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.

		Retur	
FOR COPYRIGHT OFFICE USE ONLY			
DATE RECEIVED	AMOUNT	copli	
8/29/24	\$	For a conta	
0,20,2	ALLOCATION NUMBER	(202)	

Return completed workbook by

coplicsoa@copyright.gov

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

Α	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
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)
		WALL WAS ADDITION OF CARLE OVERTILE
		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		UCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)
		(City, town, state, zip code)

Privacy Act Notice: Section 111 of Title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the 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
Name	Shenandoah Cable Television, LLC	285
	Instructions: List each separate community served by the cable system. A "community"	' is the same as a "community unit" as defined in FCC rule
D	"a separate and distinct community or municipal entity (including unincorporated comn discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will as the "first community." Please use it as the first community on all future filings.	munities within unincorporated areas and including single ill serve as a form of system identification hereafter knov
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom identified city.	ne parks should be reported in parentheses below the
Corrod		
	CITY OR TOWN	STATE
First	Farmville	VA
Community	Cumberland	VA
	Prince Edward County	VA
Rows as Necessary	Keysville	VA
,	Charlotte County	VA
	Charlotte Court House	VA
	<u> </u>	
	Drakes Branch	VA

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 28563

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	163	\$33.00	1st Converter HD/DVR	61	\$16.95
Service to additional set(s)			Add'l Converter HD/DVR	13	\$9.95
• FM radio (if separate rate)			Digital Converter	1	\$5.95
Motel, hotel			Cable Card	3	\$1.99
Commercial			Bulk DTA Converter	68	\$3.99
Converter			Business DTA Converter	141	\$3.99
Residential	371	\$5.95	Advanced	493	\$104.00
Non-residential			Ultimate	143	\$125.00
l .	ſ	I		I	T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	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# 28563

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	799	\$0.85
 FM radio (if separate rate) 			Brdcst TV Charge-Farmville	146	\$40.35
Motel, hotel			Brdcst TV Charge-Keysvil	653	\$40.64
Commercial			Home Gateway Box	6	\$14.95
Converter			Home Gateway Player	16	\$5.00
• Residential (DTA)	817	\$3.99	TiVo Gateway	48	\$19.95
Non-residential			TiVo Player	69	\$6.95
1	I	1			T

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF 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)					
 Additional set(s) 					
• FM radio (if separate rate)					
• Converter					

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 28563

4. LOCATION OF STATION

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 "WFTA-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** Richmond, VA 23 Ε WCVW** 57 F Richmond, VA 15 WBRA* Ε Roanoke, VA WBRA-2* 15.2 E-M Roanoke, VA WBRA-3* 15.3 E-M Roanoke, VA WPXR* 38 ı Roanoke, VA WRIC** 8 Ν Petersburg, VA 8.2 I-M WRIC-3** Petersburg, VA Ν WRLH** 35 Richmond, VA 35.2 I-M Richmond, VA WRLH-2** WRLH-3** I-M Richmond, VA 35.3 WRLH-4** 35.4 I-M Richmond, VA **WSET** 13 Ν Lynchburg, VA WSET-2 13.2 I-M Lynchburg, VA I-M WSET-3 13.3 Lynchburg, VA 13.4 I-M WSET-4* Lynchburg, VA WTVR** 6 Ν Richmond, VA 6.2 I-M WTVR-2** Richmond, VA WTVR-3** 6.3 I-M Richmond, VA WWBT** 12 Ν Richmond, VA WWBT-2** 12.2 I-M Richmond, VA WWBT-3** 12.3 I-M Richmond, VA WDBJ* 7 Ν Roanoke, VA WDBJ-2* 7.2 I-M Roanoke, VA

3. TYPE OF STATION

Add Rows as Necessary

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 28563

Shenandoah Cable Television, LLC

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
WDBJ-3*	7.3	I-M	Roanoke, VA
WFXR*	27	<u> </u>	Roanoke, VA
WFXR-2*	27.2	I-M	Roanoke, VA
WFXR-3*	27.3	I-M	Roanoke, VA
WFXR-4*	27.4	I-M	Roanoke, VA
WSLS*	10	N	Roanoke, VA
WSLS-2*	10.2	I-M	Roanoke, VA
WSLS-3*	10.3	I-M	Roanoke, VA
WSLS-4*	10.4	I-M	Roanoke, VA
WSLS-5*	10.5	I-M	Roanoke, VA
WWCW*	21	<u> </u>	Lynchburg, VA
WWCW-3*	21.3	I-M	Lynchburg, VA
WWCW-4*	21.4	I-M	Lynchburg, VA
WZBJ*	24		Danville, VA
WZBJ-3*	24.3	I-M	Danville, VA
*Carried only in Key	sville, Charlotte Court House and	d Charlotte County	
**Carried only in Fa	mville, Cumberland County and	Prince Edward County	

	PRIMARY TRANSMITTERS:	TELEVISION			
•	In General: In space G, ide	entify every television station (including	g translator stations and low power tele	evision stations)	
G	carried by your cable system	m during the accounting period, exce	pt (1) stations carried only on a part-tir	me basis under	
	FCC rules and regulations i	in effect on June 24, 1981, permitting	the carriage of certain network program	ms [sections	
Primary	76.59(d)(2) and (4), 76.61(e	e)(2) and (4), or 76.63 (referring to 76.	.61(e)(2) and (4))]; and (2) certain stati	ons carried on a	
Transmitters:	substitute program basis, a	s explained in the next paragraph.			
Television	Substitute Basis Stations	: With respect to any distant stations	carried by your cable system on a sub	stitute program	
		ules, regulations, or authorizations:			
		•	(the Special Statement and Program L	og)—if the	
	station was carried only on	a substitute basis.			
			ed both on a substitute basis and also		
			s, see page (v) of the general instruction		
			program services such as HBO, ESPI		
		· ·	ne-air designation. For example, repor	rt multistream	
	"WETA-2" as the same on t				
			levision station for broadcasting over t	he air in its community	
		RC is channel 4 in Washington, D.C.			
			k station, an independent station, or a		
	leducational station, by ente	ering the letter "N" (for network), "N-M"	' (for network multicast), "I" (for indepe	ndent), "I-M"	
			"= 1 4H /5	1 10 10	
	(for independent multicast),	"E" (for noncommercial educational),	or "E-M" (for noncommercial educatio	nal multicast).	
	(for independent multicast), For the meaning of these to	"E" (for noncommercial educational), erms, see page (iv) of the general inst	ructions in the paper SA1-2 form.	·	
	(for independent multicast), For the meaning of these to Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lie	ructions in the paper SA1-2 form. st the community to which the station is	s licensed by the	
	(for independent multicast), For the meaning of these to Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lie	ructions in the paper SA1-2 form.	s licensed by the	
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	(for independent multicast), For the meaning of these to Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lie	ructions in the paper SA1-2 form. st the community to which the station is	s licensed by the	
	(for independent multicast), For the meaning of these to Column 4: Give the location	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lie	ructions in the paper SA1-2 form. st the community to which the station is	s licensed by the	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
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	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
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	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	
	(for independent multicast), For the meaning of these to Column 4: Give the locatio FCC. For Mexican or Cana	"E" (for noncommercial educational), erms, see page (iv) of the general inst n of each station. For U.S. stations, lis dian stations, if any, give the name of	ructions in the paper SA1-2 form. It the community to which the station is the community with which the station in	s licensed by the is identified.	

FORM SA1-2E. PAGE 3.

SYSTEM ID#

28563

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Shenandoah Cable Television, LLC

28563

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
							<u> </u>
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A	-1. 2024 /4						500	101105 01055
Accounting Perio	LEGAL NAME OF OWNER OF	CABLE SYS	TFM·				FORI	SYSTEM ID#
Name	Shenandoah Cable Te							28563
_	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G			
ı	In General: In space I, ident							
	substitute basis during the a	٠.		•				
Substitute Carriage:	explanation of the programn				ne general ins	structions	in the paper S	A 1-2 IOIM.
Special	1. SPECIAL STATEMEN	_			oio ony none	activark to	lovicion prog	rom
Statement and	During the accounting per	•	ii cable systei	ii cairy, oir a substitute ba	Sis, ally Holli	ietwork te		
Program Log	broadcast by a distant sta						YES	
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	must com	plete the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI In General: List each subs			ata lina. Usa abbraviations	s whorover n	ossiblo if	thair maanin	n ic
	clear. If you need more spa				s wilelevel p	ossible, ii	uleli illealiili	y is
	Column 1: Give the title	of every no	nnetwork telev	vision program ("substitute				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	,						
	"NBA Basketball: 76ers vs.					•	·	
				er "Yes." Otherwise enter ' asting the substitute progr				
				the community to which the		censed by	the FCC or,	in
	the case of Mexican or Car							
	first. Example: for May 7 gi		when your sy	stem carried the substitute	e program. U	se numera	als, with the n	nonth
			e substitute pro	ogram was carried by you	r cable syste	m. List the	e times accur	ately
	to the nearest five minutes	. Example: a	a program carr	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.r	m. should be	,
	stated as "6:00–6:30 p.m."	er "P" if the	lieted program	n was substituted for progr	ramming that	t vour evet	tem was read	uired
	to delete under FCC rules							
	was substituted for program		your system w	as permitted to delete und	ler FCC rules	and regu	lations in	
	effect on October 19, 1976	•						
					WHE	N SUBS	ΓΙΤUTE	
	S	UBSTITUT	E PROGRAM	<u> </u>	CARRI	AGE OC	CURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
							_	"
							_	
							_	
								"
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Accounting Period:	2024/1		FORM S	SA1-2E. PAGE (
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	SYSTEM ID:
Hame	Shenandoah Cable Television, LLC			28563
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of hopage (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.	s secondary trans w to compute this	mission services amount, se	
_	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 Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more informati	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00.	you must pay for	this six-month	
	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 r	more than \$137,1	00)	-
	Base amount under statutory formula	263,800.00	_	
	Enter amount of gross receipts from space K		_	
	3. Subtract line 2 from line 1		_	
	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.			0.00
	o. Interest charge. Enter the amount normalie 4, space Q, page 0			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but	ıt less than \$527	,600)	
	Enter the amount of gross receipts from space K	400,452.00		
	2. Base amount under statutory formula	263,800.00	_	
	3. Subtract line 2 from line 1	136,652.00	5	
	4. Multiply line 3 by .01		1,366.52	
	Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00	
			1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		\$	2,685.52
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	\$	2,685.52	
Total Remittance Due			•	
	Filing Fee (See the instructions for more information on filing fee calculations)	Ф	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	2,705.52
	EFT Trace # or TRANSACTION ID #]	
	<u>Important:</u> Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form and the Excel ins	-		

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7.	
Name		OWNER OF CABLE SYSTEM: cable Television, LLC				SYSTEM ID# 28563	
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carrier	s, and (2) the cable system's to number of channels on which	total numb		accounting period.	Farmville(24)/Keysville(62) Farmville(324)/Keysville(331)	
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	
	Address	500 Shentel Way (Number, street, rural route, aparte Edinburgh, VA 2282 (City, town, state, zip) petra.o'neill@el	4		Fax (optional)		
	2						
O Certification	 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 (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)] 						
		Typed or printed Title:	Enter and Enter sign Iname:	/s/ Derek Rieger electronic signature on the line above to nature using an "/s/ signature" (e.g., /s Derek Rieger President Legal/General Commence of the co	/ John Smith)		
		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?	SYSTEM ID# 28563 P
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?	
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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?	Special Statement Concerning Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?	Receipts Exclusion
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)