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.

		Return comp
FOR COPYRIGHT	email to	
DATE RECEIVED	AMOUNT	coplicsoa@
8/29/24	\$ ALLOCATION NUMBER	For additional contact the LOffice Licens (202) 707-81

oleted workbook by copyright.gov al information, J.S. Copyright sing Division at

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	TRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these less 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.

	<u></u>	FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Name	Shenandoah Cable Television, LLC	285
	Instructions: List each separate community served by the cable system. A "commun	ity" is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated co	mmunities within unincorporated areas and including single
ט	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.	·
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile	nome parks should be reported in parentheses below the
Area	identified city.	
Served	·	
	CITY OR TOWN	STATE
First	Lawrenceville	VA
Community	Alberta	VA
•	Bruswick	VA
	Diuswick	
Rows as Necessary		

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28561

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	43	\$33.00	1st Converter HD/DVR	13	\$16.95
Service to additional set(s)			Add'l Converter HD/DVR	5	\$9.95
• FM radio (if separate rate)			Cable Card	1	\$1.99
Motel, hotel			Business DTA Converter	27	\$3.99
Commercial			Digital Converter	5	\$5.95
Converter					
Residential	115	\$5.95	Advanced (Expanded)	71	\$104.00
Non-residential			Ultimate (Digital)	37	\$125.00
					1

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		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 (includes 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# 28561

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	151	\$0.85
• FM radio (if separate rate)			Broadcast TV Surcharge	151	\$37.41
Motel, hotel					
Commercial					
Converter					
 Residential (DTA) 	218	\$3.99			
 Non-residential 					
		1		T	1

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						
Pay cable—add'l channel				ľ		
Fire protection				ľ		
•Burglar protection				ľ		
Installation: Residential				ľ		
• First set (includes 2)				ľ		
Additional set(s)						
 FM radio (if separate rate) 				ľ		
Converter				ľ		
				ľ		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28561

4. LOCATION OF STATION

Shenandoah Cable Television, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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.

2. B'CAST CHANNEL NUMBER

WCVE Ε Richmond, VA 23 **WCVW** 57 Ε Richmond, VA 12 **WWBT** Ν Richmond, VA WWBT-2 12.2 I-M Richmond, VA WWBT-3 12.3 I-M Richmond, VA 5 Ν **WRAL** Raleigh, NC WRIC 8 Ν Petersburg, VA WRIC-3 8.3 I-M Petersburg, VA Ν WRLH 35 Richmond, VA WRLH-2 35.2 I-M Richmond, VA WRLH-3 35.3 I-M Richmond, VA WRLH-4 I-M Richmond, VA 35.4 WTVR 6 Ν Richmond, VA WTVR-2 6.2 I-M Richmond, VA Richmond, VA WTVR-3 6.3 I-M

3. TYPE OF STATION

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		28561			
	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						
			at the community to which the station is the community with which the station i	· · · · · · · · · · · · · · · · · · ·			
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION			
		•					
		<u> </u>					

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

28561

Shenandoah Cable Television, 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).

	T =	a :-	I	1	I		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
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A	1. 2024/4						F0D	4 0 4 4 0F B 4 0 F F			
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·				FOR	M SA1-2E. PAGE 5. SYSTEM ID#			
Name	Shenandoah Cable Te							28561			
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G						
l	In General: In space I, ident	tify every noi	nnetwork televi	sion program, broadcast by	a distant sta	tion, that y	our cable sys	tem carried on a			
	substitute basis during the a	٠.		•							
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: Special	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE										
Statement and											
Program Log	broadcast by a distant station?										
	Note: If your answer is "No	o," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust com	plete the pro	gram			
	log in block 2.				•						
	2. LOG OF SUBSTITUT	E PROGRA	AMS								
	In General: List each subs				s wherever p	ossible, if	their meanin	g is			
	clear. If you need more spa			rows to the tables. vision program ("substitute	nrogram"\ tl	hat durin	a the econom	ting			
	period, was broadcast by a										
	under certain FCC rules, re										
	Do not use general catego		ovies" or "bask	etball." List specific progra	ım titles, for e	example, '	'I Love Lucy"	or			
	"NBA Basketball: 76ers vs.		dcast live ente	er "Yes." Otherwise enter "	'No "						
				asting the substitute progr							
				he community to which the			the FCC or,	in			
	the case of Mexican or Cal						ماء ماند ماء	n a mth			
	first. Example: for May 7 gi		wnen your sy	stem carried the substitute	e program. U	se numera	ais, with the i	nontn			
			e substitute pr	ogram was carried by you	r cable syste	m. List the	e times accur	ately			
	to the nearest five minutes	. Example: a	a program carı	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.i	m. should be				
	stated as "6:00–6:30 p.m."	tor "D" if the	listed program	n was substituted for progr	ramming that	VOUR EVE	tom was rea	iirad			
	to delete under FCC rules										
	was substituted for prograr										
	effect on October 19, 1976	i.									
					WHE	N SUBS	TITLITE				
	S	UBSTITUT	E PROGRAM	l			CURRED	7. REASON FOR			
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6.	TIMES	DELETION			
	1. TITLE OF FROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— TO				
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ccounting Period:	2024/1 FORM SA1-2E. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTE								
Name		285							
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.								
	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	.00							
	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	.00							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)								
	1. Base amount under statutory formula								
	2. Enter amount of gross receipts from space K								
	3. Subtract line 2 from line 1								
	4. Enter the amount of gross receipts from space K								
	5. Enter the amount from line 3								
	6. Subtract line 5 from line 4								
	7. Multiply line 6 by .005 (enter figure here)								
	8. Interest charge. Enter the amount from line 4, space Q, page 8								
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8								
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	Enter the amount of gross receipts from space K								
	2. Base amount under statutory formula								
	3. Subtract line 2 from line 1								
	4. Multiply line 3 by .01								
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)								
	6. Interest charge. Enter the amount from line 4, space Q, page 8								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	EILING EEE AND TOTAL DEMITTANCE DUE	_							
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)								
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)								
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	.00							
	EFT Trace # or TRANSACTION ID #								
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.								

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Shenandoah Cable Tele					SYSTEM ID# 28561
M Channels	to its subscribers, and (2) t 1. Enter the total number of system carried television 2. Enter the total number of on which the cable system.	the cable system's to of channels on which broadcast stations of activated channels of carried television	total numb h the cable		unting period.	21 316
N Individual to Be Contacted for Further	we can contact about this			RMATION IS NEEDED (Identify an individ		64) 904 9669
Information	Address 500 Sh (Number, s	nentel Way street, rural route, apartr urgh, VA 22824		e number)	Telephone (3	61) 801-8668
	(City, town	n, state, zip) petra.o'neill@er	mp.shent	el.com Fa	ax (optional)	
O Certification	I, the undersigned, hereby (Owner other that the second of the sec	r certify that (Check of an corporation or p r other than corpora bace B and that the conner) I am an officer (bace B.	partnershipation or payowner is no	iffied and signed in accordance with Copy by one, of the boxes.) b) I am the owner of the cable system as identrariship) I am the duly authorized agent to a corporation or partnership; or ation) or a partner (if a partnership) of the lecture under penalty of law that all statemer te, information, and belief, and are made in	dentified in line 1 of space B; of the owner of the cable sys egal entity identified as owne	stem as identified
		Typed or printed Title: (Title of of	Enter an e Enter sign d name:	/s/ Derek Rieger lectronic signature on the line above to certiature using an "/s/ signature" (e.g., /s/ John Derek Rieger resident Legal/General Counse in held in corporation or partnership)	Smith)	
		Date:		Α	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.

ounting Period: 2024/1	FORM SA1-2E. PAGE 8
SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
enandoah Cable Television, LLC	28561
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 lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basis service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers 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	ic Special Statement
located in the paper SA1-2 form.	
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners?	sions
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 underpaying	ment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	
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	uays
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	ge)
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance properties the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	olease
** 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, p list below the owner, address, first community served, ID number, and accounting period as given in the original filing the community served.	
Owner	
Address	
ID number	
First community served	
Accounting period	

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

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