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 COPYRIGH	Return to: Library of Congress Copyright Office	
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT \$	Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150
end of this form [pages (i)-(vii)].		ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions
Δ			

Α	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT	:	
Accounting Period	January - June 2017			
B Owner	incorrect information and print or type the co Give the full legal name of the owner of rate title of the subsidiary, not that of the par List any other name or names under wi If there were different owners during th a single statement of account and royalty fe	prrect information beside it. the cable system. If the owner rent corporation. hich the owner conducts the bus <i>e accounting period, only the ow</i> <i>be payment covering the entire a</i> t filing. If not, enter the system's	vner on the last day of the accounting period shoul	corpo-
	Atlantic Broadband (Delma	r) LLC		
				*0265042017
				026504 2016
C System	, 0	siness or trade names used t le 2, give the mailing address	to identify the business and operation of the system, if different from the address g	
D Area Served	in FCC rules: "a separate and distinct c areas and including single, discrete uni of system identification hereafter known Note: Entities and properties such as he	ommunity or municipal entitiy ncorporated areas)." 47 C.F a as the "first community." Pl	stem. A "community" is the same as a "comm / (including unincorporated commuinites within .R. 76.5(dd). The first community that list will ease use it as the first community on all future ums, or mobile home parks should be reported	n unincorporated serve as a form e filings.
	the identified city. CITY OR TOWN	STATE	CITY OR TOWN	STATE
First Community	Chesapeake City Delaware (Kent Cnty Area) Delaware (New Castle Cnty) Delaware (St. George Area)	MD DE DE DE	Odessa Townsend Perry Point	DE DE MD

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.

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID	
Name	Atlantic Broadband (De	lmar) LLC							02650	
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRIE	BERS AND RA	TES					
E	In General: The information in s	pace E should	cover al	l categories of	secondar	•				
0	system, that is, the retransmission									
Secondary Fransmission	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).									
Service: Sub-	Number of Subscribers: Both						ble system,	broken		
scribers and	down by categories of secondary			•		•				
Rates	each category by counting the nu							charged		
	separately for the particular serv Rate: Give the standard rate c					0	,	e and the		
	unit in which it is generally billed	-	-	•			-			
	category, but do not include disc									
	Block 1: In the left-hand block systems most commonly provide	•		-		•				
	that applies to your system. Not									
	categories, that person or entity			-		-				
	subscriber who pays extra for ca					I in the count un	der "Servic	e to the		
	first set" and would be counted o Block 2: If your cable system I	0			· · ·	service that are	different fr	om those		
	printed in block 1 (for example, ti									
	with the number of subscribers a	nd rates, in the	e right-ha	and block. A tw	o- or thre	e-word descript	ion of the se	ervice is		
	sufficient.				1		PL OCK	()		
	BLC	DCK 1 NO. OF	-				BLOCK	NO. OF		
	CATEGORY OF SERVICE	SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE	
	Residential:									
	Service to first set		3,107	21.16	Expan	ded Basic		2,778	51.3	
	 Service to additional set(s) 									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter		_							
	Residential		3	1.00						
	Non-residential									
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	3					
F	In General: Space F calls for rat	•	,		•	• •				
F	not covered in space E, that is, the									
Services	service for a single fee. There ar furnished at cost or (2) services									
Other Than	amount of the charge and the un									
Secondary	enter only the letters "PP" in the									
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							vere not		
Ruco	Rates Block 2: List any services that your cable system furnished or offered during the accounting period that were listed in block 1 and for which a separate charge was made or established. List these other services in the form									
	brief (two- or three-word) descrip	tion and includ	le the ra	te for each.						
		BLO	CK 1				BLOCK 2			
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RATE	
	Continuing Services:			tion: Non-res	idential					
	• Pay cable	19.99		el, hotel			Value		72.4	
	• Pay cable—add'l channel		-	nmercial			Digital Digital		76.9	
	Fire protection		-	cable	annal		Digital	rius	99.4	
	•Burglar protection		-	cable-add'l ch	annel		HBO Showti	20	19.9 19.9	
	Installation: Residential	40.00		protection						
	First set Additional set(s)	40.00 40.00		glar protection			Cinema MovieP		19.9 9.0	
	 Additional set(s) FM radio (if separate rate) 	40.00		connect		10 00	2 Prem		9.0 34.9	
	, , ,			UNINECL		40.00			54.9	
			• Dice	connect			5 Dram	ium	10 0	
	• Converter			connect		29 47/br	3 Prem		49.9 49 9	
	Conventer		• Out	connect let relocation /e to new addre	255	29.47/hr 40.00	NFL Re		49.9 49.9	

Name	LEGAL NAME OF OW	NER OF CABLE SYSTE	M:	S	YSTEM ID					
Name	Atlantic Broadb	and (Delmar) LLC			02650					
	PRIMARY TRANSMITTE	RS: TELEVISION								
G Primary ransmitters: Television	carried by your cable sy FCC rules and regulation 76.59(d)(2) and (4), 76. substitute program basin Substitute Basis St basis under specific FCC • Do not list the station in station was carried of • List the station here, at basis. For further infor Column 1: List each Column 2: Give the This may be different from associated with a station the same on the form. Column 3: Indicate educational station, by (for independent multica For the meaning of these Column 4: Give the	vstem during the accou- ons in effect on June 24 61(e)(2) and (4), or 76 is, as explained in the re- tations: With respect to C rules, regulations, or here in space G—but of only on a substitute base and also in space I, if the ormation concerning sin a station's call sign. Do number of the channe om the channel on white n according to its over- in each case whether the entering the letter "N" (ast), "E" (for noncomm se terms, see page (iv) location of each statio	Inting period, exce 4, 1981, permitting .63 (referring to 76 next paragraph. o any distant static authorizations: to list it in space I sis. e station was carr ubstitute basis stat not report originat I on which the stat ch your cab;e syst -thje-air designatio the station is a net for network), "N-M ercial educational) of the general insi n. 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.	3					
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	6. LOCATION OF STATION						
	KYW	3	l	Philadelphia, PA						
	WACP	22	l	Atlantic City, NJ						
	WBAL	11	N	Baltimore, MD						
	WBFF	1	N	Baltimore, MD						
	WCAU	10	N	Philadelphia, PA						
	WGTW	18	l	Philadelphia, PA						
	WHYY	7	E	Wilmington, DE						
	WJZ	13	N	Baltimore, MD						
	WMAR	2	N	Baltimore, MD						
	WMPT	42	Е	Annapolis, MD						
	WNUV	17	I	Baltimore, MD						
	WPHL	4	I	Philadelphia, PA						
	WPPX	8	N	Philadelphia, PA						
	WPSG	6	I	Philadelphia, PA						
	WPVI	6	N	Philadelphia, PA						
	WTXF	9	I	Philadelphia, PA						
			1							

ACCOUNTING PERIOD: 2016/2

FORM SA1-2. F LEGAL NAME O		CABLE S	/STEM:				SYSTEM ID#	NG PERIOD: 2016/ Name
Atlantic Bro	adband (De	elmar)	LLC				026504	
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
receivable if (1) on the basis of For detailed infor Column 1: lo Column 2: S Column 3: If signal, indicate Column 4: G	it is carried by monitoring, to prmation about dentify the call State whether to the radio stat this by placing Sive the station	y the sys be receivent t the the sign of e the statio ion's sign g a check n's locatio	-Band FM Carriage: Under 0 tem whenever it is received a ved at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. hal was electronically process mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM anter on this point, see ed by the cable s he station is licens	adend, and (2) nna, during ce page (v) of the ystem as a se sed by the FCC) it can b ertain sta e genera parate a	e expected, ted intervals. I instructions. nd discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	[1			1	<u> </u>		

	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#		
Name	Atlantic Broadband (D	elmar) LL	.C					026504		
I	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac	fy <i>every nor</i> counting pe	nnetwork televis riod, under spe	<i>sion program</i> broadcast by cific present and former FC	a distant st C rules, ree	gulations, or a				
Substitute Carriage:	explanation of the programming that must be included in this log, see page (v) of the general instructions.									
Special	 SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program 									
Statement and Program Log	broadcast by a distant stat	ion?	-	-	-		Yes	XNo		
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	e blank. If your answer is	rres," you	must comple	te the program			
	period, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call s Column 4: Give the broa the case of Mexican or Cana	itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broad sign of the s dcast static adian statio th and day	im on a separa attach additiona nnetwork televi ion and that yo r authorizations vies" or "baske dcast live, entel station broadca on's location (th ons, if any, the o	al pages. ision program (substitute p ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "N isting the substitute program the community to which the	rogram) th d for the p eral instruc n titles, for lo." m. station is l station is i	at, during the rogramming of tions for furth example, "I L icensed by th dentified).	e accounting of another statio her information. Love Lucy" or he FCC or, in			
	Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
	S	UBSTITUT	E PROGRAM	1		OCCURF		7. REASON		
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MON AND DA		. TIMES — TO	FOR DELETION		
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			
							_			

FORM SA1-2. PAGE 6.					
LEGAL NAME OF OWNER OF CABLE SYSTEM:				SYSTEM ID#	Name
Atlantic Broadband (Delmar) LLC				026504	
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanat 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	system's s ion of how	econdary transn to compute this	nission servio amount, see \$4 0	ce	K 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 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions for more information 			263,800		L Copyright Royalty Fee
BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OR	LESS			
Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00				1	
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 I BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE					
			00)		
1. Base amount under statutory formula					
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 \$26	3,800 (but	less than \$527	600)		
			-		
1. Enter the amount of gross receipts from space K	\$	465,330.00			
2. Base amount under statutory formula	\$	263,800.00			
3. Subtract line 2 from line 1	\$	201,530.00			
4. Multiply line 3 by .01		. \$	2,015.30	-	
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			0.00	_	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and 6 .		\$	3,334.30	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to general instructions for more information.	Register of (<i>Copyrights.</i> See pa	ge I of the		

Name LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Delmar) LLC M CHANNELS Instructions: You must give (1) the number of channels on which the cable sto its subscribers and (2) the cable system's total number of activated channels Channels Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations I. Enter the total number of channels on which the cable system carried television broadcast stations I. Enter the total number of activated channels on which the cable system carried television broadcast stations I. Enter the total number of activated channels on which the cable system carried television broadcast stations Individual to INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDER We can write or call about this statement of account.) Name Patrick Bratton Address 2 Batterymarch Park, Suite 205 (Number, state, zip) Email (optional) pbratton@atlanticbb.com	els, during the accounting period. 16 288 ED (Identify an individual to whom Telephone 617-786-8800
M Instructions: You must give (1) the number of channels on which the cable so to its subscribers and (2) the cable system's total number of activated channels Channels 1. Enter the total number of channels on which the cable system carried television broadcast stations	els, during the accounting period. 16 288 ED (Identify an individual to whom Telephone 617-786-8800
Channels to its subscribers and (2) the cable system's total number of activated channels 1. Enter the total number of channels on which the cable system carried television broadcast stations	els, during the accounting period. 16 288 ED (Identify an individual to whom Telephone 617-786-8800
Channels 1. Enter the total number of channels on which the cable system carried television broadcast stations	16 288 D (Identify an individual to whom Telephone 617-786-8800
1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services N Individual to Be Contacted for Further Information Name Patrick Bratton Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	288 D (Identify an individual to whom Telephone 617-786-8800
system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services N Individual to Be Contacted for Further Information Name Patrick Bratton Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	288 D (Identify an individual to whom Telephone 617-786-8800
on which the cable system carried television broadcast stations and nonbroadcast services N Individual to Be Contacted for Further Information Name Patrick Bratton Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	D (Identify an individual to whom Telephone 617-786-8800
on which the cable system carried television broadcast stations and nonbroadcast services N Individual to Be Contacted for Further Information Name Patrick Bratton Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	D (Identify an individual to whom Telephone 617-786-8800
and nonbroadcast services N Individual to Be Contacted for Further Information Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	D (Identify an individual to whom Telephone 617-786-8800
Individual to Be Contacted for Further Information Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	Telephone 617-786-8800
Be Contacted for Further Information Name Patrick Bratton Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
for Further Information Name Patrick Bratton Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
Quincy, MA 02169 (City, town, state, zip)	
Quincy, MA 02169 (City, town, state, zip)	
(City, town, state, zip)	
Email (optional) pbratton@atlanticbb.com	
Email (optional) pbratton@atlanticbb.com	
	Fax (optional)
CERTIFICATION (This statement of account must be certifed and signed in ac as explained in the general instructions.)	cordance with Copyright Offce regulations,
Certification • 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 cabl	e system as identifed in line 1 of space B; or
(Agent of owner other than corporation or partnership) I am the duly aut 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.	rship) of the legal entity identifed as owner of the cable system
 I have examined the statement of account and hereby declare under penalty o are true, complete, and correct to the best of my knowledge, information, and b [18 U.S.C., Section 1001(1986)] 	
Electronic signature:	/s/ Patrick Bratton
Typed or printed name: Patrick Bratton	
Title: Chief Financial Officer (Title of official position held in corporation or partnershi	p)
Date:	

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.
--------------------	------	--------	------	----

LEGAL NAME OF OWNER OF CABLE SYSTEM: SY	STEM ID#	Namo
Atlantic Broadband (Delmar) LLC	026504	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 adding the lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the bas service of providing secondary transmissions of primary broadcast transmitters, the system shall not include scribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 1" For more information on when to exclude these amounts, see the note on page (vii) of the general instructions. During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmiss made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below	sic de sub- 19."	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpay For an explanation of interest assessment, see page (viii) of the general instructions.	yment.	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	-	
x	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here		
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)		
* To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf.</i> For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	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 Offce, p list below the owner, address, first community served, ID number, and accounting period as given in the original f		
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 information of the states Code authorizes the Copyright Offce to collect the personally identifying information of the states Code authorizes the Copyright Offce to collect the personally identifying information of the states Code authorizes the Copyright Offce to collect the personally identifying information of the states Code authorizes the Copyright Offce to collect the personally identifying information of the states Code authorizes the Copyright Offce to collect the personally identifying information of the states Code authorizes the Copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the personal to the states Code authorizes the copyright Offce to collect the code authorizes the code authorize	ation (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

FORM SA1-2. FILING FEE ADDENDUM SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 26504 Atlantic Broadband (DelMar), LLC CITY OR TOWN STATE First Community **Chesapeake City** MD Line 1. ROYALTY FEE FROM SPACE L \$ 3,334.30 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 3,354.30 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).