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	T 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	ACCOUNTING 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, zip)								
С	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	itanies dieddy appear in space B. In line 2, give the maining address of the system, in director from the address given in space B.									
		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. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
Name	Shenandoah Cable Television, LLC	660
	Instructions: List each separate community served by the cable system. A "community	" is the same as a "community unit" as defined in FCC rules
D	"a separate and distinct community or municipal entity (including unincorporated com	
ט	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list w	rill serve as a form of system identification hereafter know
	as the "first community." Please use it as the first community on all future filings.	·
	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hor	me parks should be reported in parentheses below the
Area	identified city.	
Served		
	CITY OR TOWN	STATE
First	Covington	VA
Community	Clifton Forge	VA
-	Iron Gate	VA
d Rows as Necessary	portions of Allegheny Couunty	VA
ļ.		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC SYSTEM ID# 6609

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is

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	183	\$33.00	1st Converter HD/DVR	92	\$16.95
Service to additional set(s)			Add'I Converter HD/DVR	16	\$9.95
• FM radio (if separate rate)					
Motel, hotel			Cable Card	2	\$1.99
Commercial			Bulk DTA Converter	299	\$3.99
Converter			Business DTA Converter	336	\$3.99
Residential	377	\$5.95	Advanced	584	\$104.00
Non-residential			Ultimate	253	\$125.00

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				
 Pay cable—add'l channel 		Commercial				
Fire protection		• Pay cable				
 Burglar protection 		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
 First set (Includes 2) 	\$99.95	Burglar protection				
Additional set(s)		Other services:				
 FM radio (if separate rate) 		Reconnect	\$25.00	Service Call	\$49.95	
Converter		Disconnect				
		Outlet relocation				
		 Move to new address 				

Accounting Period: 2024/1

FORM SA1-2E. PAGE 2.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Name

Shenandoah Cable Television, LLC

451EWID#

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1		BLOCK	< 2	
	NO. OF			NO. OF	
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE
Residential:					
 Service to first set 					
Service to additional set(s)			Copyright fee	1,020	\$0.85
• FM radio (if separate rate)			Brdcst TV Surcharge	1,020	\$36.61
Motel, hotel					
Commercial			Home Gateway Box	12	\$14.95
Converter			Home Gateway Player	26	\$5.00
Residential (DTA)	1,020	\$3.99	TiVo Gateway	13	\$19.95
Non-residential			TiVo Player	14	\$6.95
				T	ì

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				
 Pay cable—add'l channel 		Commercial				
Fire protection		• Pay cable				
Burglar protection		 Pay cable-add'l channel 				
Installation: Residential		Fire protection				
• First set (Includes 2)						
Additional set(s)						
• FM radio (if separate rate)						
• Converter						

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

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

24.3

WBRA Roanoke, VA 15 Ε WBRA-2 15.2 E-M Roanoke, VA 15.3 WBRA-3 E-M Roanoke, VA 7 Ν **WDBJ** Roanoke, VA WDBJ-2 7.2 I-M Roanoke, VA I-M WDBJ-3 7.3 Roanoke, VA WFXR 27 Ν Roanoke, VA WFXR-3 27.3 I-M Roanoke, VA WFXR-4 27.4 I-M Roanoke, VA ı **WPXR** 38 Roanoke, VA 13 Ν **WSET** Lynchburg, VA WSET-2 13.2 I-M Lynchburg, VA 13.3 WSET-3 I-M Lynchburg, VA WSET-4 13.4 I-M Lynchburg, VA WSLS 10 Ν Roanoke, VA WSLS-2 10.2 I-M Roanoke, VA WSLS-3 10.3 I-M Roanoke, VA WSLS-4 10.4 I-M Roanoke, VA WSLS-5 10.5 I-M Roanoke, VA **wwcw** 21 ı Lynchburg, VA WWCW-3 21.3 I-M Lynchburg, VA WWCW-4 Lynchburg, VA 21.4 I-M WZBJ 24 ı Roanoke, VA

I-M

Roanoke, VA

3. TYPE OF STATION

Add Rows as Necessary

WZBJ-3

ounting Period:	2024/1			FORM SA1-2E. PAGE					
Nama	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID					
Name	Shenandoah Cable Te	elevision, LLC		660					
	PRIMARY TRANSMITTERS:	TELEVISION							
G			g translator stations and low power tele						
G			ot (1) stations carried only on a part-tir						
Primary	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								
ransmitters:				44.4					
Television			carried by your cable system on a subs	stitute program					
	Do not list the station here	e in space G—but do list it in space I	the Special Statement and Program L	og)—if the					
	station was carried only on		ad bath an a subatituta basis and also	on come attent					
		•	ed both on a substitute basis and also s, see page (v) of the general instructio						
	Column 1: List each station	i's call sign. <i>Do not</i> report origination	program services such as HBO, ESPI	N, etc. Identify each					
		J	ne-air designation. For example, repor	t multistream					
	"WETA-2" as the same on t Column 2: Give the channe		levision station for broadcasting over the	he air in its community					
	of license. For example, WF	RC is channel 4 in Washington, D.C.							
			k station, an independent station, or a						
			' (for network multicast), "I" (for indeper or "E-M" (for noncommercial educatio						
		rms, see page (iv) of the general inst	,						
			st the community to which the station is	•					
	FCC. For Mexican or Canad	dian stations, if any, give the name of	the community with which the station i	is identified.					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION					

PRIMARI TRANSMITTERS							
	identify every television station (including t						
	stem during the accounting period, except	. ,					
	ns in effect on June 24, 1981, permitting the						
	1(e)(2) and (4), or 76.63 (referring to 76.61, as explained in the next paragraph.	(e)(2) and (4))]; and (2) certain sta	ations carried on a				
	, as explained in the next paragraph. ns: With respect to any distant stations ca	rried by your cable system on a su	hstitute program				
	Crules, regulations, or authorizations:	mod by your dable byelom on a da	Solitato program				
	ere in space G—but do list it in space I (th	e Special Statement and Program	Log)—if the				
station was carried only	on a substitute basis.	•	·				
,	d also in space I, if the station was carried						
basis. For further information concerning substitute basis stations, see page (v) of the general instructions.							
Column 1: List each station's call sign. <i>Do not</i> 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.							
	on the form. Innel number the FCC assigned to the telev	vision station for broadcasting over	the air in its community				
	WRC is channel 4 in Washington, D.C.		,				
	ach case whether the station is a network s	tation, an independent station, or a	a noncommercial				
i		or network multicast) "I" (for inden	endent) "I-M"				
	ntering the letter "N" (for network), "N-M" (f	<i>"</i> \	,,				
(for independent multicas	st), "E" (for noncommercial educational), or	"E-M" (for noncommercial educati	,,				
(for independent multicas For the meaning of these Column 4: Give the loca	` ' '	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	ional multicast).				
(for independent multicas For the meaning of these Column 4: Give the loca FCC. For Mexican or Cal	st), "E" (for noncommercial educational), or e terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list in nadian stations, if any, give the name of th	"E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station e community with which the station	ional multicast). is licensed by the n is identified.				
(for independent multicas For the meaning of these Column 4: Give the loca	st), "E" (for noncommercial educational), or e terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list	"E-M" (for noncommercial educations in the paper SA1-2 form. the community to which the station	ional multicast). is licensed by the n is identified.				
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(for independent multicas For the meaning of these Column 4: Give the loca FCC. For Mexican or Cal	st), "E" (for noncommercial educational), or e terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list in nadian stations, if any, give the name of th	"E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station e community with which the station	ional multicast).				
(for independent multicas For the meaning of these Column 4: Give the loca FCC. For Mexican or Cal	st), "E" (for noncommercial educational), or e terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list in nadian stations, if any, give the name of th	"E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station e community with which the station	ional multicast). is licensed by the n is identified.				
(for independent multicas For the meaning of these Column 4: Give the loca FCC. For Mexican or Cal	st), "E" (for noncommercial educational), or e terms, see page (iv) of the general instruc- tion of each station. For U.S. stations, list in nadian stations, if any, give the name of th	"E-M" (for noncommercial educati ctions in the paper SA1-2 form. the community to which the station e community with which the station	ional multicast). is licensed by the n is identified.				

FORM SA1-2E. PAGE 3.

SYSTEM ID#

6609

Accounting Period: 2024/1

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Shenandoah Cable Television, LLC

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

6609

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	nd: 2024/1						FORM	1 SA1-2E. PAGE 5.	
CCOUNTING PERIO		CABLE SYS	STEM:				FURIN	SYSTEM ID#	
Name	Shenandoah Cable Te	levision,	LLC					6609	
Name Substitute Carriage: Special Statement and Program Log									
	stated as "6:00-6:30 p.m."	ter "R" if the and regulati mming that y	e listed progran ions in effect d	n was substituted for progr uring the accounting perio	ramming that d; enter the l	t your syste letter "P" if	em was <i>requ</i> ithe listed pro		
	9	I IDQTITI IT	E DDOCDAM		WHEN SUBSTITUTE CARRIAGE OCCURRED 7. REASON F				
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. 7	TIMES	DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
							<u> </u>		
							_		
							_		
							_		
							_		

counting Period:	2024/1	FORM SA1-2E. F	. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTE	
1441116	Shenandoah Cable Television, LLC		660
K Fross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount all amounts (gross receipts) paid to your cable system by subscribers for the system's secon (as identified in space E) during the accounting period. For a further explanation of how to co 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.	dary transmission service mpute this amount, se	
	COPYRIGHT ROYALTY FEE		
Copyright Royalty Fee	Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less. Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than o Use block 3 if the amount of gross receipts in space K is more than \$137,100 but less than \$ e 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 mu accounting period is \$52.00.	st pay for this six-month	
	Line 1. Royalty fee for accounting period		
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2		
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the	an \$137,100)	
	1. Base amount under statutory formula	,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	0.	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	······	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less t	han \$527,600)	
	Enter the amount of gross receipts from space K	,623.66	
	2. Base amount under statutory formula	,800.00	
	3. Subtract line 2 from line 1	,823.66	
	4. Multiply line 3 by .01	2,558.24	
	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	\$ 3,877.	7.24
	FILING FEE AND TOTAL REMITTANCE DUE		
iling Fee and tal Remittance	Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above)	3,877.24	
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	\$ 3,897.	7.24
	EFT Trace # or TRANSACTION ID #		
	Important: 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		

Accounting Period: 2024/1 FORM SA1-2E. PAGE						
Name	Shenandoah Cable Te					SYSTEM ID# 6609
M Channels	to its subscribers, and (2 1. Enter the total number system carried television 2. Enter the total number on which the cable systems.	r of channels on which on broadcast stations or of activated channel tem carried television	total number o h the cable s broadcast sta	which the cable system carried televisi f activated channels during the accoun	nting period.	34
N Individual to Be Contacted	we can contact about thi	s statement of accou		ATION IS NEEDED (Identify an individu		24) 994 9009
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					
		wn, state, zip) petra.o'neill@e		om Fax	x (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 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)]					
		Typed or printed Title: (Title of o	enter signature de name: De Vice Pres	ronic signature on the line above to certify e using an "/s/ signature" (e.g., /s/ John S erek Rieger ident Legal/General Counsel d in corporation or partnership)	mith)	

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.

ounting Period: 2024/1	FORM SA1-2E. PAGE 8.
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
enandoah Cable Television, LLC	6609
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."	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	
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	_
* 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)