

CONTROL #:

REMITTANCE #:



\$ _____
 Total amount of remittance Number of SAs rec'd Initials

_____ Check EFT FILING FEE
 Date of remittance

Cable ID #				Amount/Initials \$
Examined by	Reviewed by	Date examination completed	Allocation number	

Space A
Accounting Period

January 1 – June 30, 20 _____ July 1 – December 31, 20 _____

Letter sent Information received

Accepted Phone call/Date/Contact

Space B
Owner

Letter sent Information received

Accepted Phone call/Date/Contact

Space D
Area Served

Letter sent Information received

Accepted Phone call/Date/Contact

Space E
Secondary Transmission Service
Subscribers:
and Rates

Letter sent Information received

Accepted Phone call/Date/Contact

Space G
Primary Transmitters:
Television

Letter sent Information received

Accepted Phone call/Date/Contact

Space H
Primary Transmitters:
Radio

Accepted Phone call/Date/Contact

<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space I Substitute Carriage
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space K Gross Receipts
<input type="checkbox"/> Royalty Fee should be \$ <input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Refund request to fiscal <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space M Channels
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space O Certification
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Information received <input type="checkbox"/> Phone call/Date/Contact	Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent <input type="checkbox"/> Accepted <input type="checkbox"/> Info/add'l fee received <input type="checkbox"/> Phone call/Date/Contact	Space Q Interest Assessment

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA3
 Long Form**

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

General instructions are at the
 end of this form [pages i–viii].

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
3/1/2021	\$ 9,130.15 TC
	ALLOCATION NUMBER

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.

Licensing Division Digitally signed by
 Licensing Division
 Date: 2021.03.16
 13:08:58 -04'00'

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)																											
	<input type="checkbox"/> January 1–June 30 (Year)		<input checked="" type="checkbox"/> July 1–December 31 <u>2020</u> (Year)																									
B Owner	<p>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.</p> <p><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 Division. <u>004250</u></p>																											
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC		004250																								
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):																										
	3	<p>MAILING ADDRESS OF OWNER OF CABLE SYSTEM: <u>500 SHENTEL WAY, PO BOX 459</u> <small>(Number, street, rural route, apartment, or suite number)</small> <u>EDINBURG, VA 22824</u> <small>(City, town, state, zip)</small></p>																										
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>																											
	1	IDENTIFICATION OF CABLE SYSTEM:																										
	2	<p>MAILING ADDRESS OF CABLE SYSTEM: <small>(Number, street, rural route, apartment, or suite number)</small> <small>(City, town, state, zip code)</small></p>																										
D Area Served First ► Community Sample ►	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">CITY OR TOWN</td> <td style="width: 20%;">STATE</td> <td colspan="2"></td> </tr> <tr> <td>Weston (Lineup A, Subgroup 2)</td> <td>WV</td> <td colspan="2"></td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">CITY OR TOWN (SAMPLE)</th> <th style="width: 10%;">STATE</th> <th style="width: 15%;">CH LINE UP</th> <th style="width: 15%;">SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>				CITY OR TOWN	STATE			Weston (Lineup A, Subgroup 2)	WV			CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																											
Weston (Lineup A, Subgroup 2)	WV																											
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																									
Alda	MD	A	1																									
Alliance	MD	B	2																									
Gering	MD	B	3																									

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 effects 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.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250
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E Secondary Transmission Service: Subscribers and Rates	<p>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.</p>				
BLOCK 1		BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Glenville Lineup (Starter HD) Residential:	54	47.67			
• Service to first set	317	47.67	Cable Card	10	1.99
• Service to additional set(s)			1st Converter HD/DV	232	16.95
• FM radio (if separate rate)			Add'l Converter HD/D	36	9.95
Motel, hotel			Converter-Employee	2	6.00
Commercial			Advanced-Glenville	199	101.67
Converter			Ultimate -Glenville	100	116.67
• Residential	932	5.95	Advanced (Expanded	862	101.67
• Non-residential			Ultimate (Digital)	708	116.67

F Services Other Than Secondary Transmissions: Rates	<p>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.</p>				
BLOCK 1		BLOCK 2			
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable (HBO)	\$17.95	• Motel, hotel		Cinemax	\$14.95
• Pay cable—add'l channel		• Commercial		Starz/Encore	\$13.95
• Fire protection		• Pay cable		Showtime/TMC	\$15.95
• Burglar protection		• Pay cable—add'l channel		Fan's Choice	\$5.95
Installation: Residential		• Fire protection			
• First set (Includes 2)	\$99.95	• Burglar protection			
• Additional set(s)	\$14.95	Other services:			
• FM radio (if separate rate)		• Reconnect	\$25.00	Service Call	\$49.95
• Converter		• Disconnect		Install - No Entry	\$99.95
		• Outlet relocation		Additional Set after Initial Install	\$64.90
		• Move to new address			

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250
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E Secondary Transmission Service: Subscribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES</p> <p>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).</p> <p>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).</p> <p>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.</p> <p>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)."</p> <p>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.</p>				
BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential: <ul style="list-style-type: none"> • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter <ul style="list-style-type: none"> • Residential^{DTA} • Non-residential 			TiVo Gateway	66	19.95
			TiVo Player	64	6.95
			DTA	247	3.99
			Technology Fee	2135	3.00
		1,746	1.99	Maestro Box	77
			Maestro Player	179	5.00

F Services Other Than Secondary Transmissions: Rates	<p>SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES</p> <p>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.</p> <p>Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.</p> <p>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.</p>				
BLOCK 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: <ul style="list-style-type: none"> • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential <ul style="list-style-type: none"> • First set • Additional set(s) • FM radio (if separate rate) • Converter 		Installation: Non-residential <ul style="list-style-type: none"> • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other services: <ul style="list-style-type: none"> • Reconnect • Disconnect • Outlet relocation • Move to new address 			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

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

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

Column 2: Give the channel number the FCC has 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. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions.

Column 4: If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions.

Column 5: If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions.

Column 6: 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.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

G
Primary Transmitters: Television

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WBOY	12	N	NO		CLARKSBURG, WV
WBOY-DT2	12.2	N-M	NO		CLARKSBURG, WV
WBOY-HD	12.1	N-M	NO		CLARKSBURG, WV
WCHS	8	N	YES	O	CHARLESTON, WV
WCHS-HD	8.1	N	YES	E	CHARLESTON, WV
WDTV	5	N	NO		WESTON, WV
WDTV-HD	5.1	N-M	NO		WESTON, WV
WBOY-DT2-HD	12.2	N-M	NO		CLARKSBURG, WV
WNPB	24	E	YES	O	MORGANTOWN, WV
WNPB-HD	24.1	E-M	YES	E	MORGANTOWN, WV
WVFX	10	I	NO		CLARKSBURG, WV
WVFX-HD	10.1	I-M	NO		CLARKSBURG, WV
WVFX-DT2	10.2	I-M	NO		CLARKSBURG, WV
WDTV-DT2	5.2	I-M	NO		WESTON, WV
WNPB-DT2-HD	24.2	E-M	YES	E	MORGANTOWN, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250	Name
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PRIMARY TRANSMITTERS: TELEVISION

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

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

- Do *not* list the station here in space G—but *do* list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
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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 multi-cast stream as “WETA-2”. Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

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Column 6: 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.

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G
Primary Transmitters: Television

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WDTV	5	N	NO		WESTON, WV
WDTV-HD	5.1	N-M	NO		WESTON, WV
WBOY-DT2-HD	12.2	N-M	NO		CLARKSBURG, WV
WNPB	24	E	YES	O	MORGANTOWN, WV
WNPB-HD	24.1	E-M	YES	E	MORGANTOWN, WV
WNPB-DT2-HD	24.2	E-M	YES	E	MORGANTOWN, WV
WBOY-DT3	12.3	N-M	NO		CLARKSBURG, WV
WBOY-DT4	12.4	N-M	NO		CLARKSBURG, WV

LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250	Name
GROSS RECEIPTS Instructions: 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. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 789,958.06 (Amount of gross receipts)		K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.		
COPYRIGHT ROYALTY AND FILING FEES Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> • Complete block 1, showing your minimum fee. • Complete block 2, showing whether your system carried any distant television stations. • If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. • If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. <p>▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below.</p> <p>▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below.</p> <p>▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.</p>		L Copyright Royalty Fee
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. \$789,958.06 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee. \$ 8,405.15	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. <ul style="list-style-type: none"> • Did your cable system carry any distant television stations during the accounting period? <input checked="" type="checkbox"/> Yes—Complete the DSE schedule. <input type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4. 	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero \$ 1,895.58 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero \$976.54 Line 3. Add lines 1 and 2 and enter here \$ 2,872.12	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger. \$ 8,405.15 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero. \$ Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) \$ Line 4. FILING FEE: \$ 725.00 TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here \$ 9,130.15 Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	A-18 B-18
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	A-314 B-315
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
	Name	Ray Ostroski
	Telephone	540-984-5040 <small>(Area code)</small>
	Address	500 Shentel Way, PO Box 459 <small>(Number, street, rural route, apartment, or suite number)</small>
	Edinburg, VA 22824 <small>(City, town, state, zip)</small>
	Email (optional)	Ray.Ostroski@emp.shentel.com
	Fax (optional)	540-984-8192
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	
	<ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) 	
	<input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	<input type="checkbox"/> (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	
	<input checked="" type="checkbox"/> (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.	
	<ul style="list-style-type: none"> • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	
		Handwritten signature: <u>Ann Flowers</u>
		Typed or printed name: <u>Ann Flowers</u>
		Title: <u>Asstant Secretary, Assistant General Counsel</u> <small>(Title of official position held in corporation or partnership)</small>
		Date: <u>3/1/21</u>

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 effects 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: SHENANDOAH CABLE TELEVISION, LLC	004250	Name
<p>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</p> <p>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: “In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119.”</p> <p>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions.</p> <p>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?</p> <p><input checked="" type="checkbox"/> NO</p> <p><input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____</p>		<p style="font-size: 2em;">P</p> <p>Special Statement Concerning Gross Receipts Exclusions</p>
Name _____ Mailing address _____ _____ _____	Name _____ Mailing address _____ _____ _____	
<p>INTEREST ASSESSMENT</p> <p>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.</p> <p>Line 1 Enter the amount of late payment or underpayment \$ _____</p> <p style="text-align: right;">x _____ %</p> <p>Line 2 Multiply line 1 by the interest rate* and enter the sum here _____</p> <p style="text-align: right;">x _____ days</p> <p>Line 3 Multiply line 2 by the number of days late and enter the sum here _____</p> <p style="text-align: right;">x 0.00274</p> <p>Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) \$ _____</p> <p style="text-align: right;">(interest charge)</p> <p>* 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.</p> <p>** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.</p> <p>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, accounting period, and ID number as given in the original filing.</p> <p>Owner _____</p> <p>Address _____</p> <p>_____</p> <p>First community served _____</p> <p>Accounting period _____</p> <p>ID number _____</p>		<p style="font-size: 2em;">Q</p> <p>Interest Assessment</p>

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 effects 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.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station’s local service area and, at the same time, to other subscribers located outside that area.

- If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system’s permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.

First DSE	1.064% of gross receipts
Each of the second, third, and fourth DSEs	0.701% of gross receipts
The fifth and each additional DSE	0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:
 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 2. Identify the communities/areas represented by each subscriber group.
 3. For each subscriber group, calculate the total number of DSEs of that group’s complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station’s DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station’s DSE as you gave it in block B, part 6 of this schedule.
 4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group’s complement of stations; and (3) the amount of gross receipts attributable to that group.

6. Add together the base rate fees for each subscriber group to determine the system’s total base rate fee.

7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

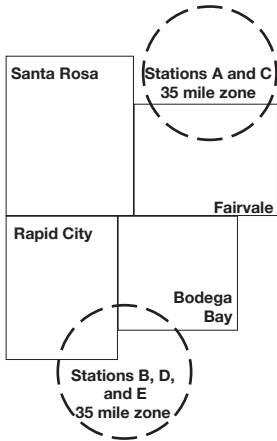
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



Distant Stations Carried		Identification of Subscriber Groups		GROSS RECEIPTS FROM SUBSCRIBERS
STATION	DSE	CITY	OUTSIDE LOCAL SERVICE AREA OF	
A (independent)	1.0		Stations A, B, C, D, E	\$310,000.00
B (independent)	1.0	Santa Rosa	Stations A and C	100,000.00
C (part-time)	0.083	Rapid City	Stations A and C	70,000.00
D (part-time)	0.139	Bodega Bay	Stations B, D, and E	120,000.00
E (network)	0.25	Fairvale		
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

Minimum Fee	Total Gross Receipts	\$600,000.00
		x .01064
		<u>\$6,384.00</u>

First Subscriber Group (Santa Rosa)		Second Subscriber Group (Rapid City and Bodega Bay)		Third Subscriber Group (Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
$\$310,000 \times .01064 \times 1.0 =$	<u>3,298.40</u>	$\$170,000 \times .01064 \times 1.0 =$	<u>1,808.80</u>	$\$120,000 \times .01064 \times 1.0 =$	<u>1,276.80</u>
$\$310,000 \times .00701 \times 1.472 =$	<u>3,198.80</u>	$\$170,000 \times .00701 \times .083 =$	<u>98.91</u>	$\$120,000 \times .00701 \times .389 =$	<u>327.23</u>
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94
 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250
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2
Computation of DSEs for Category "O" Stations

Instructions:
In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).
In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."

CATEGORY "O" STATIONS: DSEs

CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
WCHS	0.25				
WNPB	0.25				

SUM OF DSEs OF CATEGORY "O" STATIONS:

- Add the DSEs of each station.

Enter the sum here and in line 1 of part 5 of this schedule.5

LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250	Name
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Instructions: Block A must be completed.
 In block A:
 • If your answer if "Yes," leave the remainder of part 6 and part 7 of the DSE schedule blank and complete part 8, (page 16) of the schedule.
 • If your answer if "No," complete blocks B and C below.

6
**Computation of
 3.75 Fee**

BLOCK A: TELEVISION MARKETS

Is the cable system located wholly outside of all major and smaller markets as defined under section 76.5 of FCC rules and regulations in effect on June 24, 1981?
 Yes — Complete part 8 of the schedule—**DO NOT COMPLETE THE REMAINDER OF PART 6 AND 7.**
 No—Complete blocks B and C below.

BLOCK B: CARRIAGE OF PERMITTED DSEs

Column 1: CALL SIGN List the call signs of distant stations listed in part 2, 3, and 4 of this schedule that your system was permitted to carry under FCC rules and regulations prior to June 25, 1981. For further explanation of permitted stations, see the instructions for the DSE Schedule. (**Note:** The letter M below refers to an exempt multicast stream as set forth in the Satellite Television Extension and Localism Act of 2010.)

Column 2: BASIS OF PERMITTED CARRIAGE Enter the appropriate letter indicating the basis on which you carried a permitted station. (Note the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.)
 A Stations carried pursuant to the FCC market quota rules [76.57, 76.59(b), 76.61(b)(c), 76.63(a) referring to 76.61(b)(c)]
 B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1))
 C Noncommercial educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d)]
 D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule).
 E Carried pursuant to individual waiver of FCC rules (76.7)
 *F A station previously carried on a part-time or substitute basis prior to June 25, 1981
 G Commercial UHF station within grade-B contour, [76.59(d)(5), 76.61(e)(5), 76.63(a) referring to 76.61(e)(5)]
 M Retransmission of a distant multicast stream.

Column 3: List the DSE for each distant station listed in parts 2, 3, and 4 of the schedule.
 *(**Note:** For those stations identified by the letter "F" in column 2, you must complete the worksheet on page 14 of this schedule to determine the DSE.)

1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE
WCHS	A-no rollback	0.25						
WNPB	C	0.25						

▶ 0.5

BLOCK C: COMPUTATION OF 3.75 FEE

Line 1: Enter the total number of DSEs from part 5 of this schedule▶ .5

Line 2: Enter the sum of permitted DSEs from block B above▶ 0.25

Line 3: Subtract line 2 from line 1. This is the total number of DSEs subject to the 3.75 rate.
 (If zero, leave lines 4–7 blank and proceed to part 7 of this schedule).....▶ .25

Line 4: Enter gross receipts from space K (page 7)▶ \$89958.06
x 0.0375

Line 5: Multiply line 4 by 0.0375 and enter sum here.....▶ \$ 29623.43
x

Line 6: Enter total number of DSEs from line 3.....▶ .25

Line 7: Multiply line 6 by line 5 and enter here and on line 2, block 3, space L (page 7).....▶ \$ 2872.12 (Part 9)

**Do any of the
 DSEs represent
 partially
 permitted/
 partially non-
 permitted
 carriage?
 If yes, see part
 9 instructions.**

LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250	Name
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BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE

Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$ _____
Section 2	<p>A. Enter the total DSEs from block B of part 7 ▶ _____</p> <p>B. Enter the total number of exempt DSEs from block C of part 7 ▶ 0</p> <p>C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8. ▶ </p>

7

Computation
of the
Syndicated
Exclusivity
Surcharge

• Is any portion of the cable system within a top 50 television market as defined by the FCC?
 Yes—Complete section 3 below. No—Complete section 4 below.

SECTION 3: TOP 50 TELEVISION MARKET

Section 3a	<p>• Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete part 9 of this schedule. <input type="checkbox"/> No—Complete the applicable section below.</p> <p>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.00599 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here ▶ _____</p> <p>D. Multiply line B by line C and enter here ▶ _____</p> <p>E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge ▶ \$.</p>
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Section 3b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.</p> <p>A. Enter 0.00599 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here ▶ \$ _____</p> <p>D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here ▶ _____</p> <p>F. Multiply line D by line E and enter here ▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge ▶ \$.</p>
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SECTION 4: SECOND 50 TELEVISION MARKET

Section 4a	<p>Did your cable system retransmit the signals of any partially distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete part 9, of the Schedule. <input type="checkbox"/> No—Complete the following sections.</p> <p>If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ _____</p> <p>C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here ▶ _____</p> <p>D. Multiply line B by line C and enter here ▶ \$ _____</p> <p>E. Add lines A and D. This is your surcharge. Enter here and in line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge ▶ \$.</p>
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250
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7 Computation of the Syndicated Exclusivity Surcharge	Section 4b	<p>If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.</p> <p>A. Enter 0.00300 of gross receipts (the amount in section 1)▶ \$ _____</p> <p>B. Enter 0.00189 of gross receipts (the amount in section 1)▶ \$ _____</p> <p>C. Multiply line B by 3.000 and enter here▶ \$ _____</p> <p>D. Enter 0.00089 of gross receipts (the amount in section 1)▶ \$ _____</p> <p>E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here▶ _____</p> <p>F. Multiply line D by line E and enter here▶ \$ _____</p> <p>G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)</p> <p>Syndicated Exclusivity Surcharge▶ \$ </p>
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8 Computation of Base Rate Fee	<p>Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5.</p> <ul style="list-style-type: none"> • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank. <p>What is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers were located within that station's local service area and others were located outside that area. For the definition of a station's "local service area," see page (v) of the general instructions.</p>
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BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS

- Did your cable system retransmit the signals of any partially distant television stations during the accounting period?
 Yes—Complete part 9 of this schedule. No—Complete the following sections.

BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE

Section 1	Enter the amount of gross receipts from space K (page 7)▶ \$ _____
Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.)▶ _____
Section 3	<p>If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.</p> <p>A. Enter 0.01064 of gross receipts (the amount in section 1)▶ \$ _____</p> <p>B. Enter 0.00701 of gross receipts (the amount in section 1)▶ \$ _____</p> <p>C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here▶ _____</p> <p>D. Multiply line B by line C and enter here▶ \$ _____</p> <p>E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)</p> <p>Base Rate Fee▶ \$ </p>

LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250	Name
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Section 4	If the figure in section 2 is more than 4,000 , compute your base rate fee here and leave section 3 blank.	8
	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$ _____	Computation of Base Rate Fee
	B. Enter 0.00701 of gross receipts (the amount in section 1) ▶ \$ _____	
	C. Multiply line B by 3.000 and enter here ▶ \$ _____	
	D. Enter 0.00330 of gross receipts (the amount in section 1) ▶ \$ _____	
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶ _____	
	F. Multiply line D by line E and enter here ▶ \$ _____	
	G. Add lines A, C, and F. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) Base Rate Fee ▶ \$ 	

<p>IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast signals shall instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel line-ups in Space G.</p> <p>In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:</p> <p>First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group.</p> <p>Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.</p> <p>NOTE: If any portion of your cable system is located within the top 100 television market and the station is <i>not exempt in part 7</i>, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.</p> <p>How to Identify a Subscriber Group for Partially Distant Stations</p> <p>Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.</p> <p>Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)</p> <p>Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.</p> <p>Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.</p> <p>In each section:</p> <ul style="list-style-type: none"> • Identify the communities/areas represented by each subscriber group. • Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group. • If: <ol style="list-style-type: none"> 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule. • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. • Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions. • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form. 	9
	Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations, and for Partially Permitted Stations

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC 004250
	<p>Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals</p> <p>Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant.</p> <p>Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K.</p> <p>Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge.</p> <p>Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams</p> <p>Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream.</p> <p>You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.</p>

LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC								Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								9
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA ... Salem, Bristol, Doddridge, Harrison				COMMUNITY/ AREA ... Weston, Camden, Jane Lew Horner, Alum Bridge, Broad Run, Lewis Co.				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				WCHS	0.25			
Total DSEs 0				Total DSEs 0.25				
Gross Receipts First Group \$ 104164.18				Gross Receipts Second Group \$ 582194.85				
Base Rate Fee First Group \$ 0				Base Rate Fee Second Group \$ 1455.49				
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA ... portions of Gilmer County, Glenville, Sand Fork, Linn.				COMMUNITY/ AREA ... Burnsville, portions of Braxton County.				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WCHS	0.25			WNPB	0.25			
WNPB	0.25							
Total DSEs 0.5				Total DSEs 0.25				
Gross Receipts Third Group \$ 72438.72				Gross Receipts Fourth Group \$ 31160.31				
Base Rate Fee Third Group \$ 362.19				Base Rate Fee Fourth Group \$ 77.90				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$				1895.58				

LEGAL NAME OF OWNER OF CABLE SYSTEM: Shenandoah Cable Television, LLC								Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								9
FIRST SUBSCRIBER GROUP				SECOND SUBSCRIBER GROUP				
COMMUNITY/ AREA ... Salem, Bristol, Doddridge, Harrison.....				COMMUNITY/ AREA ... Weston, Camden, Jane Lew Horner, Alum Bridge, Broad Run, Lewis Co.....				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WCHS	0.25							
Total DSEs 0.25				Total DSEs 0				
Gross Receipts First Group \$ 104164.18				Gross Receipts Second Group \$ 582194.85				
Base Rate Fee First Group \$ 976.54				Base Rate Fee Second Group \$ 0				
THIRD SUBSCRIBER GROUP				FOURTH SUBSCRIBER GROUP				
COMMUNITY/ AREA ... portions of Gilmer County, Glennville, Sand Fork, Linn				COMMUNITY/ AREA Burnsville, portions of Braxton... ... County.....				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs 0				Total DSEs 0				
Gross Receipts Third Group \$ 72438.72				Gross Receipts Fourth Group \$ 31160.31				
Base Rate Fee Third Group \$ 0				Base Rate Fee Fourth Group \$ 0				
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7)						\$ 976.54		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SHENANDOAH CABLE TELEVISION, LLC	004250
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Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations

BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP

If your cable system is located within a top 100 television market and the station is *not exempt* in Part 7, you must *also* compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981:

First 50 major television market Second 50 major television market

INSTRUCTIONS:

- Step 1:** In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of this schedule.
- Step 2:** In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Exempt DSEs in block C, part 7 of this schedule. If none enter zero.
- Step 3:** In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge.
- Step 4:** Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show your actual calculations on this form.

FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs _____	Line 1: Enter the VHF DSEs _____
Line 2: Enter the Exempt DSEs _____	Line 2: Enter the Exempt DSEs _____
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation _____	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation _____
SYNDICATED EXCLUSIVITY SURCHARGE First Group \$ _____	SYNDICATED EXCLUSIVITY SURCHARGE Second Group \$ _____

THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
Line 1: Enter the VHF DSEs _____	Line 1: Enter the VHF DSEs _____
Line 2: Enter the Exempt DSEs _____	Line 2: Enter the Exempt DSEs _____
Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation _____	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation _____
SYNDICATED EXCLUSIVITY SURCHARGE Third Group \$ _____	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group \$ _____

SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown in the boxes above. Enter here and in block 4, line 2 of space L (page 7) \$ _____