

This form is effective beginning with the July 1 to December 30, 2025, accounting period (2025/2). If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

SA1-2E  
Short Form

STATEMENT OF ACCOUNT  
for Secondary Transmissions by  
Cable Systems (Short Form)

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

| FOR COPYRIGHT OFFICE USE ONLY |                   |
|-------------------------------|-------------------|
| DATE RECEIVED                 | AMOUNT            |
| 8/27/2026                     | \$                |
|                               | ALLOCATION NUMBER |

Return completed workbook by email to [coplicsoa@copyright.gov](mailto:coplicsoa@copyright.gov)  
  
For additional information, contact the U.S. Copyright Office Licensing Section at (202) 707-8150.

|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                      |                                                                                                                     |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| A<br><br><br><br><br><br><br><br><br><br>Accounting Period | <b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                      | <div>Licensing Section</div> <div>Digitally signed by Licensing Section<br/>Date: 2026.09.23 08:17:01 -04'00'</div> |
|                                                            | <div>2026/1</div> <div>Period 1 = January 1 - June 30</div> <div>Period 2 = July 1 - December 31</div> <div></div> <div>Barcode Data Filing Period (optional - see instructions)</div>                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                      |                                                                                                                     |
| B<br><br><br><br><br><br><br><br><br><br>Owner             | <b>Instructions:</b><br>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.<br><br>List any other name or names under which the owner conducts the business of the cable system.<br><br>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. |                                                                                                                                                                                                                      |                                                                                                                     |
|                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section.                                                                                             | <div>23370</div>                                                                                                    |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM</b><br><div>Shenandoah Cable Television, LLC</div>                                                                                                            |                                                                                                                     |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)</b><br><div></div>                                                                                                                                       |                                                                                                                     |
|                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM</b><br><div>500 Shentel Way</div> <div>(Number, street, rural route, apartment, or suite number)</div> <div>Edinburg, VA 22824</div> <div>(City, town, state, zip)</div> |                                                                                                                     |
| C<br><br><br><br><br><br><br><br><br><br>System            | <b>INSTRUCTIONS:</b> 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.                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                      |                                                                                                                     |
|                                                            | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>IDENTIFICATION OF CABLE SYSTEM:</b><br><div>Buchanan, VA</div>                                                                                                                                                    |                                                                                                                     |
|                                                            | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>MAILING ADDRESS OF CABLE SYSTEM:</b><br><div></div> <div>(Number, street, rural route, apartment, or suite number)</div> <div></div> <div>(City, town, state, zip code)</div>                                     |                                                                                                                     |

**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.



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

|                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    |                                   |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|-----------------------------------|
| Name                                                    | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Shenandoah Cable Television, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                    | <b>SYSTEM ID#</b><br><b>23370</b> |
| <b>G</b><br><br><b>Primary Transmitters: Television</b> | <p><b>PRIMARY TRANSMITTERS: TELEVISION</b></p> <p><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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.</p> <p><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:</p> <ul style="list-style-type: none"> <li>• Do <i>not</i> 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 <i>only</i> on a substitute basis.</li> <li>• 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.</li> </ul> <p><b>Column 1:</b> List each station's call sign. Do <i>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.</p> <p><b>Column 2:</b> 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.</p> <p><b>Column 3:</b> 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.</p> <p><b>Column 4:</b> 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.</p> |                          |                    |                                   |
| Add Rows as Necessary                                   | 1. CALL SIGN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. LOCATION OF STATION            |
|                                                         | WBRA HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15.1                     | E                  | Roanoke, VA                       |
|                                                         | WBRA-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15.2                     | E-M                | Roanoke, VA                       |
|                                                         | WBRA-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15.3                     | E-M                | Roanoke, VA                       |
|                                                         | WBRA-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15.4                     | E-M                | Roanoke, VA                       |
|                                                         | WBRA-5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 15.5                     | E-M                | Roanoke, VA                       |
|                                                         | WDBJ                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 7                        | N                  | Roanoke, VA                       |
|                                                         | WDBJ-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7.2                      | I-M                | Roanoke, VA                       |
|                                                         | WDBJ-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7.3                      | I-M                | Roanoke, VA                       |
|                                                         | WDBJ-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 7.4                      | I-M                | Roanoke, VA                       |
|                                                         | WFXR HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 27.1                     | N                  | Roanoke, VA                       |
|                                                         | WFXR-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 27.3                     | I-M                | Roanoke, VA                       |
|                                                         | WFXR-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 27.4                     | I-M                | Roanoke, VA                       |
|                                                         | WPXR HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 38.1                     | I                  | Roanoke, VA                       |
|                                                         | WSET HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13.1                     | N                  | Lynchburg, VA                     |
|                                                         | WSET-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13.2                     | I-M                | Lynchburg, VA                     |
|                                                         | WSET-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13.3                     | I-M                | Lynchburg, VA                     |
|                                                         | WSET-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 13.4                     | I-M                | Lynchburg, VA                     |
|                                                         | WSLS HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 10.1                     | N                  | 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                       |

|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                            |
|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------|----------------------------|
| Name                                                                                                | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Shenandoah Cable Television, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    | SYSTEM ID#<br><b>23370</b> |
| <div><div>G</div><div>Primary Transmitters: Television</div></div> <div>Add Rows as Necessary</div> | <b>PRIMARY TRANSMITTERS: TELEVISION</b><br><b>In General:</b> In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, <i>except</i> (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.<br><b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:<br>• Do <i>not</i> 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 <i>only</i> on a substitute basis.<br>• 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.<br><b>Column 1:</b> List each station's call sign. Do <i>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.<br><b>Column 2:</b> 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.<br><b>Column 3:</b> 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.<br><b>Column 4:</b> 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     |
|                                                                                                     | WWCW HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 21.1                     | I                  | Lynchburg, VA              |
|                                                                                                     | WWCW-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 21.3                     | I-M                | Lynchburg, VA              |
|                                                                                                     | WWCW-4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 21.4                     | I-M                | Lynchburg, VA              |
|                                                                                                     | WZBJ HD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 24.1                     | I                  | Lynchburg, VA              |
|                                                                                                     | WZBJ-2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 24.2                     | I-M                | Lynchburg, VA              |
|                                                                                                     | WZBJ-3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 24.3                     | I-M                | Lynchburg, VA              |
|                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                    |                            |
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SYSTEM ID#

23370

## H

**Primary Transmitters:  
Radio**

**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).

[illegible]

[illegible]

|             |                                                                                 |                                   |
|-------------|---------------------------------------------------------------------------------|-----------------------------------|
| <b>Name</b> | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Shenandoah Cable Television, LLC</b> | <b>SYSTEM ID#</b><br><b>23370</b> |
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| <b>K</b><br><b>Gross Receipts</b> | <p><b>GROSS RECEIPTS</b><br/> <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of 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, see page (vii) of the general instructions located in the paper SA1-2 form.<br/> Gross receipts from subscribers for secondary transmission service(s) during the accounting period. . . . .</p> <div style="text-align: right; border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <b>\$ 26,411.65</b><br/> <small>(Amount of gross receipts)</small> </div> <p><b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.</p> |
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|                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
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| <b>L</b><br><b>Copyright Royalty Fee</b>                                                    | <p><b>COPYRIGHT ROYALTY FEE</b><br/> <b>Instructions:</b> To compute the royalty fee you owe:<br/> • Complete block 1, block 2, or block 3.<br/> • Use block 1 if the amount of gross receipts in space K is \$137,100 or less.<br/> • 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.<br/> • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600.<br/> See page (vi) of the general instructions located in the paper SA1-2 form for more information.</p> <div style="text-align: center; border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS</b> </div> <p>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.</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">Line 1. Royalty fee for accounting period . . . . .</td> <td style="width: 20%; text-align: right;">\$ <b>52.00</b></td> </tr> <tr> <td>Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . .</td> <td style="text-align: right;">\$ <b>52.00</b></td> </tr> </table> <div style="text-align: center; border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)</b> </div> <table style="width: 100%;"> <tr> <td style="width: 80%;">1. Base amount under statutory formula . . . . .</td> <td style="width: 20%; text-align: right;">\$ <b>263,800.00</b></td> </tr> <tr> <td>2. Enter amount of gross receipts from space K . . . . .</td> <td></td> </tr> <tr> <td>3. Subtract line 2 from line 1 . . . . .</td> <td></td> </tr> <tr> <td>4. Enter the amount of gross receipts from space K . . . . .</td> <td></td> </tr> <tr> <td>5. Enter the amount from line 3 . . . . .</td> <td></td> </tr> <tr> <td>6. Subtract line 5 from line 4 . . . . .</td> <td></td> </tr> <tr> <td>7. Multiply line 6 by .005 (enter figure here) . . . . .</td> <td></td> </tr> <tr> <td>8. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . .</td> <td></td> </tr> </table> <div style="text-align: center; border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)</b> </div> <table style="width: 100%;"> <tr> <td style="width: 80%;">1. Enter the amount of gross receipts from space K . . . . .</td> <td style="width: 20%;"></td> </tr> <tr> <td>2. Base amount under statutory formula . . . . .</td> <td style="text-align: right;">\$ <b>263,800.00</b></td> </tr> <tr> <td>3. Subtract line 2 from line 1 . . . . .</td> <td></td> </tr> <tr> <td>4. Multiply line 3 by .01 . . . . .</td> <td></td> </tr> <tr> <td>5. Royalty due on the first \$263,800 of gross receipts (under statutory formula) . . . . .</td> <td style="text-align: right;">\$ <b>1,319.00</b></td> </tr> <tr> <td>6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . .</td> <td></td> </tr> </table> | Line 1. Royalty fee for accounting period . . . . . | \$ <b>52.00</b> | Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . | 0.00 | Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . . | \$ <b>52.00</b> | 1. Base amount under statutory formula . . . . . | \$ <b>263,800.00</b> | 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 . . . . . | 0.00 | 9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . . |  | 1. Enter the amount of gross receipts from space K . . . . . |  | 2. Base amount under statutory formula . . . . . | \$ <b>263,800.00</b> | 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) . . . . . | \$ <b>1,319.00</b> | 6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . . | 0.00 | 7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . . |  |
| Line 1. Royalty fee for accounting period . . . . .                                         | \$ <b>52.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .            | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| Line 3. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 1 and 2 . . . . . | \$ <b>52.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| 1. Base amount under statutory formula . . . . .                                            | \$ <b>263,800.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| 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 . . . . .                 | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| 9. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7 and 8 . . . . .      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| 1. Enter the amount of gross receipts from space K . . . . .                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| 2. Base amount under statutory formula . . . . .                                            | \$ <b>263,800.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| 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) . . . . . | \$ <b>1,319.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| 6. Interest charge. Enter the amount from line 4, space Q, page 8 . . . . .                 | 0.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |
| 7. <b>TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 4, 5, and 6 . . . . .  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                     |                 |                                                                                  |      |                                                                                             |                 |                                                  |                      |                                                          |  |                                          |  |                                                              |  |                                           |  |                                          |  |                                                          |  |                                                                             |      |                                                                                        |  |                                                              |  |                                                  |                      |                                          |  |                                     |  |                                                                                             |                    |                                                                             |      |                                                                                            |  |

  

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|--------------------------------------------|--|
| <b>FILING FEE AND TOTAL REMITTANCE DUE</b> |  |
|--------------------------------------------|--|

|                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                 |                                                                                                |                 |                                                                               |                 |
|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------------|------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------|-----------------|
| <b>Filing Fee and Total Remittance Due</b>                                                     | <table style="width: 100%;"> <tr> <td style="width: 80%;">1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .</td> <td style="width: 20%; text-align: right;">\$ <b>52.00</b></td> </tr> <tr> <td>2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . .</td> <td style="text-align: right;">\$ <b>15.00</b></td> </tr> <tr> <td>3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .</td> <td style="text-align: right;">\$ <b>67.00</b></td> </tr> </table> <div style="text-align: center; margin-top: 10px;"> EFT Trace # or TRANSACTION ID # <span style="border: 1px solid black; display: inline-block; width: 100px; height: 15px; vertical-align: middle;"></span> </div> <p style="text-align: center; font-size: small; margin-top: 10px;"> <a href="#">Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights.</a><br/> <a href="#">See Circular 74 for more information.</a> </p> | 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . . | \$ <b>52.00</b> | 2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . . | \$ <b>15.00</b> | 3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . . | \$ <b>67.00</b> |
| 1. Royalty Fee Payable for Accounting Period (from block 1, 2, or 3, above) . . . . .          | \$ <b>52.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                 |                                                                                                |                 |                                                                               |                 |
| 2. Filing Fee (See the instructions for more information on filing fee calculations) . . . . . | \$ <b>15.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                 |                                                                                                |                 |                                                                               |                 |
| 3. <b>TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD.</b> Add lines 2 and 3 . . . . .                  | \$ <b>67.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                       |                 |                                                                                                |                 |                                                                               |                 |

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|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>Name</b>                                                               | LEGAL NAME OF OWNER OF CABLE SYSTEM:<br><b>Shenandoah Cable Television, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>SYSTEM ID#</b><br><b>23370</b> |
| <b>M</b><br><br><b>Channels</b>                                           | <b>CHANNELS</b><br><b>Instructions:</b> 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.<br><br>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">30</div><br><br>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; text-align: center;">320</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |
| <b>N</b><br><br><b>Individual to Be Contacted for Further Information</b> | <b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual we can contact about this statement of account.)<br><br>Name <u>Petra O'Neill</u> Telephone <u>(561) 801-8668</u><br><br>Address <u>500 Shentel Way</u><br><small>(Number, street, rural route, apartment, or suite number)</small><br><u>Edinburg, VA 22824</u><br><small>(City, town, state, zip)</small><br><br>Email <u>petra.o'neill@emp.shentel.com</u> Fax (optional) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |
| <b>O</b><br><br><b>Certification</b>                                      | <b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations)<br><br>• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)<br><br><div style="margin-bottom: 10px;"><input type="checkbox"/> <b>(Owner other than corporation or partnership)</b> I am the owner of the cable system as identified in line 1 of space B; or</div> <div style="margin-bottom: 10px;"><input type="checkbox"/> <b>(Agent of owner other than corporation or partnership)</b> 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</div> <div style="margin-bottom: 10px;"><input checked="" type="checkbox"/> <b>(Officer or partner)</b> 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.</div><br>• 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.<br>[18 U.S.C., Section 1001(1986)]<br><br><div style="text-align: center; margin-top: 20px;"><div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">X</div><div style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></div><div style="margin-top: 5px;">/s/ Angela Olsen</div></div></div><p style="text-align: center; font-size: 0.9em; margin-top: 10px;">Enter an electronic signature on the line above to certify this statement.<br/>Enter signature using an "/s/ signature" (e.g., /s/ John Smith)</p><div style="display: flex; justify-content: space-between; margin-top: 20px;"><div>Typed or printed name: <u>Angela Olsen</u></div><div>Title: <u>VP, Legal and General Counsel</u><br/><small>(Title of official position held in corporation or partnership)</small></div></div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Date: _____</div><div><u>August 27, 2026</u></div></div></div> |                                   |

**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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Shenandoah Cable Television, LLC

23370

**SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS**

The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:

"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."

For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.

During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?

☒ NO

☐ YES. Enter the total here and list the satellite carrier(s) below. \$
**P**
**Special Statement  
Concerning Gross  
Receipts Exclusion**

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.

Line 1 Enter the amount of late payment or underpayment . . . . .

x 1%

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](http://www.copyright.gov/licensing/interest-rate.pdf). For further assistance please contact the Licensing Division at (202) 707-8150 or [licensing@copyright.gov](mailto: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

**Q****Interest Assessment**

**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.