## 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

			Return to: Library of Congress		
STATEMENT OF ACCOUNT		FOR COPTRIGE	HT OFFICE USE ONLY	Copyright Office	
	ry Transmissions by	DATE RECEIVED	AMOUNT	Licensing Division	
Cable Syste	ms (Short Form)			101 Independence Ave. SE	
General instructions are at the end of this form [pages (i)-(vii)].		08/29/2017	\$	Washington, DC 20557-6400 (202) 707-8150	
		00/29/2017	ALLOCATION NUMBER	For courier deliveries,	
				see page ii of the general instructions	
A	ACCOUNTING PERIOD COVERI	ED BY THIS STATEMENT:			
Accounting Period	January - June 2017				

<b>B</b> Owner	incorrect information and print or type the c Give the full legal name of the owner o rate title of the subsidiary, not that of the pa List any other name or names under w	orrect information beside it. f the cable system. If the owner is a si rent corporation. hich the owner conducts the business <i>he accounting period, only the owner o</i>	on the last day of the accounting period should st	po-
			mber assigned by the Licensing Division.	015246
	LEGAL NAME OF OWNER/MAILING AD Atlantic Broadband (Delma			
			*(	)1524620171*
				015246 2017/1
	2 Batterymarch Park, Suite Quincy, MA 02169	205		
С			ntify the business and operation of the systeme system, if different from the address give	
System	1 IDENTIFICATION OF CABLE SYSTEM: Atlantic Broadband			
	AAILING ADDRESS OF CABLE SYSTEM 330 Drummer Drive (Number, street, rural route, apartment, or suite n Grasonville, MD 21638 (City, town, state, zip code)			
D Area	in FCC rules: "a separate and distinct or areas and including single, discrete un	community or municipal entitiy (incl incorporated areas)." 47 C.F.R. 7	A "community" is the same as a "communi luding unincorporated communites within un 6.5(dd). The first community that list will se use it as the first community on all future fil	nincorporated erve as a form
Served	the identified city.	otels, apartments, condiminiums, o	or mobile home parks should be reported in	paratheses below
	CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	Perryville Cecil County	MD MD		
connunty	Port Deposit	MD		
			-	
form in order to pro numbers. By provi	ocess your statement of account. PII is any persona ding PII, you are agreeing to the routine use of it to	al information that can be used to identify or establish and maintain a public record, whi	he personally identifying information (PII) requested on r trace an individual, such as name, address and telepl ch includes appearing in the Offce's public indexes and ing of your statement of account and its placement in t	hone d in

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.

N	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID	
Name	Atlantic Broadband (De	Imar) LLC							01524	
F	SECONDARY TRANSMISSION	SERVICE: SU	JBSCRI	BERS AND RA	TES					
E	In General: The information in space E should cover all categories of secondary transmission service of the cable									
Secondary	system, that is, the retransmission about other services (including p									
ransmission	last day of the accounting period							ig on the		
Service: Sub-	Number of Subscribers: Both						ble system,	broken		
scribers and	down by categories of secondary	•		•		•				
Rates	each category by counting the ne separately for the particular serv							charged		
	<b>Rate:</b> Give the standard rate c							e and the		
	unit in which it is generally billed				ny standai	rd rate variation	s within a p	articular rate		
	category, but do not include disc					andon (transmis		a that aphla		
	Block 1: In the left-hand block systems most commonly provide									
	that applies to your system. <b>Not</b>									
	categories, that person or entity									
	subscriber who pays extra for ca					I in the count un	ider "Servic	e to the		
	first set" and would be counted of <b>Block 2:</b> If your cable system					service that are	e different fr	om those		
	printed in block 1 (for example, t	-		•						
	with the number of subscribers a	and rates, in the	e right-h	and block. A tw	o- or three	e-word descript	ion of the se	ervice is		
	sufficient.	OCK 1			r			( )		
	BL		:				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RAT	
	Residential:									
	<ul> <li>Service to first set</li> </ul>		1,384	27.16	Expand	ded Basic		1,185	45.3	
	<ul> <li>Service to additional set(s)</li> </ul>									
	<ul> <li>FM radio (if separate rate)</li> </ul>									
	Motel, hotel									
	Commercial									
	Converter									
	Residential		8	1.00						
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	3					
F	In General: Space F calls for rat		,		•	• •				
	not covered in space E, that is, t									
Services		ervice for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services urnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the								
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.									
ansmissions: Rates	<b>Block 1:</b> Give the standard rate charged by the cable system for each of the applicable services listed. <b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not									
Rutes	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.									
		BLO	CK 1					BLOCK 2		
	CATEGORY OF SERVICE	RATE	CATE	GORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RAT	
	Continuing Services:			ation: Non-res	idential					
	• Pay cable	19.99		tel, hotel			Value T		72.4	
	Pay cable—add'l channel		-	mmercial			Digital		76.9	
	• Fire protection			y cable			Digital	Plus	98.4	
	•Burglar protection			y cable-add'l ch	annel		HBO		19.9	
	Installation: Residential	40.00		e protection			Showti		19.9	
	First set	40.00		rglar protection			Cinema		19.9	
	Additional set(s)     EM radio (if concrete rate)	40.00		services:		40.00	MovieP		9.0 34.9	
	<ul> <li>FM radio (if separate rate)</li> </ul>		• Ke	connect		40.00	2 Prem	IuIII	.54.9	
	• Convertor		( D)-				2 Drom	ium		
	• Converter			sconnect		20 47/5-	3 Prem		49.9	
	• Converter		• Ou		955	29.47/hr 40.00	3 Prem NFL Re			

News	LEGAL NAME OF OV	VNER OF CABLE SYST	EM:		SA1-2. PAGE YSTEM ID
Name	Atlantic Broadb	oand (Delmar) LL	с		01524
	PRIMARY TRANSMITTE	RS: TELEVISION			
<b>G</b> Primary Transmitters: Television	carried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bass <b>Substitute Basis S</b> basis under specific FC • Do not list the station station was carried of • List the station here, a basis. For further int <b>Column 1:</b> List each <b>Column 2:</b> Give the This may be different fr associated with a station the same on the form. <b>Column 3:</b> Indicate educational station, by (for independent multic For the meaning of the <b>Column 4:</b> Give the	ystem during the accord ons in effect on June .61(e)(2) and (4), or 7 is, as explained in the <b>tations:</b> With respect C rules, regulations, of here in space G—bur only on a substitute b and also in space I, if formation concerning h station's call sign. D a number of the channel on wo on according to its over in each case whethe entering the letter "N" east), "E" (for noncomi- se terms, see page (i e location of each stat	bunting period, exce 24, 1981, permitting 6.63 (referring to 76 e next paragraph. to any distant static or authorizations: do list it in space I asis. the station was carr substitute basis stat o not report originat rel on which the stat hich your cab;e syst er-thje-air designation the station is a net (for network), "N-M mercial educational) y) of the general ins on. For U.S. station	ng translator stations and low power television stations) ppt (1) stations carried only on a part-time basis under the carriage of certain network programs [sections i.61(e)(2) and (4))]; and (2) certain stations carried on a ons carried by your cable system on a substitute program (the Special Statement and Program Log)—if the ied both on a substitute basis and also on some other ions, see page (v) of the general instructions. ion program services such as HBO, ESPN, etc. ion's broadcasts are carried in its own community. em carried the station. Identify each multicast stream n. For example, report multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M" , or "E-M" (for noncommercial educational multicast). tructions. s, list the community to which the station is licensed by the f the community with which the station is identifed.	Э
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION	
	WBAL	11	N	Baltimore, MD	
	WBFF	1	N	Baltimore, MD	
	WDCA	3	I	Washington, DC	
	WJZ	13	N	Baltimore, MD	
	WMAR	2	N	Baltimore, MD	
	WMPT	42	Е	Annapolis, MD	
	WNUV	8	I	Baltimore, MD	
	WPHL	9	I-M	Philadelphia, PA	
	WUTB	24	I-M	Baltimore, MD	

## ACCOUNTING PERIOD: 2017/1

FORM SA1-2. F LEGAL NAME OI Atlantic Bro	F OWNER OF (						SYSTEM ID# 015246	Name
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	
							Primary Transmitters: Radio	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						5,6		
	[							
	[							
	[							
	[							

							FORM	/I SA1-2. PAGE 5.
Name	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Atlantic Broadband (De	elmar) LL	.C					015246
Substitute Carriage: Special Statement and Program Log	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi <b>1. SPECIAL STATEMENT</b> • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. <b>2. LOG OF SUBSTITUTE</b> In General: List each substiclear. If you need more space Column 1: Give the title of period, was broadcast by a under certain FCC rules, reco	E: SPECIA fy every nor counting pe ng that mus CONCER od, did you ion? , leave the PROGRA itute progra ce, please a of every no distant stati gulations, o	AL STATEMEI nnetwork televis sriod, under spe st be included in RNING SUBST r cable system rest of this pag MS Im on a separa attach additiona nnetwork televi ion and that yo r authorizations	sion program broadcast by cific present and former FC this log, see page (v) of th <b>TITUTE CARRIAGE</b> carry, on a substitute bas le blank. If your answer is te line. Use abbreviations al pages. ision program (substitute ur cable system substitute s. See page (v) of the gen	a distant stati CC rules, regul e general inst sis, any nonne "Yes," you m wherever po- program) that ed for the prog-	ations, or aut ructions. etwork televis ust complete ssible, if their , during the a gramming of ons for further	horizations. F	carried on a or a further <b>I</b> No
	"NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a gram was substituted for pro- effect on October 19, 1976.	n was broad sign of the s dcast static adian statio th and day e "5/7." es when the Example: a er "R" if the nd regulatio	station broadca on's location (th ons, if any, the o when your sys e substitute pro a program carrio listed program ons in effect du	asting the substitute progra ne community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01: was substituted for progra ring the accounting period	am. e station is lice station is ide program. Use cable system 15 p.m. to 6:2 amming that d; enter the le e under FCC	ntified). e numerals, v 1. List the time 28:30 p.m. sh your system v tter "P" if the	vith the mont es accurately nould be was required listed pro julations in	
	s	UBSTITUT	E PROGRAM	1	WHEN SU	OCCURRE		7. REASON
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		TIMES — TO	FOR DELETION
							_	
							_	+ 

FORM SA1-2. PAGE 6.	
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Atlantic Broadband (Delmar) LLC 015246	
GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you fle 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.         IMPORTANT: You must complete a statement in space P concerning gross receipts.	K Gross Receipts
<ul> <li>COPYRIGHT ROYALTY FEE</li> <li>Instructions: To compute the royalty fee you owe:</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions for more information</li> </ul>	L 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 this six-month accounting period is \$52.00 Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	
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 than \$137,100)	
1. Base amount under statutory formula	
2. Enter amount of gross receipts from space K \$ 223,506.00	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K \$ 223,506.00	
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	
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)	
1. Enter the amount of gross receipts from space K	
2. Base amount under statutory formula \$ 263,800.00	
3. Subtract line 2 from line 1	
4. Multiply line 3 by .01	
5. 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	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
<b>IMPORTANT</b> : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information.	

	-	FORM SA1-2. PAGE 7						
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Delmar) LLC	SYSTEM ID: 01524						
	CHANNELS							
Μ	Instructions: You must give (1) the number of channels on which the cable sy	ystem carried television broadcast stations						
Channela	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.							
Channels	1. Enter the total number of channels on which the cable							
	system carried television broadcast stations	9						
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations							
	and nonbroadcast services							
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED we can write or call about this statement of account.)	<b>D</b> (Identify an individual to whom						
Individual to Be Contacted								
for Further Information	Name Patrick Bratton	Telephone 617-786-8800						
	Address <b>2 Batterymarch Park, Suite 205</b> (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 acc	ordance with Copyright Offce 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 identifed in line 1 of space B; or						
	(Agent of owner other than corporation or partnership) I am the duly author in line 1 of space B and that the owner is not a corporation or partnership;							
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partner in line 1 of space B.	ship) of the legal entity identifed as owner of the cable system						
	<ul> <li>I have examined the statement of account and hereby declare under penalty of are true, complete, and correct to the best of my knowledge, information, and bel [18 U.S.C., Section 1001(1986)]</li> </ul>							
	Electronic signature:	/s/ Patrick Bratton						
	Typed or printed name: <b>Patrick Bratton</b>							
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	)						
	Date:	8/29/2017						

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

FORM SA1-2. PAGE 8	FORM	SA1-2.	PAGE	8.
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LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Namo
Atlantic Broadband (Delmar) LLC	015246	Name
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 addin lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for th service of providing secondary transmissions of primary broadcast transmitters, the system shall not i scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section For more information on when to exclude these amounts, see the note on page (vii) of the general instruction	e basic nclude sub- on 119."	P Special Statement Concerning Gross Receipts
<ul> <li>During the accounting period did the cable system exclude any amounts of gross receipts for secondary tran made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	smissions	Exclusion
Name     Name       Mailing Address     Mailing Address		
INTEREST ASSESSMENTS You must complete this worksheet for those royalty payments submitted as a result of a late payment or under For an explanation of interest assessment, see page (viii) of the general instructions.	erpayment.	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	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	- 274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	- charge)	
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assista contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	ance 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 Off list below the owner, address, first community served, ID number, and accounting period as given in the original statement.		
Owner Address		
ID number First community served Accounting period		
Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying in	nformation (PII) reques	ted on th

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 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 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.

## ACCOUNTING PERIOD: 2017-1

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 15426 Atlantic Broadband (DelMar), LLC CITY OR TOWN STATE First Community MD Perryville Line 1. ROYALTY FEE FROM SPACE L 916.06 \$ Total Line 2. FILING FEE 20.00 Fee If Line 1 is from Space L, Block 1, enter \$15.00 If Line 1 is from Space L, Block 2 or Block 3, enter \$20.00 Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD 936.06 Add lines 1 and 2 and enter here \$ Effective January 1, 2014, pursuant to the Satellite Television Extension and Localism Act of 2010 (STELA), which granted authority to the Copyright Office to establish fees for the filing of statements of account (SOAs) under the section 111, 119, and 122 statutory licenses, the Office now assesses filing fees for ALL SOAs for current, past and future accounting periods. For details, see the Federal Register, November 29, 2013 (78 FR 71498). Please be advised that the filing fee is deducted before the royalty payment is credited; thus the omission of the appropriate filing fee will result in an underpayment of royalty fees. Please remit the royalty fee and filing fee in one EFT payment. (SOA1 filing fee: \$15; SOA2 filing fee: \$20).

FORM SA1-2. FILING FEE ADDENDUM