This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

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

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY							
DATE RECEIVED AMOUNT							
03/03/2025	\$ ALLOCATION NUMBER						

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20242 Barcode Data Filing Period (optional - see instructions)
Accounting Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Cogeco US (Delmar), LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		3 Batterymarch Park, Suite 200 (Number, street, rural route, apartment, or suite number)
		Quincy, MA 02169 (City, town, state, zip)
С		EUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System		IDENTIFICATION OF CABLE SYSTEM:
	1	Cogeco US, LLC
		MAILING ADDRESS OF CABLE SYSTEM:
	2	330 Drummer Drive (Number, street, rural route, apartment, or suite number)
		Grasonville, MD 21638 (City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 fling, a determination that would be made by a court of law.

Accounting Period:	2024/2	FORM SA1-2E. PAGE 1b.						
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#						
Name	Cogeco US (Delmar), LLC	26504						
D	Instructions: List each separate community served by the cable syster "a separate and distinct community or municipal entity (including uni	m. A "community" is the same as a "community unit" as defined in FCC rules: ncorporated communities within unincorporated areas and including single,						
D	discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.							
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.							
F14	CITY OR TOWN Town of Middletown	STATE						
First Community	Town of Townsend	DE DE						
••••••	Town of Odessa	DE						
Add Barre as Nosassani	City of Deleware City	DE						
Add Rows as Necessary	New Castle County	DE						
	New Castle County New Castle County, St. Georges	DE						
	Kent County (Smyrna/Clayton)	DE						
	Perry Point	MD						
	City of Chesapeake City	MD						
	Middletown (Village Brook)	DE						
	I WILLIAM (VIII AGE DIOOK)	DL .						

Accounting Period: 2024/2

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Cogeco US (Delmar), LLC

SYSTEM ID#

26504

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE		
Residential:							
Service to first set	1,214	\$49.99	Entertainment	1,028	\$89.98		
Service to additional set(s)			Variety	20	\$134.98		
• FM radio (if separate rate)							
Motel, hotel	0						
Commercial	83	\$49.99					
Converter							
Residential							
Non-residential							

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

		BLOCK 2				
CATEGORY OF SERVICE	ATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE				CATEGORY OF SERVICE	RAT
Continuing Services:		Installation: Non-residential				
Pay cable	\$1.99-19.99	Motel, hotel				
 Pay cable—add'l channel 		Commercial				
Fire protection		• Pay cable				
•Burglar protection		Pay cable-add'l channel				
Installation: Residential		Fire protection				
First set	\$99.00	Burglar protection				
 Additional set(s) 		Other services:				
 FM radio (if separate rate) 		Reconnect	\$50.00			
Converter		Disconnect				
		Outlet relocation	\$40.00	1 1'''		
		Move to new address	\$40.00	l l'''		

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

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 26504

Cogeco US (Delmar), LLC

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

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

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

• Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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

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

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

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

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KYW	3	l	Philadelphia, PA
WBAL	11	N	Baltimore, MD
WBFF	1	N	Baltimore, MD
WCAU	10	N	Philadelphia, PA
WHYY	7	E	Wilmington, DE
NJZ	13	N	Baltimore, MD
WMAR	2	N	Baltimore, MD
WMPT	42	E	Annapolis, MD
WNUV	17	l	Baltimore, MD
WPHL	4	I	Philadelphia, PA
N PPX	8	N	Philadelphia, PA
WPSG	6	I	Philadelphia, PA
WPVI	6	N	Philadelphia, PA
WTXF	9	I	Philadelphia, PA
WACP	22	l	Atlantic City, NJ
KJWP/WDPN	69	I	Philadelphia, PA
WNUV (Comet)	17.3	I	Baltimore, MD
WNUV (Stadium)	17.4	I	Baltimore, MD
WPHL GRIT	4.3	l	Philadelphia, PA
WPHL Antenna TV	4.2	l	Philadelphia, PA
WPHL Comet	4.4	l	Philadelphia, PA
WNUV Antenna TV	17.2	I	Philadelphia, PA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Cogeco US (Delmar), LLC

26504

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

Column 1: Identify the call sign of each station carried.

Column 2: State whether the station is AM or FM.

Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

	1	1	T	T	T	1	T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			<u> </u>				
			 				
						ļ 	

Accounting Perio	d: 2024/2 LEGAL NAME OF OWNER OF	CARLECYC	TEM.				FOR	M SA1-2E. PAGE 5.
Name			I EM:					SYSTEM ID# 26504
	Cogeco US (Delmar), LLC							
Substitute								
Carriage:	1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE							
Special Statement and	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program							n
Program Log	broadcast by a distant sta	ition?					YES	X NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is	"Yes," you mu	st complet		m
	log in block 2.							
	2. LOG OF SUBSTITUTI			to the original design of the second of the second				
	In General: List each subs clear. If you need more spa Column 1: Give the title period, was broadcast by a under certain FCC rules, re	oce, please a of every no distant stat	add additional r nnetwork televi ion and that yo	ows to the tables. sion program ("substitute ur cable system substitute	program") thated	t, during the	ne accounting of another state	J tion
	Do not use general categor "NBA Basketball: 76ers vs.	Bulls."				ımple, "I L	ove Lucy" or	
	Column 3: Give the call	sign of the	station broadca	"Yes." Otherwise enter " sting the substitute progra e community to which the	am.	and by th	o ECC or in	
	the case of Mexican or Car						e roo oi, iii	
	Column 5: Give the mor	nth and day		tem carried the substitute		,	with the mor	nth
	first. Example: for May 7 giv					1 :-4 41 4:		l
	to the nearest five minutes.			gram was carried by your	•			ly
	stated as "6:00–6:30 p.m."	схапіріе. а	i program came	ed by a system nom 6.01.	. 15 p.111. to 6.26	5.30 p.iii. s	siloulu be	
		er "R" if the	listed program	was substituted for progr	amming that yo	our system	n was <i>require</i>	ed
	to delete under FCC rules a							am
	was substituted for progran effect on October 19, 1976.		our system wa	s permitted to delete unde	er FCC rules a	nd regulati	ions in	
	effect off October 19, 1976.	=						
						N SUBST		
	8	SUBSTITUT	E PROGRAM		CARRI	AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S	4 07471011010100471011	5. MONTH		TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	<u>— то</u>	
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Accounting Period:	2024/2		FORM S	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		5	YSTEM ID#
	Cogeco US (Delmar), LLC			26504
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you all amounts (gross receipts) paid to your cable system by subscribers for the system's second (as identified in space E) during the accounting period. For a further explanation of how to con page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	lary transm npute this a	ission service amount, see \$410,	•
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$5 See page (vi) of the general instructions located in the paper SA1-2 form for more information.		263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	3		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must accounting period is \$52.00	st pay for thi	s six-montl	
	Line 1. Royalty fee for accounting period			
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2		·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more the	an \$137,1	00)	· · · · · · · · · · · · · · · · · · ·
	1. Base amount under statutory formula	,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1			
	4. Enter the amount of gross receipts from space K			
	5. Enter the amount from line 3			
	6. Subtract line 5 from line 4			
	7. Multiply line 6 by .005 (enter figure here)			
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	· · · · · · -		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less t	than \$527,	600)	
	1. Enter the amount of gross receipts from space K	,257.00		
	2. Base amount under statutory formula	,800.00		
	3. Subtract line 2 from line 1	,457.00		
	4. Multiply line 3 by .01		1,464.57	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	· · · · · · -	\$	2,783.57
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		2,783.57	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)		20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	[\$	2,803.57
	Important: Your remittance must be in the form of an electronic payment payable to See page i of the general instructions in the paper SA1-2 form for more	-		hts!

Accounting Period:	2024/2					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C	OWNER OF CABLE SYSTEM: elmar), LLC				SYSTEM ID# 26504
M Channels	to its subscribers 1. Enter the total system carried 2. Enter the total on which the carried	number of channels on which television broadcast stations number of activated channels able system carried television	total number th the cable s broadcast			22 164
N Individual to Be Contacted		BE CONTACTED IF FURTH		MATION IS NEEDED (Identify an individual to wh	nom	
for Further Information	Name	Adrianna Maciejewsk	ka		Telephone	617-786-8800
	Address	3 Batterymarch Park, (Number, street, rural route, apartr Quincy, MA 02169 (City, town, state, zip)				
	Email	legal@breezelir	ne.com	Fax (option	nal)	
_	CERTIFICATION	(This statement of account mu	ust be cert	fied and signed in accordance with Copyright Offi	ce regulations)	
O Certification	• I, the undersigne	ed, hereby certify that (Check or	ne, <i>but only</i>	one, of the boxes.)		
	(Owne	r other than corporation or pa	artnership)	I am the owner of the cable system as identified in I	ine 1 of space B;	or
				tnership) I am the duly authorized agent of the owners a corporation or partnership; or	er of the cable sy	stem as identified
		er or partner) I am an officer (if ine 1 of space B.	f a corporat	ion) or a partner (if a partnership) of the legal entity i	dentified as owne	er of the cable system
		e, and correct to the best of my		are under penalty of law that all statements of fact or , information, and belief, and are made in good faith.		
			Enter an e	/s/ Sean Brushett lectronic signature on the line above to certify this stature using an "/s/ signature" (e.g., /s/ John Smith)	tement.	
		Typed or printed	d name:	Sean Brushett		
		Title: (Title of o		perations Officer n held in corporation or partnership)		
		Date:		February 2	27, 2025	

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ounting Period: 2024/2	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID:
geco US (Delmar), LLC	26504
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."	Concerning Gross
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	;
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name	
Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaymen For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	t. Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
^	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	-
xd	ays
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	<u>-</u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance pleas contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	e
** 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, pleas list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	е
Owner	
Address	
ID number	
First community served Accounting period	
/ toodatting ported	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.