		41	\$19.9			
	Converter			TiVo Pl	ayer		48	\$6.9			
	Residential			Home (Gateway Box	C	10	\$14.9			
	Non-residential			Home C	Gateway Play	yer	26	\$5.0			
	SERVICES OTHER THAN SEC					tom'o com	viene that were				
F	In General: Space F calls for ra not covered in space E, that is, t		,	-							
-	service for a single fee. There a										
Services	furnished at cost or (2) services										
Other Than	amount of the charge and the ur		s usually billed. If any	rates are ch	narged on a vari	able per-p	rogram basis,				
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rate		the cable system for	each of the	applicable servi	ces listed					
Rates	Block 2: List any services that	• •	•		••		were not				
	listed in block 1 and for which a				these other ser	vices in the	e form of a				
	brief (two- or three-word) descrip	otion and inclu	de the rate for each.								
		BLO	CK 1				BLOCK 2				
	CATEGORY OF SERVICE	RATE	CATEGORY OF SE	RVICE	RATE	CATEG	ORY OF SERVICE	RATE			
	Continuing Services:		Installation: Non-r	esidential							
	• Pay cable		 Motel, hotel 								
	Pay cable—add'l channel		Commercial								
	Fire protection		• Pay cable								
	 Burglar protection 		• Pay cable-add'l	channel							
			Fire protection								
	Installation: Residential		 Burglar protection 	on							
	• First set										
	• First set • Additional set(s)		Other services:								
	 First set Additional set(s) FM radio (if separate rate) 		Other services: • Reconnect								
	• First set • Additional set(s)		Other services: • Reconnect • Disconnect								
	 First set Additional set(s) FM radio (if separate rate) 		Other services: • Reconnect	ı							

Name	LEGAL NAME OF OWNER C	JF CABLE SYSTEM:		SYSTE
	Shenandoah Cable T	ſelevision, LLC		2
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ransmitters: Television	In General: In space G, id carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, i Substitute Basis Station basis under specific FCC I • Do not list the station he station was carried only o • List the station here, and basis. For further informat Column 1: List each static multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eace educational station, by ent (for independent multicast For the meaning of these to Column 4: Give the locati	dentify every television station (including em during the accounting period, except s in effect on June 24, 1981, permitting th (e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. Is: With respect to any distant stations car rules, regulations, or authorizations: ere in space G—but do list it in space I (th on a substitute basis. d also in space I, if the station was carried ition concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the n the form. nel number the FCC assigned to the tele VRC is channel 4 in Washington, D.C. ch case whether the station is a network st tering the letter "N" (for network), "N-M" (t), "E" (for noncommercial educational), of terms, see page (iv) of the general instru- ion of each station. For U.S. stations, list	t (1) stations carried only on a part he carriage of certain network prog a(e)(2) and (4))]; and (2) certain si arried by your cable system on a si he Special Statement and Program d both on a substitute basis and al see page (v) of the general instru- brogram services such as HBO, ES e-air designation. For example, re- evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form.	rt-time basis under grams [sections stations carried on a substitute program m Log)—if the ilso on some other ictions. SPN, etc. Identify each eport multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	FCC. For Mexican or Cana 1. CALL SIGN	adian stations, if any, give the name of the stations of the stations of the station of the stationary	he community with which the station 3. TYPE OF STATION	on is identified. 4. LOCATION OF STATION
	WAPK	36	1	Kingsport, TN
	WCYB	5	N	Bristol, VA
	WCYB-2	5.2	I-M	Bristol, VA
	WCYB-3	5.3	I-M	Bristol, VA
	WEMT	39	N	Greenville, TN
	WEMT-2	39.2	I-M	Greenville, TN
	WJHL	11	N	Johnson City, TN
Rows as Necessary	WJHL-2	11.2	N-M	Johnson City, TN
	WBRA	15	E	Roanoke, VA
	WBRA-2	15.2	E-M	Roanoke, VA
	WKPT	19	I	Kingsport, TN
	WKPT-3	19.3	I-M	Kingsport, TN
	WKPT-4	19.4	I-M	Kingsport, TN
	WLFG	68	I	Grundy, VA

	LEGAL NAME OF OWNER OF	CARLE SYSTEM		SYSTEM			
Name							
	Shenandoah Cable Te	levision, LLC		25			
	PRIMARY TRANSMITTERS:	TELEVISION					
^			translator stations and low power tele				
G		o o i i	ot (1) stations carried only on a part-tim				
			he carriage of certain network progran				
Primary			61(e)(2) and (4))]; and (2) certain static	ons carried on a			
ransmitters:		s explained in the next paragraph.					
Television		. ,	arried by your cable system on a subs	stitute 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 <i>only</i> 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 are page (u) of the general instructions						
	basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each						
			e-air designation. For example, report				
	"WETA-2" as the same on th	•	s-all designation. Tor example, report	Industican			
	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			

	F OWNER OF (SYSTEM ID
Shenandoal	n Cable Tel	evisio	n, LLC					2519
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: C	it is carried by monitoring, to ormation abou rm. dentify the call tate whether t the radio stat this by placing Sive the station	y the sys be rece t the Co sign of the statio ion's sig g a chec n's locati	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	at the system's he system's FM ant his point, see par sed by the cable s ne station is licen	eadend, and (; enna, during c ge (v) of the g system as a s sed by the FC	2) it can certain s eneral ir eparate	be expected, tated intervals. hstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
GALL SIGN		3/0	LOCATION OF STATION	UALL SIGN		3/0	LOCATION OF STATION	
							·	

Accounting rend	od: 2024/1						FORM	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Shenandoah Cable Te	levision,	LLC					25197
	SUBSTITUTE CARRIAGI	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
	In General: In space I, ident	ifv everv nor	nnetwork televi	s <i>ion program</i> , broadcast by	a distant stat	tion. that vol	ur cable svs	tem carried on a
	substitute basis during the a							
Substitute	explanation of the programm	ing that mu	st be included i	n this log, see page (v) of t	he general ins	tructions in	the paper S	A1-2 form.
Carriage:	1. SPECIAL STATEMEN		RNING SUBS	TITUTE CARRIAGE				
Special Statement and	 During the accounting per 	iod, did yoι	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork tele	vision prog	r <u>am</u>
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	" leave the	rest of this pa	ge blank. If your answer is	s "Yes " vou r	nust comple	-	
	log in block 2.	, loure ale		go slank in your anower k	5 100, your			, and
	2. LOG OF SUBSTITUTE		MS					
	In General: List each subst			ate line. Use abbreviations	s wherever po	ossible, if th	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor	ies like "mo	ovies" or "bask	etball." List specific progra	am titles, for e	xample, "I I	_ove Lucy"	or
	"NBA Basketball: 76ers vs.		depet live ant	n "Vee." Otherwise enter ("No"			
				er "Yes." Otherwise enter ' asting the substitute progr				
				he community to which th		ensed by th	ne FCC or,	in
	the case of Mexican or Car							
	Column 5: Give the mor first. Example: for May 7 gives	•	when your sy	stem carried the substitute	e program. Us	se numerals	s, with the n	nonth
			e substitute pro	ogram was carried by you	r cable svster	n. List the t	mes accura	atelv
	to the nearest five minutes.							,
	stated as "6:00-6:30 p.m."	"D" :(()	P. 4. 1					·
	to delete under FCC rules a			n was substituted for programing the accounting period				
				aning the accounting point				sgram
	was substituted for program	nming that y	your system w	as permitted to delete und	ler FCC rules	and regula	tions in	
	effect on October 19, 1976.		your system w	as permitted to delete und	ler FCC rules	and regula	tions in	
			your system w	as permitted to delete und		0		
	effect on October 19, 1976.				WHE		TUTE	7. REASON FOR
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	7. REASON FOR DELETION
	effect on October 19, 1976.	JBSTITUT	E PROGRAM		WHE CARRI	N SUBSTI	IUTE JRRED	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	
	effect on October 19, 1976.	JBSTITUT 2. LIVE?	E PROGRAM 3. STATION'S		WHE CARRI 5. MONTH	N SUBSTI AGE OCCU 6. TI	TUTE JRRED MES	

Accounting Period:	2024/1 FORM SA1-2E. PAG	E 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:	
	Shenandoah Cable Television, LLC 251	97
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 c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	
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-month 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	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	-
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	-
		-
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	-
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K \$ 524,840.61	
	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) \$ 1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	,	-
	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) \$ 20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$ 3,949.41]
	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:	2024/1		FORM SA1-2E. PAGE 7
Name		DWNER OF CABLE SYSTEM: Cable Television, LLC	SYSTEM ID# 25197
M Channels	 to its subscriber Enter the tota system carried Enter the tota on which the carried 	ou must give (1) the number of channels on which the cable system carried television broa s, and (2) the cable system's total number of activated channels during the accounting peri I number of channels on which the cable television broadcast stations	
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual about this statement of account.)	
for Further Information	Name	Petra R. O'Neill	Telephone (561) 801-8668
	Address	500 Shentel Way (Number, street, rural route, apartment, or suite number)	
		Edinburgh, VA 22824 (City, town, state, zip)	
	Email	petra.o'neill@emp.shentel.com Fax (optiona	al)
O Certification	I, the undersign (Own (Ager	(This statement of account must be certified and signed in accordance with Copyright Office ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) For other than corporation or partnership) I am the owner of the cable system as identified in t of owner other than corporation or partnership) I am the duly authorized agent of the own line 1 of space B and that the owner is not a corporation or partnership; or	line 1 of space B; or
	• I have examine	ter or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact le, and correct to the best of my knowledge, information, and belief, and are made in good fait on 1001(1986)]	contained herein
		Enter an electronic signature on the line above to certify this state Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	rement.
		Typed or printed name: Derek Rieger Title: Vice President Legal/General Counsel (Title of official position held in corporation or partnership)	
		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 filing, a determination that would be made by a court of law.

		FORM SA1-2E. PAGE
EGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID
henandoah Cable Television, LLC		2519
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS E. The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(lowing sentence: "In determining the total number of subscribers and the gross amount service of providing secondary transmissions of primary broadcast tra scribers and amounts collected from subscribers receiving secondary	A), of the Copyright Act by adding the fol- ts paid to the cable system for the basic ansmitters, the system shall not include sub-	P Special Statement Concerning Gross
For more information on when to exclude these amounts, see the note on pa located in the paper SA1-2 form.	age (vii) of the general instructions	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of g made by satellite carriers to satellite dish owners?	gross receipts for secondary transmissions	
XNO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Ad	ldress	
You must complete this worksheet for those royalty payments submitted as a For an explanation of interest assessment, see page (viii) of the general inst		Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	^	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line	6	
* To view the interest rate chart click on www.copyright.gov/licensing/inte contact the Licensing Division at (202) 707-8150 or licensing@copyrigh	erest-rate.pdf. For further assistance please nt.gov.	
	ent for one day late.	
** This is the decimal equivalent of 1/365, which is the interest assessme	dy submitted to the Convright Office, please	
** This is the decimal equivalent of 1/365, which is the interest assessme NOTE: If you are filing this worksheet covering a statement of account alread list below the owner, address, first community served, ID number, and account		
NOTE: If you are filing this worksheet covering a statement of account alread		

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