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.

OFFICE USE ONLY	eı
AMOUNT	C
\$	Fo
ALLOCATION NUMBER	(2
	AMOUNT \$

Return completed workbook by

coplicsoa@copyright.gov

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

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

		FORM SA1-2E. PAGI
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ranio	Shenandoah Cable Television, LLC	382
	Instructions: List each separate community served by the cable system. A "community"	
D	"a separate and distinct community or municipal entity (including unincorporated comm	
_	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wil	Il serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom	ne parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Marlinton	WV
Community	Branchland	WV
	Hillsboro	W
d Rows as Necessary	Pocahontas County (Marlington)	WV

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

SYSTEM ID# 38205

Ε

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

**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	72	\$33.00	1st Converter HD/DVR	34	\$16.95
Service to additional set(s)			Add'l Converter HD/DVR	2	\$9.95
• FM radio (if separate rate)			Cable Card	-	\$1.99
Motel, hotel			Copyright Fee	213	\$0.85
Commercial			Broadcast TV Surcharge	213	\$45.26
Converter					
Residential	60	\$5.95	Advanced (Expanded)	110	\$104.00
Non-residential			Ultimate (Digital)	31	\$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.

	BLO	CK 1		BLOCK 2	
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 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 38205

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.

2 RICAST CHANNEL NUMBER 3 TYPE OF STATION

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBRA	15	E	Roanoke, VA
WBRA-2	15.2	E-M	Roanoke, VA
WDBJ	7	N	Roanoke, VA
WFXR	27	N	Roanoke, VA
wwcw	21	<u> </u>	Lynchburg, VA
WPXR	38	<u>l</u>	Roanoke, VA
WSET	13	N	Lynchburg, VA
WSLS	10	N	Roanoke, VA
WSLS-2	10.2	I-M	Roanoke, VA
WSLS-3	10.3	I-M	Roanoke, VA
WVNS	59	N	Lewisburg, WV
WVVA	6	N	Bluefield, WV
		***************************************	
		***************************************	

Add Rows as Necessary

counting Period	: 2024/1			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID:				
Name	Shenandoah Cable Television, LLC							
	PRIMARY TRANSMITTERS:	TELEVISION						
G	carried by your cable syste	m during the accounting period, exce	g translator stations and low power tele of (1) stations carried only on a part-tir	me basis under É				
Primary Transmitters:	76.59(d)(2) and (4), 76.61(d) substitute program basis, a	e)(2) and (4), or 76.63 (referring to 76. s explained in the next paragraph.	the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati	ons carried on a				
Television		: With respect to any distant stations ules, regulations, or authorizations:	carried by your cable system on a subs	stitute program				
	<ul> <li>Do not list the station her</li> </ul>	e in space G—but do list it in space I (	the Special Statement and Program L	og)—if the				
	station was carried <i>only</i> or		ed both on a substitute basis and also	on some other				
			s, see page (v) of the general instruction					
			program services such as HBO, ESPI					
	multicast stream associated "WETA-2" as the same on		ne-air designation. For example, repor	t multistream				
			levision station for broadcasting over the	he air in its community				
		RC is channel 4 in Washington, D.C.						
			k station, an independent station, or a l ' (for network multicast), "I" (for indepe					
			or "E-M" (for noncommercial education					
		erms, see page (iv) of the general inst		··-···				
		· · · · · · · · · · · · · · · · · · ·	st the community to which the station is	,				
	FCC. For Mexican or Cana	dian stations, if any, give the name of	the community with which the station i	s identified.				
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION				
		10 <b>0</b>						

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

38205

Shenandoah Cable Television, LLC

### PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

**Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

**Column 4:** Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

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						FORI	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#	
Name	Shenandoah Cable Te	levision,	LLC					38205	
Substitute Carriage: Special Statement and Program Log	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 carried substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a fu explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.  1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program								
	stated as "6:00-6:30 p.m."	ter "R" if the and regulati mming that y	listed prograr	n was substituted for progr luring the accounting perio	ramming that d; enter the l er FCC rules	t your systetter "P" i	tem was <i>requ</i> f the listed pr llations in		
	S	UBSTITUT	E PROGRAM	1		N SUBS	TITUTE CURRED	7. REASON FOR	
	TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH		TIMES	DELETION	
	T. THEE OF TROOTS IN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>		
							_		
				-			_		
							_		
							_		
								<del> </del>	
		<b></b>		<b></b>					

ccounting Period:	2024/1 FORM SA1-2E. P.  LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM: SYSTEM
Name	Shenandoah Cable Television, LLC 38
<b>K</b> Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total c all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, se page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.  (Amount of gross receipts)
	COPYRIGHT ROYALTY FEE
Copyright Royalty Fee	Instructions: To compute the royalty fee you owe  Complete block 1, block 2, or block 3.  Use block 1 if the amount of gross receipts in space K is \$137,100 or less.  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month accounting period is \$52.00.
	Line 1. Royalty fee for accounting period
	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 \$137,100)
	1. Base amount under statutory formula
	2. Enter amount of gross receipts from space K
	3. Subtract line 2 from line 1
	4. Enter the amount of gross receipts from space K
	5. Enter the amount from line 3
	6. Subtract line 5 from line 4
	7. Multiply line 6 by .005 (enter figure here)
	8. Interest charge. Enter the amount from line 4, space Q, page 8
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)
	1. Enter the amount of gross receipts from space K
	Enter the amount of gross receipts from space K.      Base amount under statutory formula
	3. Subtract line 2 from line 1
	4. Multiply line 3 by .01
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6
	FILING FEE AND TOTAL REMITTANCE DUE
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3
	EFT Trace # or TRANSACTION ID #
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.  See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.

Accounting Period:	2024/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF Shenandoah Cable Tel					SYSTEM ID# 38205
M Channels	to its subscribers, and (2)  1. Enter the total number of system carried television  2. Enter the total number of on which the cable system	the cable system's to of channels on which to broadcast stations of activated channel or carried television	total number  h the cable s  broadcast s	n which the cable system carried television broa of activated channels during the accounting per		19 270
N Individual to Be Contacted	we can contact about this	statement of accour		MATION IS NEEDED (Identify an individual	(704) 04	4 2222
for Further Information	Address 500 SI (Number,	R. O'Neill hentel Way street, rural route, aparti		umber)	Telephone <b>(561) 80</b>	71-8668
		n, state, zip)  petra.o'neill@ei		com Fax (option	nal)	
O Certification	I, the undersigned, hereby  (Owner other th  (Agent of owner in line 1 of sp  X (Officer or part in line 1 of sp  I have examined the state	r other than corporation or protect and that the coner) I am an officer (bace B.  ment of account and rect to the best of my	partnership) ation or part owner is not a if a corporati thereby decl. y knowledge,	ed and signed in accordance with Copyright Officene, of the boxes.)  I am the owner of the cable system as identified in nership) I am the duly authorized agent of the own corporation or partnership; or on) or a partner (if a partnership) of the legal entity are under penalty of law that all statements of fact information, and belief, and are made in good fait of the signature on the line above to certify this statements of incoming an "/s/ signature" (e.g., /s/ John Smith)	n line 1 of space B; or oner of the cable system as y identified as owner of the contained herein th.	
		Typed or printed  Title:  (Title of or	Vice Pre	Derek Rieger sident Legal/General Counsel		
		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.

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?  X NO  YES. Enter the total here and list the satellite carrier(s) below.  Name  Mailing Address  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.	P Special Statement Concerning Gross Receipts Exclusion
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?  X NO  YES. Enter the total here and list the satellite carrier(s) below.  \$  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	P Special Statement Concerning Gross
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(interest charge)	
* 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	
First community served Accounting period	

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

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