## 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 COPYRIGHT OFFICE USE ONLY				
DATE RECEIVED	AMOUNT			
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	BY THIS STATEMENT:					
Accounting	January - June 2017						
Period							
<b>B</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 pai List any other name or names under w If there were different owners during the a single statement of account and royalty fe	orrect information beside it. If the cable system. If the owner is a sent corporation. In the owner conducts the busines a accounting period, only the owner are payment covering the entire accounting the entire accountin	on the last day of the accounting period should sub				
	LEGAL NAME OF OWNER/MAILING ADD	RESS OF CABLE SYSTEM					
	Atlantic Broadband (Penn)	LLC					
	, ,						
			*02	2923220171*			
				029232 2017/1			
	2 Batterymarch Park, Suite	205					
	Quincy, MA 02169						
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these						
С			the system, if different from the address given				
System	1 IDENTIFICATION OF CABLE SYSTEM: Atlantic Broadband						
	MAILING ADDRESS OF CABLE SYSTEM:						
	24 Main St.						
	2 (Number, street, rural route, apartment, or suite number) Bradford, PA 16701						
	(City, town, state, zip code)						
_	Instructions: List each separate comm	unity served by the cable system	n. A "community" is the same as a "community	/ unit" as defined			
D	<u> </u>	•	cluding unincorporated commuinites within uni				
	areas and including single, discrete uni	ncorporated areas)." 47 C.F.R.	76.5(dd). The first community that list will serv	∕e as a form			
Area	of system identification hereafter known	as the "first community."  Please	e use it as the first community on all future filin	gs.			
Served	1	otels, apartments, condiminiums,	or mobile home parks should be reported in p	aratheses below			
	the identified city.  CITY OR TOWN	STATE	CITY OR TOWN	STATE			
First	Shippenville	PA	Limestone	PA			
Community	Ashland	PA	Monroe	PA			
•	Beaver	PA	Ninevah	PA			
	Clarion	PA	Paint	PA			
	Elk	PA	Piney	PA			
	Knox Borough	PA	Porter	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

Converter

FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 029232 Atlantic Broadband (Penn) LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES Ε 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). Service: Sub-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 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 999 38.29 **Expanded Basic** 904 53.42 Value · Service to additional set(s) 1,903 91.71 • FM radio (if separate rate) **Digital Value** 135 76.99 Motel, hotel 39 Commercial 27 38.29 Converter 21 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 CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE Continuing Services: Installation: Non-residential 19.99 • Pay cable · Motel, hotel **HBO** 19.99 Cinemax 19.99 • Pay cable—add'l channel Commercial **Showtime** 19.99 · Fire protection · Pay cable • Pay cable-add'l channel **MoviePlex** 9.00 Burglar protection Installation: Residential · Fire protection 2 Premium 34.95 First set 40.00 Burglar protection 3 Premium 49.95 40.00 Additional set(s) Other services: • FM radio (if separate rate) Reconnect 40.00

> Disconnect Outlet relocation

· Move to new address

40.00

40.00

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 029232 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. 3. TYPE 1. CALL 2. B'CAST 6. LOCATION OF STATION SIGN **CHANNEL** OF NUMBER STATION **KDKA** 2 N PITTSBURGH, PA **WJAC** 6 N JOHNSTOWN, PA **WPCB** 9 I **GREENSBURG, PA WPCW** 5 I JEANETTE, PA **WPGH** 8 Ν PITTSBURGH, PA **WPNT** 7 I PITTSBURGH, PA **WPSU** 3 Ε CLEARFIELD, PA WPXI 11 Ν PITTSBURGH, PA **WQED** 13 Ε PITTSBURGH, PA **WTAE** 4 N PITTSBURGH, PA

FORM SA1-2. F LEGAL NAME OF Atlantic Bro	F OWNER OF C							SYSTEM ID#	Name
Atlantic Bio	aubanu (Fe	;;;;;; LL						029232	
	t every radio s	tation ca	rried on a separate and discr nerally receivable" by your ca						н
receivable if (1) on the basis of it. For detailed inform 1: logolumn 2: Signal, indicate Column 4: Gimm 4: Gimm 4: Gimm 4: Gimm 6: Gi	it is carried by monitoring, to primation about dentify the call state whether to the radio statisthis by placing give the station adian stations	the syst be receive the the sign of e he statio on's sign a check on's location i, if any, t	-Band FM Carriage: Under of tem whenever it is received a wed at the headend, with the copyright Office regulations of each station carried.  In is AM or FM.  Inal was electronically process amark in the "S/D" column.  In the community to which the community with which the	it t sy on sec	the system's hearstem's FM antern this point, see put this point, see put the cable systation is licensitation is identified	idend, and (2) inna, during ce page (v) of the system as a sep ed by the FCC ed).	it can b rtain sta genera parate a	e expected, ted intervals. I instructions.  Ind discrete  Indee case of	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION		CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WCCR	FM		Clarion, PA						
WDSY	FM		Pittsburgh, PA						
WORK	FM		Indiana, PA						
WORK WQED	FM FM		Pittsburgh, PA						
WRJS	FM		Pittsburgh, PA Oil City, PA						
WWSW	FM		Pittsburgh, PA						
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							TORWISAT-2. FAGE 3.			
Name	LEGAL NAME OF OWNER OF Atlantic Broadband (Po						SYSTEM ID# 029232			
Substitute Carriage:	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 ng that mus	nnetwork televis eriod, under spe st be included in	cion program broadcast by cific present and former FC this log, see page (v) of the	a distant statio	ations, or authorization	stem carried on a ons. For a further			
Special Statement and Program Log	broadcast by a distant stat	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station?  Yes XNo  Note: If your answer is "Yes," you must complete the program								
	2. LOG OF SUBSTITUTE In General: List each subst clear. If you need more spar Column 1: Give the title period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broad the case of Mexican or Can. Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00—6:30 p.m." Column 7: Enter the lette to delete under FCC rules a gram was substituted for pro	itute progra ce, please a of every no distant stati gulations, o es like "mo Bulls." n was broad sign of the s dadian static adian static atian day e "5/7." es when the Example: a er "R" if the nd regulatio	am on a separa attach additional network televition and that your authorizations vies" or "basked dcast live, enterstation broadca on's location (thous, if any, the owner your system substitute program carried listed program ons in effect du	al pages. sion program (substitute pur cable system substitute s. See page (v) of the gentball." List specific program "Yes." Otherwise enter "I sting the substitute programe 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 programing the accounting period	program) that, and for the program titles, for existion is lice station is lider program. Use cable system. 15 p.m. to 6:2 amming that y I; enter the let	during the accounti ramming of another ns for further inform ample, "I Love Lucy nsed by the FCC or stiffied).  List the times accu 8:30 p.m. should be our system was requer "P" if the listed p	ing r station ation. " or  r, in  month  irately e			
	effect on October 19, 1976.				WHEN SU	BSTITUTE CARR	IAGE			
	TITLE OF PROGRAM	2. LIVE? Yes or No	E PROGRAM  3. STATION'S  CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	OCCURRED  6. TIMES FROM —	7. REASON FOR DELETION			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 029232	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. En all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transf (as identified 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.	nission service	<b>K</b> 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 9.  Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions for more information	\$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	·	
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 than \$137,	100)	
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	97,337.16	
5. Enter the amount from line 3	66,462.84	
6. Subtract line 5 from line 4	30,874.32	
7. Multiply line 6 by .005 (enter figure here)	\$ 654.37	
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	\$ 654.37	
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		
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		
<b>IMPORTANT</b> : 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  029232
M	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.
	1. Enter the total number of channels on which the cable system carried television broadcast stations
	2. Enter the total number of activated channels     on which the cable system carried television broadcast stations
	and nonbroadcast services
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.)
Be Contacted for Further Information	Name Patrick Bratton Telephone 617-786-8800
	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)
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations, 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 authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.  [18 U.S.C., Section 1001(1986)]
	Electronic signature: /s/ Patrick Bratton
	Typed or printed name: Patrick Bratton
	Title: Chief Financial Officer  (Title of official position held in corporation or partnership)
	Date: 8/29/2017

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 029232	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d) lowing sentence:  "In determining the total number of subscribers and the gross ame service of providing secondary transmissions of primary broadcas scribers and amounts collected from subscribers receiving second	nounts paid to the cable system for the basic st transmitters, the system shall not include sub-	P Special Statement Concerning
For more information on when to exclude these amounts, see the note of During the accounting period did the cable system exclude any amounts		Gross Receipts Exclusion
made by satellite carriers to satellite dish owners?  X NO		
YES. Enter the total here and list the satellite carrier(s) below	<u>\$</u>	
Name Mailing Address Mailing Address	g Address	
Maining Actions	g Address	
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted For an explanation of interest assessment, see page (viii) of the general		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		
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,	x 0.00274	
space L, (page 7)	(interest charge)	
* To view the interest rate chart click on <a href="www.copyright.gov/licensing.contact">www.copyright.gov/licensing.contact</a> the Licensing Division at (202) 707-8150 or licensing@loc.gov.		
** This is the decimal equivalent of 1/365, which is the interest assess	sment for one day late.	
NOTE: If you are fling this worksheet covering a statement of account alr list below the owner, address, first community served, ID number, and ac		
Owner Address		
ID number		
First community served		
Accounting period		

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	PF OWNER OF CABLE SYSTEM:  roadband (Penn), LLC		SYSTEM ID# 29232	Name
CITY O	PR TOWN	STATE		First
Shipp	penville	PA		Commur
Line 1.	ROYALTY FEE FROM SPACE L		\$ 654.37	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		20.00	Fee
Line 3.	TOTAL ROYALTY AND FILING FEES P Add lines 1 and 2 and enter here	AYABLE FOR ACCOUNTING PERIOD	\$ 674.37	
author 122 sta details the roy	rity to the Copyright Office to establish fees atutory licenses, the Office now assesses a, see the Federal Register, November 29, valty payment is credited; thus the omissio	ite Television Extension and Localism Act of some of the filing of statements of account (SO filing fees for ALL SOAs for current, past at 2013 (78 FR 71498). Please be advised the nof the appropriate filing fee will result in a payment. (SOA1 filing fee: \$15; SOA2 filing fee: \$15;	OAs) under the section 111, 119, and and future accounting periods. For the filing fee is deducted before an underpayment of royalty fees.	