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 COPYRIGH	T OFFICE USE ONLY
DATE RECEIVED	AMOUNT
8/29/24	\$ 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	COUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting	Barcode Data Filing Period (optional - see instructions)	
Period		
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner	List any other name or names under which the owner conducts the business of the cable system.	
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
	Shenandoah Cable Television, LLC	
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
	PO Box 459 (Number, street, rural route, apartment, or suite number)	
	Edinburg, VA 22824 (City, town, state, zip)	
С	FRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these es 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	IDENTIFICATION OF CABLE SYSTEM:	
	MAILING ADDRESS OF CABLE SYSTEM:	
	(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.

	T	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Shenandoah Cable Television, LLC	285
D	Instructions: List each separate community served by the cable system. A "comm" a separate and distinct community or municipal entity (including unincorporate discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings.	d communities within unincorporated areas and including single I list will serve as a form of system identification hereafter know 5.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobidentified city.	ole home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Clarksville	VA
Community	Mecklenburg	VA
	The Moorings	VA
Rows as Necessary		
,		

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28558

Shenandoah Cable Television, LLC

E

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: (Starter HD)					
Service to first set	45	\$33.00	1st Converter HD/DVR	39	\$16.95
Service to additional set(s)			Add'l Converter HD/DVR	10	\$9.95
• FM radio (if separate rate)			Cable Card	1	\$1.99
Motel, hotel			Bulk DTA Converter	104	\$3.99
Commercial			Business DTA Converter	24	\$3.99
Converter					
Residential	171	\$5.95	Advanced (Expanded)	174	\$104.00
Non-residential			Ultimate (Digital)	77	\$125.00
1		T		T	l

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 1				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		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 (includeds 2) 	\$99.95	Burglar protection			
Additional set(s)	\$14.95	Other services:			
 FM radio (if separate rate) 		Reconnect	\$25.00	Service Call	\$49.95
Converter		Disconnect			
		Outlet relocation			
		Move to new address			

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 28558

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							
Service to additional set(s)			Copyright Fee	296	\$0.85		
• FM radio (if separate rate)			Broadcast TV Surcharge	296	\$37.78		
Motel, hotel							
Commercial			Home Gateway Box	4	\$14.95		
Converter			Home Gateway Player	12	\$5.00		
• Residential (DTA)	324	\$3.99	TiVo Gateway	47	\$19.95		
Non-residential			TiVo Player	71	\$6.95		
		T		T	l'''''		

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 1			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE RATE
Continuing Services:		Installation: Non-residential		
Pay cable		Motel, hotel		
 Pay cable—add'l channel 				
Fire protection				
•Burglar protection				
Installation: Residential				
First set (includeds 2)				
Additional set(s)				
• FM radio (if separate rate)				
Converter				
• Converter				

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 28558

G

Primary Transmitters: Television 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
WRDC	28	l l	Durham, NC
WRDC-2	28.2	I-M	Durham, NC
WRDC-3	28.3	I-M	Durham, NC
WLFL	22	ı	Raleigh, NC
WLFL-2	22.2	I-M	Raleigh, NC
WLFL-3	22.3	I-M	Raleigh, NC
WNCN	17	N	Goldsboro, NC
WNCN-3	17.3	I-M	Goldsboro, NC
WNCN-4	17.4	I-M	Goldsboro, NC
WRAL	5	N	Raleigh, NC
WRAL-2	5.2	N-M	Raleigh, NC
WRAY	20	<u> </u>	Wake Forest, NC
WRAZ	50	N	Raleigh, NC
WRAZ-2	50.2	I-M	Raleigh, NC
WRPX	47	<u> </u>	Rocky Mount, NC
WSET	13	N	Lynchburg, VA
WTVD	11	N	Durham, NC
WTVD-2	11.2	I-M	Durham, NC
WTVD-3	11.3	I-M	Durham, NC
WUNP	36	E	Roanoke Rapids, NC

Add Rows as Necessary

Accounting Period:	2024/1			FORM SA1-2E. PAGE 3.					
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#					
Name	Shenandoah Cable Te	elevision, LLC		28558					
	PRIMARY TRANSMITTERS:	TELEVISION							
G	carried by your cable syster	m during the accounting period, except	g translator stations and low power tele of (1) stations carried only on a part-tin	ne basis under					
Primary Transmitters: Television	76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations basis under specific FCC ru	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.	(the Special Statement and Program Lo	<i>-</i> ,					
	Column 1: List each station multicast stream associated "WETA-2" as the same on t	n's call sign. <i>Do not</i> report origination d with a station according to its over-the the form.	s, see page (v) of the general instruction program services such as HBO, ESPN ne-air designation. For example, repor	N, etc. Identify each t multistream					
	of license. For example, WF Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	RC is channel 4 in Washington, D.C. a case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), erms, see page (iv) of the general instruction of each station. For U.S. stations, lis	levision station for broadcasting over the station, an independent station, or a reference or "E-M" (for noncommercial education ructions in the paper SA1-2 form. It is the community to which the station is the community with which the station in the community with which the station is	noncommercial ndent), "I-M" nal multicast). s licensed by the					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Shenandoah Cable Television, LLC

28558

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
		[
		ļ					

Accounting Perio	od: 2024/1						FORM	/I SA1-2E. PAGE 5.		
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				1 OKI	SYSTEM ID#		
Name	Shenandoah Cable Te	elevision,	LLC					28558		
	SUBSTITUTE CARRIAG	F: SPECIA	AI STATEME	NT AND PROGRAM I O	G					
I	In General: In space I, ident	_	_			tion that vo	our cable syst	tem carried on a		
•	substitute basis during the a									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.									
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Special Statement and	 During the accounting pe 	riod, did you	ur cable syster	n carry, on a substitute bas	sis, any nonr	network tele	<u>evis</u> ion progi	am_		
Program Log	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 spa				. mra arama"\ tl		the coordinate	in a		
	period, was broadcast by a			vision program ("substitute our cable svstem substitut						
	under certain FCC rules, re									
	Do not use general catego		ovies" or "bask	etball." List specific progra	m titles, for e	example, "I	Love Lucy"	or		
	"NBA Basketball: 76ers vs. Column 2: If the program		dcast live ente	er "Yes." Otherwise enter "	No."					
				asting the substitute progr						
				the community to which the			the FCC or,	in		
	the case of Mexican or Cal		, ,,,	community with which the stem carried the substitute		,	le with the m	onth		
	first. Example: for May 7 gi		wileli your sy	sterri carried trie substitute	program. O	se numerai	is, with the H	ЮПП		
	Column 6: State the time	es when the		ogram was carried by your				ately		
	to the nearest five minutes	. Example:	a program carı	ried 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."	ter "R" if the	listed program	n was substituted for progr	amming that	vour syste	em was <i>requ</i>	ired		
	to delete under FCC rules									
	was substituted for prograr	mming that								
	effect on October 19, 1976	i.								
					WHF	N SUBSTI	ITUTF			
	S	UBSTITUT	E PROGRAM			AGE OCC		7. REASON FOR		
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. T	ΓIMES	DELETION		
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>			
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counting Period: 2	LEGAL NAME OF OWNER OF CABLE SYSTEM:		1 Ortivi	SA1-2E. PAG
Name	Shenandoah Cable Television, LLC			285
K ross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and all amounts (gross receipts) paid to your cable system by subscribers for the sys (as identified in space E) during the accounting period. For a further explanation 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.	stem's secor of how to c	ndary transmission servompute this amount, se	/ic€
_	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 bu Use block 3 if the amount of gross receipts in space K is more than \$263,800 bu See page (vi) of the general instructions located in the paper SA1-2 form for more info	it less than S		
	BLOCK 1: GROSS RECEIPTS OF \$137,10	00 OR LESS	S	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty feaccounting period is \$52.00.	e that you m	ust pay for this six-month	1
	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		nan \$137,100)	
	1. Base amount under statutory formula	26	3,800.00	
	2. Enter amount of gross receipts from space K	15	3,784.69	
	3. Subtract line 2 from line 1	11	0,015.31	
	4. Enter the amount of gross receipts from space K	<u>\$</u>	153,784.69	_
	5. Enter the amount from line 3	<u>\$</u>	110,015.31	=
	6. Subtract line 5 from line 4	\$	43,769.38	_
	7. Multiply line 6 by .005 (enter figure here)		\$	218.8
	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	d 8 8 b	·········· \$	218.85
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,80	00 (but less	than \$527,600)	
	1. Enter the amount of grace receipts from anges K			
	Enter the amount of gross receipts from space K	26	3 800 00	
	2. Base amount under statutory formula		3,800.00	
	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)			_
	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	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	218.85	_
Due	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		\$	238.85
İ				
	EFT Trace # or TRANSACTION ID #			

Accounting Period: 2	2024/1					FORM SA1-2E. PAGE 7.	
Name		WNER OF CABLE SYSTEM: ble Television, LLC				SYSTEM ID# 28558	
M Channels	to its subscribers, 1. Enter the total r system carried to 2. Enter the total r	and (2) the cable system's to	otal number the cable	on which the cable system carried to	ecounting period.	30	
	and nonbroadcast services						
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)						
for Further Information	Name	Petra R. O'Neill			Telephone	(561) 801-8668	
		500 Shentel Way (Number, street, rural route, apartr Edinburgh, VA 22824 (City, town, state, zip)		umber)			
	Email	petra.o'neill@er	np.shentel.	.com	Fax (optional)		
	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, but only one, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or						
O Certification							
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or						
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.						
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]						
			Enter an elec	s/ Derek Rieger			
		Typed or printed		ure using an "/s/ signature" (e.g., /s/ J Derek Rieger	om silluj		
		Title:	Vice Pre	esident Legal/General Cou neld in corporation or partnership)	nsel		
		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.

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." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
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X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest 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 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	

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U.S. Copyright Office Form SA1-2E Short Form (Rev. 05-17)