## 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.

## 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 COPYRIGH	IT OFFICE USE ONLY
DATE RECEIVED	AMOUNT
00/00/00/-	\$
08/29/2017	ALLOCATION NUMBER

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	D BY THIS STATEMENT:				
Accounting Period	January - June 2017					
B Owner	Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it.  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.  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 ADD	DRESS OF CABLE SYSTEM				
	Atlantic Broadband (Penn)	LLC				
			*01	1523120171*		
				015231 2017/1		
	2 Batterymarch Park, Suite Quincy, MA 02169	205				
С			entify the business and operation of the system ne system, if different from the address given			
System	IDENTIFICATION OF CABLE SYSTEM:	ie z, give tile mailing address of the	ie system, ii dinerent nom the address given	пі зрасе в.		
•	1 Atlantic Broadband					
	MAILING ADDRESS OF CABLE SYSTEM: 120 Southmont Blvd. (Number, street, rural route, apartment, or suite not Johnstown, PA 15905 (City, town, state, zip code)					
D			A "community" is the same as a "community luding unincorporated communites within unit			
	·		6.5(dd). The first community that list will serv	•		
Area	of system identification hereafter known	as the "first community." Please	use it as the first community on all future filing	gs.		
Served	Note: Entities and properties such as he the identified city.	otels, apartments, condiminiums,	or mobile home parks should be reported in p	aratheses below		
	CITY OR TOWN	STATE	CITY OR TOWN	STATE		
First	Mifflinburg	PA	Limestone	PA		
Community	Buffalo	PA	Union (Glen Iron Area)	PA		
	Hartleton	PA	Union	PA		
	Laurelton (Union Co.)	PA	West	PA		
	Lewis	PA				
	Lewis (Swengal Area)	PA				

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 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 suffciency of the fling, a determination that would be made by a court of law.

Form SA1-2c Rev 04/2011

FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 015231 Atlantic Broadband (Penn) LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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 Secondary about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the Transmission 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 Service: Subdown by categories of secondary transmission service. In general, you can compute the number of subscribers in scribers and Rates 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 NO. OF NO. OF CATEGORY OF SERVICE **SUBSCRIBERS RATE** CATEGORY OF SERVICE SUBSCRIBERS **RATE** Residential: · Service to first set 513 38.53 Expanded Basic 453 45.68 · Service to additional set(s) Value (Basic + Expanded) 966 84.21 • FM radio (if separate rate) Digital Value 103 76.99 Motel, hotel Commercial 15 38.53 Converter Residential 1.99 Non-residential 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 F 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 Services Other Than amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, Secondary 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. Transmissions: Block 2: List any services that your cable system furnished or offered during the accounting period that were not Rates listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each. BLOCK 1 BLOCK 2

	BLO	CK 1		BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable	19.99	Motel, hotel		НВО	19.99
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	19.99
Fire protection		• Pay cable		Showtime	19.99
•Burglar protection		Pay cable-add'l channel		MoviePlex	9.00
Installation: Residential		Fire protection		2 Premiums	34.95
First set	40.00	Burglar protection		3 Premiums	49.95
<ul> <li>Additional set(s)</li> </ul>	40.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		Move to new address	40.00		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 015231 Atlantic Broadband (Penn) LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 Primary Transmitters: 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 Television basis under specifc 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. Column 2: Give the number of the channel on which the station's broadcasts are carried in its own community. This may be different from the channel on which your cab;e system carried the station. Identify each multicast stream associated with a station according to its over-thie-air designation. For example, report multicast stream "WETA-2" as the same on the form 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 identifed. 1. CALL 2. B'CAST 3. TYPE 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER STATION **WBRE** 4 N WILKES-BARRE, PA 8 **WGAL** N LANCASTER, PA WITF 11 Ε HARRISBURG, PA **WNEP** 3 Ν WILKES-BARRE, PA WOLF 5 Ν HAZELTON, PA **WQMY** 13 I WILLIAMSPORT, PA **WSWB** 9 ı SCRANTON, PA **WVIA** 7 Ε PITTSTON, PA WYOU 2 Ν SCRANTON, PA

FORM SA1-2. F									, -
LEGAL NAME O								SYSTEM ID#	Name
Atlantic Bro	adband (Pe	enn) LL	.C					015231	
				_					
PRIMARY TRA			urried on a congrete and discr	-01	to basis and list t	those EM stati	ione cor	riod on an	Н
			rried on a separate and discr enerally receivable" by your ca						• • • • • • • • • • • • • • • • • • • •
		_					-		Duimanur
receivable if (1) on the basis of For detailed info	it is carried by monitoring, to ormation abou	the sys be receit t the the	I-Band FM Carriage: Under of tem whenever it is received a wed at the headend, with the Copyright Office regulations are the station possible.	at t sy	the system's hea /stem's FM ante	adend, and (2) nna, during ce	) it can b ertain sta	e expected, ited intervals.	Primary Transmitters: Radio
Column 2: S	State whether t	he statio	each station carried. In is AM or FM.		d b 4b bl				
		_	nal was electronically process c mark in the "S/D" column.	se(	d by the cable s	ystem as a se	parate a	na aiscrete	
-			on (the community to which the	ne	station is licens	ed by the FC0	C or, in t	he case of	
Mexican or Car	nadian stations	s, if any,	the community with which the	) S	station is identifie	ed).			
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	Т	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		_,_		Γ			-,-		
WGRC	FM		Lewisburg, PA						
WITF WQKX	FM FM		Harrisburg, PA						
WWBE	FM		Sunbury, PA Selinsgrove, PA	۱					
·····	i ivi		Ociniograve, 174	į !					
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							FOI	RM SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF		ГЕМ:					SYSTEM ID#
	Atlantic Broadband (Po	enn) LLC						015231
Substitute Carriage: Special	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT	fy every nor counting pe ing that mus CONCER	nnetwork televis riod, under spe t be included in	ction program broadcast by cific present and former FC this log, see page (v) of the TITUTE CARRIAGE	a distant static C rules, regula e general instr	ations, or au uctions.	thorizations.	For a further
Statement and	<ul> <li>During the accounting peri broadcast by a distant stat</li> </ul>		r cable system	carry, on a substitute bas	s, any nonne	twork televis	sion prograr <b>Yes</b>	n <b>⊠No</b>
Program Log	Note: If your answer is "No" log in block 2.  2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space	PROGRA	IMS m on a separa	te line. Use abbreviations			e the progra	m
	Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs.	of every nor distant stati gulations, or es like "mov Bulls."	nnetwork televi on and that yo r authorizations vies" or "baske	sion program (substitute pur cable system substitute s. See page (v) of the gene	d for the progeral instruction titles, for exa	ramming of ns for furthe	another sta r informatio	n.
	Column 4: Give the broa the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv	dcast stationadian station th and day re "5/7."	on's location (the ns, if any, the o when your sys	sting the substitute progra e community to which the community with which the tem carried the substitute gram was carried by your	station is lice station is ider program. Use	ntified). numerals, v	with the mor	
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a er "R" if the nd regulation	program carrie listed program ons in effect du	ed by a system from 6:01:  was substituted for progra ring the accounting period	15 p.m. to 6:2 imming that y ; enter the let	8:30 p.m. sl our system ter "P" if the	hould be was require listed pro	
	S	UBSTITUT	E PROGRAM			BSTITUTE OCCURRE	CARRIAG	E 7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6.	TIMES — TO	FOR DELETION
							<u> </u>	
							<u> </u>	
							<u> </u>	
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							<del></del>	
							_	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 015231	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identifed in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s)  during the accounting period.	mission service	K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.	(Amount of gross receipts)	
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 equal to \$100.00 or less  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 or less  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 or less	\$263,800	Copyright Royalty Fee
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 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	0.00	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$ 52.00	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,7	100)	
1. Base amount under statutory formula	-	
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 than \$527	,600)	
Enter the amount of gross receipts from space K	_	
2. Base amount under statutory formula	-	
3. Subtract line 2 from line 1	-	
4. Multiply line 3 by .01		
Royalty due on the first \$263,800 of gross recepits (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		
IMPORTANT: Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See pageneral instructions for more information.	age I of the	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 015231
		013231
8.4	CHANNELS	
M	<b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	<b>i</b>
Channels	to its subscribers and (2) the cable system's total number of activated charmers, during the accounting period.	
	Enter the total number of channels on which the cable	9
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	198
	and nonbroadcast services	
N.I.	INDIVIDUAL TO DE CONTACTED LE FUDTUED INFORMATION LE NEEDED (Identificant individuel le subserv	
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)	
Individual to		
Be Contacted for Further	Name Patrick Bratton Telephone 617-7	28-2800
Information	Name 1 attick Bratton	00-0000
	Address 2 Batterymarch Park, Suite 205	
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
	Quincy, MA 02169	
	(City, town, state, zip)	
	Email (optional) pbratton@atlanticbb.com Fax (optional)	
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations,	
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	(Owner other than corporation of partnership) rain the owner of the cable system as identified in line 1 of space B, or	
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable syste	m as identified
	in line 1 of space B and that the owner is not a corporation or partnership; or	
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of in line 1 of space B.	f the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here	rein
	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)]	
	[10 0.0.0., 0004011 1001(1000)]	
	Electronic signature: /s/ Patrick Bratton	
	Typed or printed name: Patrick Bratton	
	Title: Chief Financial Officer	
	(Title of official position held in corporation or partnership)	
	D.4.	
	Date: 8/29/2017	

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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
Atlantic Broadband (Penn) LLC	015231	
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 lowing sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to	for the basic I not include sub-	P Special Statement
For more information on when to exclude these amounts, see the note on page (vii) of the general instru	uctions.	Concerning Gross Receipts
During the accounting period did the cable system exclude any amounts of gross receipts for secondary made by satellite carriers to satellite dish owners?		Exclusion
X NO		
YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment o For an explanation of interest assessment, see page (viii) of the general instructions.	r underpayment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest
x		Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_	
Ellio 2 - Multiply line 1 by the interestrate and ellier the summere	daya	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- : 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4,		
space L, (page 7)	-	
(inte	erest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further a contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ssistance please	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are fling this worksheet covering a statement of account already submitted to the Copyright list below the owner, address, first community served, ID number, and accounting period as given in the	•	
Owner Address		
ID number		
First community served		
Accounting period		

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	of owner of cable system:  broadband (Penn), LLC		SYSTEM ID# 15231	Name
CITY O	DR TOWN	STATE		First
Miffli	nburg	PA		Commur
Line 1.	ROYALTY FEE FROM SPACE L		\$ 52.00	Total
Line 2.	FILING FEE If Line 1 is from Space L, Block 1, enter If Line 1 is from Space L, Block 2 or Block		15.00	Fee
Line 3.	TOTAL ROYALTY AND FILING FEES Add lines 1 and 2 and enter here	PAYABLE FOR ACCOUNTING PERIOD	\$ 67.00	
author 122 sta details the roy	rity to the Copyright Office to establish fee latutory licenses, the Office now assesses s, see the Federal Register, November 29 yalty payment is credited; thus the omissi	llite Television Extension and Localism Actes for the filing of statements of account (SCs filing fees for ALL SOAs for current, past as 2013 (78 FR 71498). Please be advised the control of the appropriate filing fee will result in a T payment. (SOA1 filing fee: \$15; SOA2 filing	OAs) under the section 111, 119, and and future accounting periods. For hat the filing fee is deducted before an underpayment of royalty fees.	