CONTROL #:

10044

**REMITTANCE #:** 120829

Cable
Worksheet

\$162,393.56	29	
Total amount of remittance	Number of SAs rec'd	Initials

08/28/20

			- 00/20/20	<u> </u>	
		A. 34 East	Date of remittance	☐Check ✓EFT	FILING FEES
Cable ID#	3292				Amount Initials
Examined by		Reviewed by	Date examination completed	Allocation number	
П			5.13.21	1032584	\$1,888.55 AM
Space A Accounting Period	2020.	1	(enter four digit year and /	/1 (for Jan-Jun period) or /2 (for Jul-E	Dec period) No spaces)
	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space B Owner	P				
	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space D Area Served	V.			*/	
	Lette	er sent		Information received	
	Acce	pted		Phone call/Date/Contact	
Space E Secondary Transission				The same	
Service Subscribers:	Lette	er sent		Information received	
and Rates	Acce	pted		Phone call/Date/Contact	
Space G Primary Transmitters:				THEOLOGY	
Television	Lette	er sent		Information received	
	Acce	epted		Phone call/Date/Contact	
Space H Primary Transmitters:					
Radio	Acce	epted		Phone call/Date/Contact	

		Carriage
Letter sent	☐Information received	
Accepted	Phone call/Date/Contact	
		Space J Part-time Carriage Log
Letter sent	☐Information received	(SA3 only)
Accepted	Phone call/Date/Contact	
A		Space K Gross Receipts
Letter sent	☐Information received	
Letter sent	Phone call/Date/Contact	
		Space L Copyright Filing and Royalty Fees
Royalty Fee should be	Refund request to fiscal	
Letter sent	☐Information received	
Accepted	Phoe call/Date/Contact	
		Space M Channels
Letter sent	☐Information received	
Accepted	Phone call/Date/Contact	10 A
		Space O Certification
Letter sent	☐Information received	1 7
Accepted	Phone call/Date/Contact	
		Space P Statement of Gross Receipts
Letter sent	☐Information received	7
Accepted	Phone call/Date/Contact	
		Space Q Interest Assessment
Letter sent	☐Info/add'I fee received	
Accepted	Phone call/Date/Contact	

## THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

### SA1-2 Short Form

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are at the end of this form [pages (i)-(vii)].

FOR COPYRIGHT OFFICE USE ONLY								
DATE RECEIVED	AMOUNT							
LICENSING DIVISION	\$ 1,9999.55							
SEP 0 9 2020	ALLOCATION NUMBER							
RECEIVED	1032584							

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions.

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)									
Accounting Period	January 1-June 30 .2020(Year)	☐ July 1–December 31								
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.  In line 2, list any other names under which the owner conducts the business of the cable system.  If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.  Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 3292  LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	SHENANDOAH CABLE TELEVISION,									
	2 BUSINESS NAME(S) OF OWNER OF CABLE S									
	3 MAILING ADDRESS OF OWNER OF CABLE S 500 SHENTEL WAY, PO BOX 459 (Number, street, rural route, apartment, or suite number) EDINBURG, VA 22824 (City, town, state, zip)	YSTEM:								
С		sused to identify the business and operation of the system unless these names ddress of the system, if different from the address given in space B.								
System	1 IDENTIFICATION OF CABLE SYSTEM:									
	MAILING ADDRESS OF CABLE SYSTEM:  (Number, street, rural route, apartment, or suite number) (City, town, state, zip)									
D Area Served	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.  Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.									
	CITY OR TOWN STATE									
First ► Community	VAN LEAR KY WEST VAN LEAR KY HAGER HILL KY	AUXIER KY WILLIAMSPORT KY BOONESCAMP KY								

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 filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				
SHENANDOAH CABLE TELEVISI	ONTIC		3292	Name
OTTEN, INDO, INTO, IDEE TELEVIOR	0.11, 220		0202	
Instructions: List each separate community	served by the cable sys	tem. A "community" is the same as a "comr	nunity unit" as defined	
in FCC rules: "a separate and distinct commarges and including single discrete unincommarges and including single discrete unincommunity	nunity or municipal enti	ity (including unincorporated communities	within unincorporated	D
areas and including single, discrete unincorpor system identification hereafter known as t	the "first community." Pl	lease use it as the first community that you i	ure filings.	Area
Note: Entities and properties such as hotels, ap				Served
identified city.				
CITY OR TOWN	STATE	CITY OR TOWN	STATE	
				<b>◀</b> First
				Community
	·			
-4				
A				

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SHENANDOAH CABLE TELEVISION, LLC

3292



Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK	1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: • Service to first set	234	\$31.72			
· Service to additional set(s)			Converter/DVR Employee	2	\$6.00
•FM radio (if separate rate)			High Def DVR	170	\$15.00
Motel, hotel					
Commercial					
Converter	320	\$4.95			
Residential			Advanced	890	\$82.32
• Nonresidential		. ,	Digital Basic	409	\$97.52

# F

Services Other Than Secondary Transmissions: Rates

#### SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

**Block 1:** Give the standard rate charged by the cable system for each of the applicable services listed.

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

RATE
\$16.95 \$12.50 \$11.95 \$14.95 \$49.95
· · · · · · · · · · · · · · ·

#### PRIMARY TRANSMITTERS: TELEVISION

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

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

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

**Column 1:** List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream "WETA-2" as the same on the form. Simulcast stations must be reported in column 1 (list each station separately; for example, WETA-2-simulcast).

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

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

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

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WSAZ	3	N	HUNTINGTON, WV
WCHS	8	N	CHARLESTON, WV
WVAH	11	N	CHARLESTON, WV
WQCW	30	N	PORTSMOUTH, OH
WLJC	7	1	BEATTYVILLE, KY
WUPX	67	N	MOREHEAD
KET	22	E	PIKEVILLE
WYMT	9	N	HAZARD, KY
WSAZ-HD	3.1	N-M	HUNTINGTON, WV
WCHS-HD	8.1	N-M	CHARLESTON, WV
WVAH-HD	11.1	I-M	CHARLESTON, WV
WQCW-HD	30.1	I-M	PORTSMOUTH, OH
WYMT-HD	57.1	I-M	HAZARD, KY

G

Primary
Transmitters:
Television

	LECAL MANTE OF S	NAMED OF CAR.	OVOTE	۸.				FORM SA1-2. PAGE 4
Name	SHENAND			EVISION, LLC				3292
Н	PRIMARY In General: all-band bas	List every rad	dio sta	S: RADIO ation carried on a separate a ere generally receivable by y	and discrete ba	sis and list em during th	those	FM stations carried on an
Primary Transmitters: Radio	Special Instruction of the basis of no detailed information of the column 1 Column 2 Column 3 signal, indica Column 4	ructions Con (1) it is carried nonitoring, to mation about Identify the State wheth If the radio ate this by plates	ncern d by the be real at the t call siner the station acing a ation's	ing All-Band FM Carriage: to e system whenever it is recectived at the headend, with the Copyright Office regulating of each station carried. e station is AM or FM. In its signal was electronically a check mark in the "S/D" of a check mark in the "S/D" of the community to if any, the community with was signal.	Jnder Copyrightived at the system's FN ons on this point processed by polumn.	nt Office regulem's header of antenna, dint, see page the cable sy	ulation nd; and uring of (iv) of stem a	is, an FM signal is generally d (2) it can be expected, on certain stated intervals. For f the general instructions.
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
								•
				Maria de la companya della companya				

LEGAL NAME OF OWNER OF CABLE SYSTE SHENANDOAH CABLE TE		N, LLC			3292		Name		
<b>SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG</b> In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions.									
1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE  During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?    Yes   No   Note: If your answer is "No," leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.									
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of period, was broadcast by a dis under certain FCC rules, regul Do not use general categories "NBA Basketball: 76ers vs. Bu Column 2: If the program w Column 3: Give the call sign Column 4: Give the broadce the case of Mexican or Canad Column 5: Give the month a first. Example: for May 7, give Column 6: State the times w to the nearest five minutes. Exa as "6:00–6:30 p.m." Column 7: Enter the letter " to delete under FCC rules and was substituted for programm on October 19, 1976.	te program please atta every nonn tant station ations, or a like "movie ills." ras broadcan of the statast station ian stations and day when the suample: a programmer at the list regulations	ach additional etwork televisi and that your cuthorizations. es" or "basketl ast live, enter "tion broadcast is location (the s, if any, the coen your system ubstitute program carried led program win effect during	pages. on program ("substitute cable system substituted See page (v) of the gen ball." List specific program. Otherwise, enter ing the substitute programmunity to which the manual with which the carried the substitute pam was carried by your by a system from 6:01:1 as substituted for programments.	e program" d for the program titles, for the program titles, for the program. The station is program. Uncable systems to be station to the program of the pr	) that, during the ogramming of anostions for further it or example, "I Low s licensed by the identified). Is a numerals, with the List the times :28:30 p.m. shoul at your system wetter "P" if the lister	accounting ther station information. We Lucy" or FCC or, in in the month accurately districted as required as required and program			
	BSTITUTE	PROGRAM		11	I SUBSTITUTE GE OCCURRED	7. REASON			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH 6. TIMES AND DAY FROM — TO		FOR DELETION			
					<u> </u>				
	100								
			P and a lot						
					-				
					·-				
					<del></del>				
					. <del>.</del>				

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	3292	
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the a all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of h page (vi) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	s secondary transmission service ow to compute this amount, see  \$ 318,755.38	
Copyright Royalty Fee	COPYRIGHT ROYALTY AND FILING FEES Instructons: To compute the royalty fee you owe:  Complete block 1, block 2, or block 3  Use block 1 if the amount of gross receipts in space K is \$137,100 or less  Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions for more information.		
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-month		
	accounting period is \$52.00 Line 1. Royalty fee for accounting period	\$ 52.00	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		
	Line 3. Filing Fee	0.45.00	
	Line 4. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.  Add lines 1, 2 and 3	\$	
540 19	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)		
	1. Base amount under statutory formula · · · · · ·	263,800	
	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	756 ALLK 015	
	5. Enter the amount from line 3	AT LEGISTING W	
	6. Subtract line 5 from line 4		
		•	
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		
	9. Filing Fee	\$ 20,00	
	10. <b>TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.</b> Add lines 7, 8 and 9	<b>\$</b>	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)		
	1 Enter the amount of gross receipts from anges K	755.38	
	1. Enter the amount of gross receipts from space K		
		263,800	
	3. Subtract line 2 from line 1 \$54,	955.38	
	4. Multiply line 3 by .01	\$549.55	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$ 1,319	
WOO!	6. Interest Charge. Enter the amount from line 4, space Q, page 8		
	7. Filing Fee.	\$ 20.00	
	8. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, 6 and 7	\$ 1,888.55	
	IMPORTANT: Your remittance must be in the form of an electronic payment payable to Regis general instructions for more information.	ter of Copyrights. See page i of the	

LEGAL NAME OF OWNER OF CABLE SYSTEM:  SHENANDOAH CABLE TELEVISION, LLC  3292	Name
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period.  1. Enter the total number of channels on which the cable system carried television broadcast stations.  2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services.  223	M Channels
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)  Name Ray Ostroski  Telephone 540-984-5040 (Area code)  Address 500 Shentel Way, PO Box 459 (Number, street, rural route, apartment, or suite number)  Edinburg, VA 22824 (City, town, state, zip)  Email (optional) Ray.Ostroski@emp.shentel.com Fax (optional) 540-984-8192	
<ul> <li>CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</li> <li>I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)</li> <li>(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li>(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B, and that the owner is not a corporation or partnership; or</li> <li>(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.</li> <li>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. [See 18 U.S.C. sec.1001]</li> </ul>	
Handwritten signature:  Typed or printed name: Ann Flowers  Title: Assistant Secretary, Assistant General Counsel (Title of official position held in corporation or partnership)  Date: 8/31/3630	

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	FORM SAT-2. PAGE 8	
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC 3292	
Special Statement Concerning Gross Receipts Exclusions	PECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  be 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 (vi) of the general instructions.  Furing the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions add by satellite carriers to satellite dish owners?  NO  YES. Enter the total here and list the satellite carrier(s) below	
	Name Mailing address Mailing address Mailing address	
Q Interest Assessment	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 (vii) of the general instructions.  Line 1. Enter the amount of late payment or underpayment	
	Line 2. Multiply line 1 by the interest rate* and enter the sum here	
	Line 3. Multiply line 2 by the number of days late and enter the sum herex00274	
W	Line 4, Multiply line 3 by .00274** and enter here and in space L (page 6) block 1, line 2, or block 2, line 8, or block 3, line 6	
	* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.  **This is the decimal equivalent of 1/365, which is the interest assessment for one day late.	
	<b>Note:</b> 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	
TAN	ID number  First community served  Accounting period	

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