This form is effective beginning with the January 1 to June 30, 2017, accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIC	GHT OFFICE USE ONLY	Return completed workbook by email to	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u>	
General instructions are located in the first tab of this workbook.	8/29/24	\$	For additional information, contact the U.S. Copyright Office Licensing Division at (202) 707-8150.	
A ACCOUNTING PERIOD COVERED) BY THIS STATEMENT: (Y	YYY/(Period))		

A	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.
		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, zp)
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	1	IDENTIFICATION OF CABLE SYSTEM:
		MAILING ADDRESS OF CABLE SYSTEM:
	2	(Number, street, rural route, apartment, or suite number)

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

		FORM SA1-2E. PA
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
Nume	Shenandoah Cable Television, LLC	3
	Instructions: List each separate community served by the cable system. A "community	y" is the same as a "community unit" as defined in FCC ru
	"a separate and distinct community or municipal entity (including unincorporated com	
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list v	
	as the "first community." Please use it as the first community on all future filings.	win serve as a form of system identified for hereafter kno
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile ho	me parks should be reported in perentheses helps, the
Area		ome parks should be reported in parentneses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Van Lear	KY
Community	West Van Lear	KY
	Hager Hill	KY
Add Rows as Necessary	Auxier	ΚΥ
	Williamsport	KY
	Boonescamp	KY
	Johnson County	KY
		KY
	Floyd County	N I

	1								1-2E. PAGE		
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					SY			
	Shenandoah Cable Tele	evision, LLC	>						329		
F	SECONDARY TRANSMISSION	SERVICE: SI	JBSCRIB	ERS AND RAT	ES						
E	In General: The information in s	-		-		•					
0	system, that is, the retransmission										
Secondary Transmission	about other services (including p last day of the accounting period						nose exis	ling on the			
Service: Sub-	Number of Subscribers: Both	`		,	,	,	ole system	ı, broken			
scribers and							•				
Rates	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).										
						•	,	no and the			
	Rate: Give the standard rate c unit in which it is generally billed	-	-	•				-			
	category, but do not include disc	· · ·	,		Standa		5 within a				
	Block 1: In the left-hand block				s of seco	ondary transmis	sion servi	ce that cable			
	systems most commonly provide										
	that applies to your system. Not			-		-					
	categories, that person or entity subscriber who pays extra for ca					0,	•				
	first set" and would be counted of										
	Block 2: If your cable system					service that are	different f	rom those			
	printed in block 1 (for example, t						,				
	with the number of subscribers a	and rates, in th	e right-ha	nd block. A two-	- or three	e-word descripti	on of the	service is			
	sufficient.	DCK 1					BLOCK	()			
		NO. OF					BLOOK	NO. OF			
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CATE	TEGORY OF SERVICE		SUBSCRIBERS	RATE		
	Residential: (Starter HD/Basic							4-			
	 Service to first set 		247		High Def Digital Box High Def DVR		X	17			
	 Service to additional set(s) 							82			
	• FM radio (if separate rate)					igital Box		8			
	Motel, hotel					ht Fee		951			
	Commercial					ast TV Surch		951			
	Converter		170			ed/Exp. Bas		507			
	Residential				ltimate	e Digital/Gat	eway	197	′\$95.0		
	Non-residential										
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS' RATES							
-	In General: Space F calls for rat				ect to al	ll your cable sys	tem's serv	vices that were			
F	not covered in space E, that is, t	hose services	that are r	ot offered in cor	mbinatio	on with any seco	ondary trar	nsmission			
. .	service for a single fee. There ar	e two exception	2	o not need to ai			corning (1) services			
		e e		•			0.0				
Services Other Than	furnished at cost or (2) services			nonsubscribers.	. Rate in	formation shoul	d include				
Other Than	amount of the charge and the un	nit in which it is		nonsubscribers.	. Rate in	formation shoul	d include				
Other Than Secondary		nit in which it is rate column.	usually b	nonsubscribers. illed. If any rate	. Rate in s are ch	formation shoul arged on a vari	d include able per-p				
Other Than	amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that	hit in which it is rate column. Te charged by t tyour cable sy	usually b he cable stem furn	nonsubscribers. iilled. If any rate system for each ished or offered	. Rate in s are ch n of the a during t	formation shoul arged on a varia applicable servio the accounting p	d include able per-p ces listed. period that	rogram basis, : were not			
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	LEGAL NAME OF OWNER O	OF CABLE SYSTEM:		SYSTEM
Name	Shenandoah Cable 1			3
	PRIMARY TRANSMITTERS:	•		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, Substitute Basis Station basis under specific FCC I • Do <i>not</i> list the station he station was carried <i>only</i> o • List the station here, and basis. For further informat Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by em (for independent multicast For the meaning of these Column 4: Give the locati	d also in space I, if the station was carried tion concerning substitute basis stations, s on's call sign. <i>Do not</i> report origination pr ed with a station according to its over-the-	(1) stations carried only on a part e carriage of certain network prog (e)(2) and (4))]; and (2) certain s rried by your cable system on a s e Special Statement and Program both on a substitute basis and al see page (v) of the general instru- ogram services such as HBO, Es air designation. For example, re- vision station for broadcasting over tation, an independent station, or or network multicast), "I" (for inde- "E-M" (for noncommercial educa- ctions in the paper SA1-2 form. the community to which the station	t-time basis under grams [sections tations carried on a substitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast). in is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WSAZ	3	N	Huntington, WV
	WCHS	8	N	Charleston, WV
	WVAH	11	N I	Charleston, WV
	WQCW	30		Portsmouth, OH
d Rows as Necessary	WLJC	7 67	•	Beattyville, KY
	WUPX	67		Richmond, KY
	WYMT	57	N	Hazard, KY
		I I I I I I I I I I I I I I I I I I I		

Accounting Period:	2024/1			FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
iname	Shenandoah Cable Te	evision, LLC		3292
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	In General: In space G, ider carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e) substitute program basis, as Substitute Basis Stations: basis under specific FCC rul • Do <i>not</i> list the station here station was carried <i>only</i> on a • List the station here, and al basis. For further information Column 1: List each station ¹ multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WR Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	tity every television station (including during the accounting period, <i>excep</i> effect on June 24, 1981, permitting (2) and (4), or 76.63 (referring to 76. explained in the next paragraph. With respect to any distant stations of es, regulations, or authorizations: in space G—but do list it in space I (a substitute basis. so in space I, if the station was carrie or concerning substitute basis stations is call sign. <i>Do not</i> report origination with a station according to its over-the e form. number the FCC assigned to the tel C is channel 4 in Washington, D.C. case whether the station is a network ng the letter "N" (for network), "N-M" E" (for noncommercial educational), ms, see page (iv) of the general instr of each station. For U.S. stations, lis	g translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain station carried by your cable system on a subset the Special Statement and Program Loc ed both on a substitute basis and also es, see page (v) of the general instruction program services such as HBO, ESPN re-air designation. For example, report evision station for broadcasting over the station, an independent station, or a r (for network multicast), "I" (for indeper or "E-M" (for noncommercial education uctions in the paper SA1-2 form. Is the community to which the station is the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ns. N, etc. Identify each t multistream ne air in its community noncommercial ndent), "I-M" nal multicast).
	FCC. For Mexican or Canad	an stations, if any, give the name of	the community with which the station is	s identified.
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	• • • • • • • • • • • • • • • • • • • •			

	F OWNER OF (SYSTEM ID
Shenandoah	n Cable Tel	evisio	n, LLC					329
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
Special Instruc receivable if (1) on the basis of	tions Conce it is carried by monitoring, to	rning A y the sys be rece	II-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the s pyright Office regulations on th	Copyright Office i t the system's he system's FM ante	egulations, ar adend, and (2 enna, during c	n FM sig 2) it can ertain s	nal is generally be expected, tated intervals.	Primary Transmitters: Radio
Column 2: S Column 3: If signal, indicate Column 4: G	dentify the call state whether t the radio stat this by placing Sive the station	the station ion's sig g a chec n's location	each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which th	e station is licen	sed by the FC			
		-	the community with which the					
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
							·	

Accounting Perio	od: 2024/1					FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Shenandoah Cable Te	levision,	LLC				3292
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
	In General: In space I, ident	ify every no	nnetwork televi	s <i>ion program,</i> broadcast by	a distant sta	tion, that your cable sys	tem carried on a
	substitute basis during the a						
Substitute	explanation of the programm				ne general ins	structions in the paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-		-			
Statement and	 During the accounting per 		ur cable systen	n carry, on a substitute ba	sis, any nonr	network television prog	
Program Log	broadcast by a distant sta	tion?				YES	× NO
	Note: If your answer is "No	," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust complete the proc	gram
	log in block 2.		·				
	2. LOG OF SUBSTITUTE	PROGRA	MS				
	In General: List each subst				wherever p	ossible, if their meaning	g is
	clear. If you need more spa						·
	period, was broadcast by a			/ision program ("substitute our cable system substitut			
	under certain FCC rules, re						
	Do not use general categor		ovies" or "bask	etball." List specific progra	m titles, for e	example, "I Love Lucy"	or
	"NBA Basketball: 76ers vs.		deast live onto	er "Yes." Otherwise enter "	No "		
				asting the substitute progr			
	Column 4: Give the broa	adcast stati	on's location (t	he community to which the	e station is lie	, ,	in
	the case of Mexican or Car						
	first. Example: for May 7 give		when your sys	stem carried the substitute	e program. U	se numerals, with the n	nonth
	, , , , ,		e substitute pro	ogram was carried by your	cable syste	m. List the times accura	ately
	to the nearest five minutes.						,
	stated as "6:00–6:30 p.m."	"D" :f +	1:				ine el
	to delete under FCC rules a			n was substituted for progr			
	was substituted for program						-9.5
	effect on October 19, 1976.						
	SI	JBSTITUT	E PROGRAM			N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
		Tes of No	CALL SIGN	4. STATIONS LOCATION	AND DAT		
						_	
						_	
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							+
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Accounting Period:	2024/1	FORM SA1-2E. PAGE 6.
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Shenandoah Cable Television, LLC	3292
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transitions (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less. • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00. Line 1. Royalty fee for accounting period	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)
	1. Enter the amount of gross receipts from space K \$ 398,798.73	
	2. Base amount under statutory formula \$ 263,800.00	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	1,349.99
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	1,010.00
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	\$ 2,668.99
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	2,668.99
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	\$ 2,688.99
	EFT Trace # or TRANSACTION ID #	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for mo	

Accounting Period:	2024/1		FORM SA1-2E. PAGE 7
Name		OWNER OF CABLE SYSTEM: Cable Television, LLC	SYSTEM ID# 3292
M Channels	to its subscribe 1. Enter the to system carrie 2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried t rs, and (2) the cable system's total number of activated channels during the a al number of channels on which the cable d television broadcast stations	24
N Individual to Be Contacted		D BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an in about this statement of account.)	ndividual
for Further Information	Name	Petra R. O'Neill	Telephone (561) 801-8668
	Address	500 Shentel Way (Number, street, rural route, apartment, or suite number) Edinburgh, VA 22824 (City, town, state, zip)	
	Email	petra.o'neill@emp.shentel.com	Fax (optional)
O Certification	I, the undersig (Ow (Age (Age (Age) (Afge) (Afge) (I have examinare true, comp	I (This statement of account must be certified and signed in accordance with hed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system at of owner other than corporation or partnership) I am the duly authorized a line 1 of space B and that the owner is not a corporation or partnership; or cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of line 1 of space B. ed the statement of account and hereby declare under penalty of law that all stat te, and correct to the best of my knowledge, information, and belief, and are ma ion 1001(1986)] X /s/ Derek Rieger Enter an electronic signature on the line above to	as identified in line 1 of space B; or gent of the owner of the cable system as identified the legal entity identified as owner of the cable system ements of fact contained herein de in good faith.
		Enter signature using an "/s/ signature" (e.g., /s/ Typed or printed name: Derek Rieger Title: Vice President Legal/General Cou (Title of official position held in corporation or partnership) Date:	

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

	FORM SA1-2E. PAGE
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
enandoah Cable Television, LLC	329
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 fol- lowing 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 sub- scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
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.	Receipts Exclusion
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	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
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 Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
	-
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	

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