This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA1-2E Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY					
DATE RECEIVED	AMOUNT				
8/29/24	\$				
	ALLOCATION NUMBER				

Return completed workbook by email to

coplicsoa@copyright.gov

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

Α	ACC	OUNTING 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.						
		T						
		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		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s 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								
		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.

		FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Shenandoah Cable Television, LLC	300
D	Instructions: List each separate community served by the cable system. A "community "a separate and distinct community or municipal entity (including unincorporated comdiscrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list was the "first community." Please use it as the first community on all future filings.	nmunities within unincorporated areas and including singl
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor identified city.	me parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Oakland	MD
Community	Deer Park	MD
	Grant County	WV
Rows as Necessary	Gormania	WV
	Bayard	WV
	Elk Garden	WV
	Mineral County	W
	Mountain Lake Park	
		MD
	Blaine	<b>WV</b>
	Kitzmiller	MD
	Garrett County	MD
	Deep Creek	MD
	Loch Lynn Heights	MD
	Gorman	MD
	PORTON DE LA CONTRACTOR	

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30044

Shenandoah Cable Television, LLC

## 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.

BLOCK 1			BLOCK 2			
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential: (Starter HD)						
Service to first set	175	\$33.00	1st Converter HD/DVR	58	\$16.95	
Service to additional set(s)			Add'l Converter HD/DVR	8	\$9.95	
• FM radio (if separate rate)			Cable Card	6	\$1.99	
Motel, hotel			Bulk DTA Converter	111	\$3.99	
Commercial			Business DTA Converter	218	\$3.99	
Converter						
Residential	433	\$5.95	Advanced(Expanded) HD	579	\$104.00	
Non-residential			Ultimate(Digital) HD	182	\$125.00	
		T 1		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			
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial			
Fire protection		• Pay cable			
<ul> <li>Burglar protection</li> </ul>		<ul> <li>Pay cable-add'l channel</li> </ul>			
Installation: Residential		Fire protection			
<ul> <li>First set (includes 2)</li> </ul>	\$99.95	Burglar protection			
<ul><li>Additional set(s)</li></ul>	\$14.95	Other services:			
<ul> <li>FM radio (if separate rate)</li> </ul>		Reconnect	\$25.00	Service Call	\$49.95
Converter		Disconnect			
		Outlet relocation			
		<ul> <li>Move to new address</li> </ul>			

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30044

Shenandoah Cable Television, LLC

### 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.

OCK 1	BLOCK 2			
NO. OF			NO. OF	
SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
		Copyright Fee	936	\$0.85
		Broadcast TV Surcharge	936	\$38.47
		Home Gateway Box	12	\$14.95
		Home Gateway Player	28	\$5.00
1,650	\$3.99			
	NO. OF SUBSCRIBERS	NO. OF SUBSCRIBERS RATE	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE  Copyright Fee Broadcast TV Surcharge  Home Gateway Box Home Gateway Player	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE SUBSCRIBERS  Copyright Fee 936 Broadcast TV Surcharge 936 Home Gateway Box 12 Home Gateway Player 28

# 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				
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial				
Fire protection		• Pay cable		İ		
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
• First set (includes 2)				İ		
Additional set(s)						
• FM radio (if separate rate)						
• Converter						
				ŀ		
				ŀ		
				ŀ		
Ì						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 30044

Shenandoah Cable Television, LLC
PRIMARY TRANSMITTERS: TELEVISION

G

#### Primary Transmitters: Television

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

**Substitute Basis Stations:** With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.
- **Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

**Column 3:** Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KDKA	2	N	Pittsburgh, PA
KDKA-2	2.2	N-M	Pittsburgh, PA
WTAE	4	N	Pittsburgh, PA
WTAE-2	4.2	I-M	Pittsburgh, PA
WDVM	25	<u> </u>	Hagerstown, MD
WDVM-2	25.2	I-M	Hagerstown, MD
WDVM-3	25.3	I-M	Hagerstown, MD
WDVM-4	25.4	I-M	Hagerstown, MD
WGPT	36	E	Oakland, MD
WGPT-2	36.2	E-M	Oakland, MD
WGPT-3	36.3	E-M	Oakland, MD
WGPT-4	36.4	E-M	Oakland, MD
WPGH	53	N	Pittsburgh, PA
WPGH-2	53.2	I-M	Pittsburgh, PA
WPGH-3	53.3	I-M	Pittsburgh, PA
WPCB	40	l	Greensburg, PA
WPCW	19	l	Jeannette, PA
WPNT	22	l	Pittsburgh, PA
WPNT-2	22.2	I-M	Pittsburgh, PA
WPNT-3	22.3	I-M	Pittsburgh, PA
WPNT-4	22.4	I-M	Pittsburgh, PA
WPXI	11	N	Pittsburgh, PA
WPXI-2	11.2	I-M	Pittsburgh, PA
WPXI-3	11.3	I-M	Pittsburgh, PA

Add Rows as Necessary

Accounting Period: 2024/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 30044 Shenandoah Cable Television, LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television 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

	WQED	13	E	Pittsburgh, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

#### Shenandoah Cable Television, LLC

30044

#### 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
						<b> </b>	
					<del> </del>		

ad. 2024/4					505	MOMOR DAGE	
	CABLE SYS	TEM:			FOR	M SA1-2E. PAGE 5.  SYSTEM ID#	
						30044	
In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN	ify every nor ecounting poing that must CONCER	nnetwork televi eriod, under sp st be included i	sion program, broadcast ecific present and former n this log, see page (v) o TITUTE CARRIAGE	by a <i>distant</i> sta FCC rules, reg f the general in	ulations, or authorizations in the paper s	ons. For a further SA1-2 form.	
broadcast by a distant sta	tion?	•	·	•	YES	X NO	
2. LOG OF SUBSTITUTE In General: List each subsiclear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broatthe case of Mexican or Carcolumn 5: Give the more first. Example: for May 7 gimples of Column 6: State the timple to the nearest five minutes. Stated as "6:00–6:30 p.m."  Column 7: Enter the letted to delete under FCC rules a was substituted for program	titute progratice, please of every no distant statigulations, cries like "mo Bulls." In was broad sign of the adcast static and day we "5/7." es when the Example: a er "R" if the and regulatinning that y	am on a separadd additional nnetwork televion and that your authorization vies" or "baskiddast live, entestation broadcon's location (tons, if any, the when your system substitute program carrolisted program carrons in effect d	rows to the tables. vision program ("substitution cable system substitutions. See page (v) of the getball." List specific program "Yes." Otherwise enter asting the substitute proche community to which community with which to stem carried the substitution or a system from 6:  In was substituted for program the accounting performance of the substitution of the subst	tte program") to uted for the program titles, for a r "No." gram. the station is lithe station is lithe program. Upour cable syste D1:15 p.m. to a gramming tha iod; enter the	hat, during the account ogramming of another cions for further informations for further informations for further informations for further informations and the sexample, "I Love Lucy" censed by the FCC or lentified). See numerals, with the m. List the times accuum sizes: 30 p.m. should be to your system was required the size of the size of another s	ting station ation. or in month rately	
,				WHEN SUBSTITUTE			
1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	7. REASON FOR DELETION	
	Shenandoah Cable Te  SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per broadcast by a distant sta  Note: If your answer is "No log in block 2.  2. LOG OF SUBSTITUTE In General: List each subsiclear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor "NBA Basketball: 76ers vs. Column 2: If the prograr Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 gir Column 6: State the tim to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lett to delete under FCC rules a was substituted for progran effect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAIN General: In space I, identify every nor substitute basis during the accounting prexplanation of the programming that must 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station?  Note: If your answer is "No," leave the log in block 2.  2. LOG OF SUBSTITUTE PROGRAIN General: List each substitute prograclear. If you need more space, please Column 1: Give the title of every no period, was broadcast by a distant statiunder certain FCC rules, regulations, co Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcound 3: Give the call sign of the column 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7."  Column 6: State the times when the tothe nearest five minutes. Example: a stated as "6:00–6:30 p.m."  Column 7: Enter the letter "R" if the to delete under FCC rules and regulati was substituted for programming that yeffect on October 19, 1976.	Shenandoah Cable Television, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEME In General: In space I, identify every nonnetwork televisubstitute basis during the accounting period, under spexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBS*  During the accounting period, did your cable system broadcast by a distant station?  Note: If your answer is "No," leave the rest of this pallog in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separaclear. If you need more space, please add additional Column 1: Give the title of every nonnetwork televistic, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorization Do not use general categories like "movies" or "bask "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadce Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your systems. Example: for May 7 give "57."  Column 6: State the times when the substitute proto the nearest five minutes. Example: a program carristated as "6:00—6:30 p.m."  Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect d was substituted for programming that your system we effect on October 19, 1976.  SUBSTITUTE PROGRAM  1. TITLE OF PROGRAM  2. LIVE? 3. STATION'S	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviatio clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substituperiod, was broadcast by a distant station and that your cable system substitunder certain FCC rules, regulations, or authorizations. See page (v) of the gDo not use general categories like "movies" or "basketball." List specific prog "NBA Basketball: 76ers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise ente Column 3: Give the call sign of the station broadcasting the substitute pro Column 4: Give the broadcast station's location (the community to which in the case of Mexican or Canadian stations, if any, the community with which it column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7."  Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6: stated as "6:00—6:30 p.m."  Column 7: Enter the letter "R" if the listed program was substituted for proto delete under FCC rules and regulations in effect during the accounting per was substituted for programming that your system was permitted to delete undeffect on October 19, 1976.	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant sta substitute basis during the accounting period, under specific present and former FCC rules, reg explanation of the programming that must be included in this log, see page (v) of the general in:  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonit broadcast by a distant station?  Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you log in block 2.  2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever p clear. If you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") to period, was broadcast by a distant station and that your cable system substituted for the prunder certain FCC rules, regulations, or authorizations. See page (v) of the general instruct Do not use general categories like "movies" or "basketball." List specific program titles, for a "NBA Basketball: Tôers vs. Bulls."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 5: Give the broadcast station's location (the community to which the station is lithe case of Mexican or Canadian stations, if any, the community with which the station is lithe case of Mexican or Canadian stations, if any, the community with which the station is lithe case of Mexican or Canadian stations is lithe case of Mexican or Canadian stations is program was carried by substitute program.  Column 5: Give the month and day when your system carried the substitute program. Column 6: State the times when the substitute program was carried by pour cable syste to the nearest five minutes. Example: a program carried by a system	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Shenandoah Cable Television, LLC  SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG  In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system stifute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizatic explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper \$1.  SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television progbroadcast 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 prolog 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 clear, if you need more space, please add additional rows to the tables.  Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the account period, was broadcast by a distant station and that your cable system substituted for the programming of another under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information to the station in the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No."  Column 3: Give the call sign of the station broadcasting the substitute program.  Column 4: Give the broadcast station's location (the community to which the station is identified).  Column 5: Give the month and day when your system carried by your cable system. List the times accute the nearest five minutes. Example: a program carried 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."  Column 6: State the titmes when the substitute program was substitu	

ccounting Period:	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG							
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Shenandoah Cable Television, LLC	300							
<b>K</b> cross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount yo all amounts (gross receipts) paid to your cable system by subscribers for the system's seconda (as identified in space E) during the accounting period. For a further explanation of how to com 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.	ary transmission service pute this amount, se							
	COPYRIGHT ROYALTY FEE								
Copyright Royalty Fee	<ul> <li>Linstructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less.</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or e</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$52 See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>								
	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 accounting period is \$52.00.	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	<u> </u>							
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than	\$137,100)							
	1. Base amount under statutory formula	00.00							
	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	·····- <u> </u>							
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)								
	Enter the amount of gross receipts from space K	71.77							
		800.00							
	·	971.77							
	4. Multiply line 3 by .01	2,229.72							
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) \$	1,319.00							
	6. Interest charge. Enter the amount from line 4, space Q, page 8								
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6								
	FILING FEE AND TOTAL DEMITTANCE DUE								
	FILING FEE AND TOTAL REMITTANCE DUE								
Filing Fee and otal Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	3,548.72							
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	20.00							
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$ 3,568.72							
	EFT Trace # or TRANSACTION ID #								
	<u>Important:</u> Your remittance must be in the form of an electronic payment payable to the See page i of the general instructions in the paper SA1-2 form and the Excel instructions to								

Accounting Period: 2024/1 FORM SA1-2E. PAGE 7							
Name	LEGAL NAME OF OWNER O Shenandoah Cable Te					SYSTEM ID# 30044	
M Channels	to its subscribers, and (2)  1. Enter the total number system carried television  2. Enter the total number on which the cable system	the cable system's of of channels on which in broadcast stations of activated channel em carried television	total number of the cables broadcast stat			38	
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	Address 500 S	R. O'Neill					
	Edinb	ourgh, VA 2282 n, state, zip)		idet)			
	Email	petra.o'neill@e	mp.shentel.co	Fax (	optional)		
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:  (Title of o	Enter an electr Enter signature I name: De	Derek Rieger  onic signature on the line above to certify the using an "/s/ signature" (e.g., /s/ John Sm  rek Rieger  dent Legal/General Counsel in corporation or partnership)			

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?    No	ounting Period: 2024/1	FORM SA1-2E. PAGE 8
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Statelite Home Viewer Act of 1988 amended Title 17, section 111(0)(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 reaching 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?  None  Name  Name  Maling 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.  Line 1 Enfer the amount of late payment or underpayment  Line 2 Multiply line 1 by the interest rate* and enter the sum here	SAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
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 included 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?  NO  YES. Enter the total here and list the satellite carrier(s) below.  S  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.  Line 1 Enter the amount of late payment or underpayment  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.  *To lis 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.	enandoah Cable Television, LLC	30044
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?    X NO	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 baservice 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 1	asic de sub-  Special Statement
Name Mailing Address  (Interest Assessment or underpayment or underpayment.  Same August of late payment or underpayment.  Same August of late payment or underpayment.  Same August of late payment or underpayment.  Q Interest Assessr  (Interest Ass		
Name Mailing Address    Name		ssions
Name 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.  Line 1 Enter the amount of late payment or underpayment  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  **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 icensing/@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	X NO	
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.  Line 1 Enter the amount of late payment or underpayment	YES. Enter the total here and list the satellite carrier(s) below	
Q Interest Assess  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    Q   Interest Assess   Q		
Q Interest Assess  Nultiply line 2 by the number of days late and enter the sum here  in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6		
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.  Line 1 Enter the amount of late payment or underpayment	INTEDECT ACCECOMENT	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.  Line 1 Enter the amount of late payment or underpayment		ayment _
Line 2 Multiply line 1 by the interest rate* and enter the sum here		
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 3 Multiply line 2 by the number of days late and enter the sum here	x	
Line 3 Multiply line 2 by the number of days late and enter the sum here	Line 2 Multiply line 1 by the interest rate* and enter the sum here	_
Line 3 Multiply line 2 by the number of days late and enter the sum here		days
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		uays
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6		<del>-</del>
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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	• • • • • • • • • • • • • • • • • • • •	-
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	(interest cha	arge)
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		please
list below the owner, address, first community served, ID number, and accounting period as given in the original filing.  Owner Address  ID number	** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
Address  ID number	, , , , , , , , , , , , , , , , , , , ,	•
Address ID number	Owner	
First community served	ID number	
	First community served	

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

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