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 | T 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 COVEREI | D BY THIS STATEMENT: | | |
|--------------------|--|--|--|-----------------|
| Accounting Period | January - June 2017 | | | |
| B Owner | incorrect information and print or type the or 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 surent corporation. In thich the owner conducts the business a accounting period, only the owner on the payment covering the entire accounting the en | n the last day of the accounting period should sub | |
| | LEGAL NAME OF OWNER/MAILING ADD | DRESS OF CABLE SYSTEM | | |
| | Atlantic Broadband (Penn) | LLC | | |
| | | | *03 | 3523520171* |
| | | | | 035235 2017/1 |
| | | | | 20171 |
| | 2 Batterymarch Park, Suite Quincy, MA 02169 | 205 | | |
| С | | | ntify the business and operation of the system | |
| System | . IDENTIFICATION OF CABLE SYSTEM: | le 2, give the mailing address of th | e system, if different from the address given | п ѕрасе в. |
| G y6.6 | Atlantic Broadband | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 201 S. Mechanic Street (Number, street, rural route, apartment, or suite in Cumberland, MD 21502 (City, town, state, 2ip code) | | | |
| D | in FCC rules: "a separate and distinct of | ommunity or municipal entitiy (incl | A "community" is the same as a "community uding unincorporated communites within unit 6.5(dd). The first community that list will serv | ncorporated |
| Area | 5 5 1 | | use it as the first community on all future filin | |
| Served | Note: Entities and properties such as he the identified city. | otels, apartments, condiminiums, c | or mobile home parks should be reported in p | aratheses below |
| | CITY OR TOWN | STATE | CITY OR TOWN | STATE |
| First Community | Davis Hambleton | WV WV | | |
| • | Hendricks | WV | | |
| | Parsons | WV | | |
| | Thomas | WV | | |
| | Tucker County | WV | | |

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 035235 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 426 36.73 Expanded 55 50.98 Value (Basic + Expanded) Service to additional set(s) 481 87.71 • FM radio (if separate rate) Digital Value 66 76.99 **Digital Plus** 97.13 Motel, hotel 26 Commercial 31 36.73 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 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 2 Premiums 34.95 Burglar protection Installation: Residential · Fire protection 3 Premiums 49.95 First set 40.00 Burglar protection Additional set(s) 40.00 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 035235 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 **WBOY-ABC** 2 N Clarksburg, WV WBOY-NBC 12 N Clarksburg, WV N **WDTV-CBS** 5 Weston, WV **WNPB** 10 Ε Morgantown, WV WVFX 11 Ν Clarksburg, WV **WVFX-CW** 13 Clarksburg, WV

| FORM SA1-2. F | | | (0.7.5) (| | | | | 2)/2==== // | - |
|---|--|--|---|------------------------|---|---|---------------------------------|---|-----------------------------------|
| LEGAL NAME OF Atlantic Bro | | | | | | | | SYSTEM ID# 035235 | Name |
| Atlantic Dio | adband (i e | ;iiii) LL | | | | | | 039239 | |
| | t every radio s | tation ca | rried on a separate and discrence on a separate and discrence on a separate and discrence on a separate on a s | | | | | | н |
| receivable if (1) on the basis of it For detailed info Column 1: It Column 2: S Column 3: If signal, indicate Column 4: G | it is carried by monitoring, to prmation about lentify the call tate whether to the radio statisthis by placing live the station | the system that the the sign of each the station ion's sign a check of the station's location's location's location's location's sign that the system is sign to see the system of the s | -Band FM Carriage: Under 0 tem whenever it is received a wed at the headend, with the scopyright Office regulations of each station carried. In is AM or FM. In all was electronically process a mark in the "S/D" column. In the community to which the community with which the | t t sy on sec | he system's hea stem's FM anter this point, see p d by the cable sy station is licens | ndend, and (2) nna, during ce page (v) of the system as a sep ed by the FCC | it can b rtain sta genera | e expected, ted intervals. I instructions. nd discrete | Primary Transmitters: Radio |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | Ш | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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| | | | | | | | FOR | M SA1-2. PAGE 5. |
|--|---|---|--|---|---|---|--|------------------|
| Name | LEGAL NAME OF OWNER OF | | ГЕМ: | | | | | SYSTEM ID# |
| | Atlantic Broadband (Po | enn) LLC | | | | | | 035235 |
| Substitute Carriage: Special Statement and Program Log | SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi 1. SPECIAL STATEMENT • During the accounting peri broadcast by a distant stat Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each subst | fy every nor counting peng that must CONCER od, did you cion? I leave the EPROGRA | nnetwork televis riod, under spe it be included in NING SUBST r cable system rest of this pag MS m on a separa | cion program broadcast by cific present and former FC this log, see page (v) of the TITUTE CARRIAGE carry, on a substitute basine blank. If your answer is te line. Use abbreviations | a distant static C rules, regula e general instr s, any nonne "Yes," you mu | ations, or aut uctions. twork televis ust complete | thorizations. I | For a further |
| | period, was broadcast by a under certain FCC rules, red Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call so Column 4: Give the broat the case of Mexican or Canton 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." | of every noi distant stati gulations, or es like "mor Bulls." n was broad sign of the sideast station adian station th and day e "5/7." es when the Example: a | nnetwork televion and that yo r authorizations vies" or "baske deast live, enter station broadca on's location (thins, if any, the owhen your system substitute proprogram carried listed program ons in effect du | sion program (substitute pur cable system substitute s. See page (v) of the genetall." List specific program "Yes." Otherwise enter "Nating 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 | d for the progeral instruction titles, for example, in titles, for example, in titles, for example, in titles, for example, in the station is lice station is ider program. Use cable system. If p.m. to 6:2 amming that y; enter the let | ramming of ns for furthe ample, "I Loo nsed by the hitfied). In unmerals, to List the tim 8:30 p.m. shour system ter "P" if the | another stater information ve Lucy" or eFCC or, in with the monues accurately hould be was required listed pro | th y |
| | , | I IRSTITI IT | E PROGRAM | <u> </u> | | BSTITUTE OCCURRE | CARRIAGE | 7. REASON |
| | 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 |
| | | | | | | | | |
| | | | | | | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC | SYSTEM ID# 035235 | 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 trans (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) | mission service amount, see | K Gross Receipts |
| during the accounting period | \$ 88,532.87 (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 5. 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 | 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 accounting period is \$52.00 | this six-month | |
| 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, | 100) | |
| 1. Base amount under statutory formula | - | |
| 2. Enter amount of gross receipts from space K | - | |
| 3. Subtract line 2 from line 1 | - | |
| 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 | 7,600) | |
| 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 | | |
| IMPORTANT: Your remittance must be in the form of an electronic payment payable to Register of Copyrights. See pageneral instructions for more information. | age I of the | |

| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 0352 | |
|------------------------------------|--|--|
| | CHANNELS | |
| M | Instructions: 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. | |
| Channels | | |
| | 1. Enter the total number of channels on which the cable system carried television broadcast stations | |
| | | |
| | Enter the total number of activated channels on which the cable system carried television broadcast stations | |
| | and nonbroadcast services | |
| N Individual to Be Contacted | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual to whom we can write or call about this statement of account.) | |
| 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: | SYSTEM ID# | Name |
|---|------------------------------|---------------------------|
| Atlantic Broadband (Penn) LLC | 035235 | |
| 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 adlowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to se | the basic ot include sub- | P Special Statement |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instruct | ions. | Concerning Gross Receipts |
| During the accounting period did the cable system exclude any amounts of gross receipts for secondary tr made by satellite carriers to satellite dish owners? | ansmissions | Exclusion |
| X NO | | |
| YES. Enter the total here and list the satellite carrier(s) below | | |
| Name Mailing Address Mailing Address Mailing Address | | |
| | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or unformal formula of interest assessment, see page (viii) of the general instructions. | nderpayment. | 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 | _ | |
| Line 2 Multiply line 1 by the interest rate and enter the summere | 4 | |
| × | days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | 00274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, | | |
| space L, (page 7) | | |
| (interes | st charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assi contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | stance 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 Clist below the owner, address, first community served, ID number, and accounting period as given in the or | | |
| 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 (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.

| Davis Line 1. ROYALTY FEE FROM SPACE L | STATE WV | | First |
|---|--|---|--------|
| | WV | | _ |
| Line 1. ROYALTY FEE FROM SPACE L | | | Commur |
| | | \$ 52.00 | Total |
| Line 2. FILING 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 | 15.00 | Fee |
| Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE Add lines 1 and 2 and enter here | FOR ACCOUNTING PERIOD | \$ 67.00 | |
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| Effective January 1, 2014, pursuant to the Satellite Televis authority to the Copyright Office to establish fees for the fil 122 statutory licenses, the Office now assesses filing fees details, see the Federal Register, November 29, 2013 (78 the royalty payment is credited; thus the omission of the applease remit the royalty fee and filing fee in one EFT payment. | ling of statements of account (SOA for ALL SOAs for current, past an FR 71498). Please be advised tha ppropriate filing fee will result in ar | As) under the section 111, 119, and d future accounting periods. For at the filing fee is deducted before a underpayment of royalty fees. | |