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 COPYRIGH	Return complete email to	
DATE RECEIVED	AMOUNT	coplicsoa@cop
8/29/24	\$ ALLOCATION NUMBER	For additional in contact the U.S. Office Licensing (202) 707-8150.

d workbook by

yright.gov

formation, Copyright Division at

Α	ACCOUNTI	NG PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2024/1	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		ions: full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title ubsidiary, not that of the parent corporation.
Owner	List any	other name or names under which the owner conducts the business of the cable system.
		were different owners during the accounting period, only the owner on the last day of the accounting period should submit a atement of account and royalty fee payment covering the entire accounting period.
	Check he	ere if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGA	L NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Shenar	ndoah Cable Television, LLC
	BUSIN	ESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILIN	G ADDRESS OF OWNER OF CABLE SYSTEM
	_	OX 459 street, rural route, apartment, or suite number)
		ourg, VA 22824 n, state, zip)
С		NS: In line 1, give any business or trade names used to identify the business and operation of the system unless these y 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 IDENTIF	ICATION OF CABLE SYSTEM:
	MAILING	G ADDRESS OF CABLE SYSTEM:
	2 (Number,	street, rural route, apartment, or suite number)
	(City, town	n, 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. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Shenandoah Cable Television, LLC	6395
	Instructions: List each separate community served by the cable system. A "comm	unity" is the same as a "community unit" as defined in FCC rules
D	"a separate and distinct community or municipal entity (including unincorporated	communities within unincorporated areas and including single,
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you	list will 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 mobi	le home parks should be reported in parentheses below the
Served	identified city.	
Octived		
	CITY OR TOWN	STATE
First	Williamsburg	VA
Community	York County	VA
		100000
d Rows as Necessary		
,		
		" · · · · · · · · · · · · · · · · · · ·

Accounting Period: 2024/1 FORM SA1-2E. PAGE 2 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 63956

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Shenandoah Cable Television, LLC

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

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 			Locals TV	5	\$57	
Service to additional set(s)			Entertain TV	15	\$130	
• FM radio (if separate rate)			Delight TV	-	\$166	
Motel, hotel			Indulge TV	-	\$209	
Commercial						
Converter					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Residential						
Non-residential					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
				1		

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

	BLOCK 2				
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		Motel, hotel			
 Pay cable—add'l channel 		Commercial			
Fire protection		• Pay cable			
Burglar protection		 Pay cable-add'l channel 			
Installation: Residential		Fire protection			
• First set (Includes 2)		Burglar protection			
Additional set(s)		Other services:			
• FM radio (if separate rate)		Reconnect			
Converter		Disconnect			
		Outlet relocation			
		Move to new address			h
					h

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

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63956

4. LOCATION OF STATION

Shenandoah Cable Television, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

1. CALL SIGN

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

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

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

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

2. B'CAST CHANNEL NUMBER

Add Rows as Necessary

WAVY	10	N	Portsmouth, VA		
WAVY-2	10.2	I-M	Portsmouth, VA		
WAVY-3	10.3	I-M	Portsmouth, VA		
WTKR	3	N	Norfolk, VA		
WTKR-2	3.2	I-M	Norfolk, VA		
WTKR-3	3.3	I-M	Norfolk, VA		
WTKR-5	3.5	I-M	Norfolk, VA		
WVEC	13	N	Hampton/Norfolk/Virginia Beach, VA		
WVEC	13.2	I-M	Hampton/Norfolk/Virginia Beach, VA		
WVEC-2	13.5	I-M	Hampton/Norfolk/Virginia Beach, VA		
WVEC-3	13.5	I-M	Hampton/Norfolk/Virginia Beach, VA		
WVBT	43	N	Virginia Beach, VA		
WVBT-2	43.2	I-M	Virginia Beach, VA		
WVBT-3	43.3	I-M	Virginia Beach, VA		
WHRO	15	E	Hampton-Norfolk, VA		
WHRO-2	15.2	E-M	Hampton-Norfolk, VA		
WHRO-3	15.3	E-M	Hampton-Norfolk, VA		
WHRO-4	15.4	E-M	Hampton-Norfolk, VA		
WTVZ	33	1	Norfolk, VA		
WTVZ-2	33.2	I-M	Norfolk, VA		
WTVZ-3	33.3	I-M	Norfolk, VA		
WTVZ-4	33.4	I-M	Norfolk, VA		
WGNT	27	<u> </u>	Portsmouth, VA		
WGNT-2	27.2	I-M	Portsmouth, VA		

3. TYPE OF STATION

U.S. Copyright Office

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 63956

Shenandoah Cable Television, LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WGNT-3	27.3	I-M	Portsmouth, VA
WGNT-4	27.4	I-M	Portsmouth, VA
WTPC	21	I	Virginia Beach, VA
WPXV	49	1	Norfolk, VA
WSKY	4	1	Norfolk, VA
	un un		
	.		

G Primary Transmitters: Television	carried by your cable syster FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do not list the station here station was carried only on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on t Column 2: Give the channed flicense. For example, WF Column 3: Indicate in each educational station, by ente (for independent multicast), For the meaning of these te Column 4: Give the location	In during the accounting period, exception effect on June 24, 1981, permitting exception effect on June 24, 1981, permitting exception effect on June 24, 1981, permitting exception exception of the permitting exception of the permitting exception of the permitting exception concerning substitute basis station was carried as the permitting exception concerning substitute basis stations of the permitting exception of the permitting exception. For U.S. stations, list in of each station. For U.S. stations, list in the permitting exception of the permitting exception of the permitting exception.	g translator stations and low power telept (1) stations carried only on a part-tire the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stationarried by your cable system on a substitute Special Statement and Program Level both on a substitute basis and also as, see page (v) of the general instruction program services such as HBO, ESPN never all the station. For example, report evision station for broadcasting over the station, an independent station, or an (for network multicast), "I" (for independent "E-M" (for noncommercial education ructions in the paper SA1-2 form. It is the community to which the station is the community with which the station in the community with which the station in the community with which the station is	ne basis under ns [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream ne air in its community noncommercial odent), "I-M" nal multicast).	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION	

FORM SA1-2E. PAGE 3.

SYSTEM ID#

63956

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC
PRIMARY TRANSMITTERS: TELEVISION

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

63956

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
	·						
	·						
	1	1	1	1	1	ı	I

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID:		
Name	Shenandoah Cable Te	elevision,	LLC					6395		
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G					
1	In General: In space I, iden	_	_			ion that v	our cable sv	stem carried on a		
-	substitute basis during the									
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE									
Carriage:	SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Special tatement and	 During the accounting pe 	riod, did you	ur cable syster	n carry, on a substitute ba	sis, any nonr	etwork te	levision pro			
rogram Log	broadcast by a distant sta	ation?					YES	X NO		
	Note: If your answer is "No	o," leave the	rest of this pa	ge blank. If your answer is	s "Yes," you r	nust comp	olete the pro	ogram		
	log in block 2.				-					
	2. LOG OF SUBSTITUT									
	In General: List each subs				wherever po	ossible, if	their meanir	ng is		
	clear. If you need more spa			างพร เง เก๋ย เลbles. vision program ("substitute	e program") th	nat. durino	the accour	ntina		
	period, was broadcast by a	a distant stat	tion and that y	our cable system substitut	ed for the pro	grammin	g of another	station		
	under certain FCC rules, re									
	Do not use general catego "NBA Basketball: 76ers vs		ovies or bask	etball. List specific progra	ıııı uues, tor e	капріе, "	i Love Lucy	OI .		
	Column 2: If the progra	m was broa		er "Yes." Otherwise enter "						
				asting the substitute progr			#- FOO	_ :		
	the case of Mexican or Ca			the community to which the community with which the			the FCC or	, in		
				stem carried the substitute			als, with the	month		
	first. Example: for May 7 g					11.44	e.			
	to the nearest five minutes			ogram was carried by your						
	stated as "6:00-6:30 p.m."	. Example.	a program oun	ica by a system from 6.0 i	. 10 p.m. to 0	.20.00 p.i	n. onodia be			
	Column 7: Enter the let			n was substituted for progr						
	to delete under FCC rules was substituted for prograi							rogram		
	effect on October 19, 1976	mming mary	your system w							
	Tellect off October 19, 1970).	,	as permitted to delete und	er FCC rules	and regu	iations in			
	effect off October 19, 1970	i.		as permitted to delete und	1					
	,			· 	WHE	N SUBST	TITUTE	7 REASON FO		
	S	UBSTITUT	E PROGRAM		WHE CARRI	N SUBST	TITUTE	7. REASON FO		
	,	UBSTITUT			WHE	N SUBST	TITUTE CURRED			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES			
	S	UBSTITUT	E PROGRAM 3. STATION'S	ı	WHE CARRI. 5. MONTH	N SUBST AGE OCC	TITUTE CURRED TIMES	7. REASON FO DELETION		

Accounting Period:	2024/1	FORM SA1-2E.	PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC	SYSTE 6	M ID#
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service	
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 \$2 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.	63,800	
	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 thi accounting period is \$52.00.	s six-month	
	Line 1. Royalty fee for accounting period	\$ 52	.00_
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0	.00_
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	\$ 52	.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100))	
	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		
	Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		—
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0	.00_
	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 \$527,60	00)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	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 REMITTANCE DUE		
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	52.00	
Due	Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67	.00
	EFT Trace # or TRANSACTION ID #		
	Important: Your remittance must be in the form of an electronic payment payable to the Register of See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more		

Accounting Period:	024/1 FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC 63956
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 29 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 247
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.) Name Petra R. O'Neill Telephone (561) 801-8668
Information	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 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 X (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)]
	Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Derek Rieger Title: Vice President Legal/General Counsel (Title of official position held in corporation or partnership) 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.

IL NAME OF OWNER OF CABLE SYSTEM: nandoah Cable Television, LLC 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. Name Name	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	P Special Statement Concerning Gross
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	Special Statement Concerning Gross
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	
made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. Name Name	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
ne Name ing Address Mailing Address	
INTEDECT ACCECMENT	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	_
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
x days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x 0.00274	
Line 4 Multiply line 3 by 0.00274** and enter here in space L (page 6), block 1, line 2, or block 2, line 8, or block 3, line 6	
(interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner	
Address	
ID number	
First community served Accounting period	

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)