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: | |
|---|---|-----------------------|---|---|--|
| 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 | Library of Congress Copyright Office | | |
| | | DATE RECEIVED | AMOUNT \$ | Licensing Division 101 Independence Ave. SE <i>Washington, DC 20557-6400</i> (202) 707-8150 For courier deliveries, see page ii of the general instructions | |
| | | 08/29/2017 | ALLOCATION NUMBER | | |
| A Accounting Period | ACCOUNTING PERIOD COVERI January - June 2017 | ED BY THIS STATEMENT: | | | |

| B Owner | Instructions: Your file has been established under the information given below. If there are any changes, draw a line through the incorrect information and print or type the correct information beside it. Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo- | | | | | | | | |
|----------------------|--|--|--|---|------------|---------|--|--|--|
| | rate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. <i>If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit</i> | | | | | | | | |
| | a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. 37683 | | | | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | |
| | | Atlantic Broadband (Penn) | LLC | | | | | | |
| | | | | *03 | 376832 | 20171* | | | |
| | | | | | 037683 | 2017/1 | | | |
| | | 2 Batterymarch Park, Suite | 205 | | | | | | |
| | | Quincy, MA 02169 | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B. | | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | | | | | | |
| | Atlantic Broadband | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | | |
| | 2 | 2 Number, street, rural route, apartment, or suite number) | | | | | | | |
| | | Johnstown, PA 15905 (City, town, state, zip code) | | | | | | | |
| | Ine | | nunity cerved by the cable system | A "community" is the same as a "community | unit" as d | lefined | | | |
| D | | Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated | | | | | | | |
| | are | areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form | | | | | | | |
| Area | | of system identification hereafter known as the "first community." Please use it as the first community on all future filings. | | | | | | | |
| Served | Note: Entities and properties such as hotels, apartments, condiminiums, or mobile home parks should be reported in paratheses below the identified city. | | | | | | | | |
| | | CITY OR TOWN | STATE | CITY OR TOWN | ST | ATE | | | |
| First | De | erry | PA | | | | | | |
| Community | De | ecatur | PA | | | | | | |
| | Le | wiston | PA | | l | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Privacy Act Notic | e: Se | ction 111 of title 17 of the United States Code | e authorizes the Copyright Offce to collect th | e personally identifying information (PII) requested on th | nis | | | | |
| form in order to pro | cess | your statement of account. PII is any person | al information that can be used to identify or | trace an individual, such as name, address and telepho | one | | | | |
| | | | | h includes appearing in the Offce's public indexes and in ng of your statement of account and its placement in the | | | | | |
| - searon reports pro | parou | is all pasio. The choice of her providing th | c | is a year elatomont of doodant and no pidoement in the | - | | | | |

Form SA1-2c Rev 04/2011

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 CA | ABLE SYSTEM: | | | | | | SYS | | |
|---------------------------|--|--------------|--------|------------------|--------|---------------|------------|----------------|---------------------------|--|
| Name | Atlantic Broadband (Penn) LLC | | | | | | | | | |
| - | SECONDARY TRANSMISSION | SERVICE: SU | BSCRI | BERS AND RA | ATES | | | | | |
| E | In General: The information in space E should cover all categories of secondary transmission service of the cable | | | | | | | | | |
| - · | system, that is, the retransmissio | | | | | | | | | |
| Secondary Transmission | 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- | | | | | | | le svstem. | broken | | |
| scribers and | 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 | | | | | | | | | |
| 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. | U U | • | • | | | • | | | |
| | category, but do not include disc | | | | | | | | | |
| | Block 1: In the left-hand block | | | | | | | | | |
| | systems most commonly provide that applies to your system. Note | | | | | | | | | |
| | categories, that person or entity | | | - | | - | | | | |
| | subscriber who pays extra for cal | | | | | | | | | |
| | first set" and would be counted o | | | | | | | | | |
| | Block 2: If your cable system h | • | | | | | | | | |
| | printed in block 1 (for example, ti | | | | | | | | | |
| | with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient. | | | | | | | | | |
| | BLC | DCK 1 | | | | | BLOCK | ζ2 | | |
| | | NO. OF | | DATE | | | | NO. OF | DATE | |
| | CATEGORY OF SERVICE | SUBSCRIB | ERS | RATE | CA | TEGORY OF SEF | RVICE | SUBSCRIBERS | RATE | |
| | Residential: | | 218 | 27.24 | Evna | ndod Basic | | 203 | 46. 8 [°] | |
| | Service to first set | | 210 | 37.34 | Value | nded Basic | | 421 | 40.0 84.2 | |
| | Service to additional set(s) EM radio (if concrete rate) | | | | | , al Value | | 42 1 | 74.9 | |
| | • FM radio (if separate rate) Motel, hotel | | | 37.34 | Digita | | | - | 74.5 | |
| | Commercial | | 1 | 37.34 | | | | | | |
| | Converter | | | 57.54 | | | | | | |
| | Residential | | 16 | 1.99 | | | | | | |
| | Non-residential | | | 1.55 | | | | | | |
| | | | | | | | | | | |
| | SERVICES OTHER THAN SECO | ONDARY TRA | NSMIS | SIONS: RATE | s | | | | | |
| F | 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 | | | | | | | | | |
| Г | 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 | | | | | | | | | |
| Services | furnished at cost or (2) services of | | | | | | | | | |
| Other Than | | | | | | | | | | |
| Secondary | amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column. | | | | | | | | | |
| ransmissions: Rates | Block 1: Give the standard rate charged by the cable system for each of the applicable services listed. | | | | | | | | | |
| Rates | Block 2: List any services that your cable system furnished or offered during the accounting period that were not 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) descrip | | | | | | | | | |
| | | BLO | ∩K 1 | | | | | BLOCK 2 | | |
| | CATEGORY OF SERVICE | - | - | GORY OF SER | VICE | RATE | CATEGO | DRY OF SERVICE | RATE | |
| | Continuing Services: | | | ation: Non-res | | | | | | |
| | • Pay cable | 19.99 | • Mo | tel, hotel | | | | | | |
| | • Pay cable—add'l channel | | • Co | mmercial | | | | | | |
| | Fire protection | | •Pa | y cable | | | | | | |
| | •Burglar protection | | •Pa | y cable-add'l cł | nannel | | | | | |
| | Installation: Residential | | • Fire | e protection | | | | | | |
| | • First set | 40.00 | • Bu | rglar protection | | | | | | |
| | Additional set(s) | 40.00 | | services: | | | | | | |
| | • FM radio (if separate rate) | | •Re | connect | | 40.00 | | | | |
| | Converter | | • Dis | connect | | | | | | |
| | | | • Ou | tlet relocation | | 40.00 | | | | |
| | | | • Mo | ve to new addr | ess | 40.00 | | | | |
| | | | | | | | | | | |

| | LEGAL NAME OF C | WNER OF CABLE SYST | EM: | | A1-2. PAGE STEM ID | | | |
|---|--|--------------------------------|--------------------------|------------------------|------------------------------|--|--|--|
| Name | Atlantic Broadband (Penn) LLC | | | | | | | |
| | PRIMARY TRANSMITTERS: TELEVISION | | | | | | | |
| G Primary Transmitters: Television | In General: In space G, identify every television station (including translator stations and low power television stations) 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 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 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-thje-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). Fo | | | | | | | |
| | 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 6. LOCATION OF STATION | | | | |
| | WGAL | 8 | N | LANCASTER, PA | | | | |
| | WHP | 7 | N | HARRISBURG, PA | | | | |
| | WHTM | 5 | N | HARRISBURG, PA | | | | |
| | WHVL | 3 | N | STATE COLLEGE, PA | | | | |
| | WITF | 13 | Е | HARRISBURG, PA | | | | |
| | WLYH | 4 | I | LANCASTER, PA | | | | |
| | WPMT | 6 | N | YORK, PA | | | | |
| | WVIA | | F | PITTSTON, PA | | | | |
| | | | | | | | | |
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| | | | | | | | | |

ACCOUNTING PERIOD: 2017/1

| FORM SA1-2. F LEGAL NAME OF | | CABLE SY | /STEM: | | | | SYSTEM ID# | IG PERIOD: 2017/ |
|---|--|--|---|--|---|---|---|-----------------------------------|
| Atlantic Broa | adband (Pe | enn) LL | .c | | | | 037683 | |
| | every radio s | tation ca | rried on a separate and discre nerally receivable" by your ca | | | | | н |
| receivable if (1) on the basis of r For detailed info Column 1: Id Column 2: S Column 3: If signal, indicate t Column 4: G | it is carried by monitoring, to prmation abou lentify the call tate whether t the radio stati this by placing ive the statior | y the syst be receive t the the sign of e the statio ion's sign g a check h's locatio | -Band FM Carriage: Under C tem whenever it is received at yed at the headend, with the s Copyright Office regulations of each station carried. In is AM or FM. al was electronically process mark in the "S/D" column. on (the community to which the the community with which the | t the system's hea system's FM ante on this point, see ed by the cable s e station is licens | adend, and (2) nna, during ce page (v) of the ystem as a se ed by the FCC | it can b rtain sta genera parate a | e expected, ted intervals. I instructions. nd discrete | Primary Transmitters: Radio |
| | | I | | | | | | |
| CALL SIGN | AM or FM | S/D | LOCATION OF STATION | CALL SIGN | AM or FM | S/D | LOCATION OF STATION | |
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FORM SA1-2. PAGE 5.

| | LEGAL NAME OF OWNER OF | | | | | | | | | SYSTEM ID# |
|------------------------------|---|--------------------|-------------------|---|--------|--------------|---------------|-----------|-----------------------|---------------------------|
| Name | Atlantic Broadband (Pe | | | | | | | | • | 037683 |
| | · · · · · · · · · · · · · · · · · · · | , | | | | | | | | |
| | SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG | | | | | | | | | |
| I | In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a | | | | | | | | | |
| Substitute | substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions. | | | | | | | | | or a further |
| Carriage: | 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE | | | | | | | | | |
| Special | During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program | | | | | | | | | |
| Statement and Program Log | proadcast by a distant station? | | | | | | | | | XNo |
| Frogram Log | Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program | | | | | | | | | |
| | log in block 2. 2. LOG OF SUBSTITUTE | | MS | | | | | | | |
| | In General: List each subst | | | te line. Use abbreviations | whe | erever pos | sible, if the | eir m | neaning is | |
| | clear. If you need more space | | | | | | | | · · · · • • · · · · · | |
| | period, was broadcast by a | | | ision program (substitute p ur cable system substitute | | | | | | 'n |
| | under certain FCC rules, reg | gulations, o | r authorization | s. See page (v) of the gen | eral | instruction | is for furth | er ir | nformation. | |
| | Do not use general categori "NBA Basketball: 76ers vs. | | vies" or "baske | tball." List specific prograr | n titl | les, for exa | imple, "I L | ove | Lucy" or | |
| | Column 2: If the program | n was broad | | r "Yes." Otherwise enter "I Isting the substitute progra | | | | | | |
| | Column 4: Give the broa | dcast static | on's location (th | ne community to which the | e sta | | | e F(| CC or, in | |
| | the case of Mexican or Can | | | community with which the tem carried the substitute | | | | wit | b the ment | |
| | first. Example: for May 7 giv | | when your sys | | μοί | gram. Use | numerais | , wit | | |
| | | | | gram was carried by your | | | | | | |
| | to the nearest five minutes. stated as "6:00–6:30 p.m." | Example: a | program carri | ed by a system from 6:01: | 15 p | 5.m. to 6:28 | 3:30 p.m. : | shoi | uld be | |
| | Column 7: Enter the lette | | | was substituted for progra | | | | | | |
| | to delete under FCC rules a gram was substituted for pro | | | | | | | | | |
| | effect on October 19, 1976. | | that your syste | | Jun | | | Jyui | | |
| | | | | | | | | | | |
| | | SUBSTITUTE PROGRAM | | | | | | | | |
| | S | UBSTITUT | E PROGRAM | 1 | v | | DCCURR | | | 7. REASON |
| | S 1. TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | 7. REASON FOR DELETION |
| | | | | 4. STATION'S LOCATION | 5 | (| OCCURR | ED | | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
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| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | IES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | NES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | NES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | NES | |
| | | 2. LIVE? | 3. STATION'S | | 5 | 5. MONTH | OCCURR 6. | ED TIN | NES | |

| FORM SA1-2. PAGE 6. | • |
|--|-------------------------------|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | Namo |
| Atlantic Broadband (Penn) LLC 037683 | italiio |
| 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 |
| 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 \$263,800 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 | 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 \$ 52.00 | _ |
| BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) | - |
| 1. Base amount under statutory formula \$ 263,800.00 | |
| 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 | |
| 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) | 4 |
| 1. 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 | |
| 7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6 | |
| IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See page I of the general instructions for more information. | |

| | | FORM SA1-2. PAGE | | | | | |
|-------------------------------|---|--|--|--|--|--|--|
| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC | SYSTEM ID 03768 | | | | | |
| | CHANNELS | | | | | | |
| Μ | Instructions: You must give (1) the number of channels on which the cable | le system carried television broadcast stations | | | | | |
| Channels | 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 | | | | | | |
| | | | | | | | |
| | 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 NEED we can write or call about this statement of account.) | DED (Identify an individual to whom | | | | | |
| Individual to Be Contacted | | | | | | | |
| for Further Information | Name Patrick Bratton | Telephone 617-786-8800 | | | | | |
| | Address 2 Batterymarch Park, Suite 205 | | | | | | |
| | | | | | | | |
| | City, town, state, zip) | | | | | | |
| | Frasil (artistal) nhrotten Østlentiskh som | | | | | | |
| | Email (optional) pbratton@atlanticbb.com | Fax (optional) | | | | | |
| | CERTIFICATION (This statement of account must be certifed and signed in | accordance 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 | s.) | | | | | |
| | (Owner other than corporation or partnership) I am the owner of the ca | able system as identifed in line 1 of space B; or | | | | | |
| | (Agent of owner other than corporation or partnership) I am the duly a in line 1 of space B and that the owner is not a corporation or partners | | | | | | |
| | X (Officer or partner) I am an officer (if a corporation) or a partner (if a part in line 1 of space B. | tnership) of the legal entity identifed as owner of the cable system | | | | | |
| | I have examined the statement of account and hereby declare under penalty are true, complete, and correct to the best of my knowledge, information, and [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 partner | ship) | | | | | |
| | 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 suffciency of the fling, a determination that would be made by a court of law.

| FORM | SA1-2. | PAGE | 8. |
|------|--------|------|----|
| | 071-2. | LAOL | υ. |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID: | t Name |
|---|--|
| Atlantic Broadband (Penn) LLC 037683 | 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 following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." 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 transmissions made by satellite carriers to satellite dish owners? | P Special Statement Concerning Gross Receipts Exclusion |
| X NO YES. Enter the total here and list the satellite carrier(s) below | |
| Name Name Mailing Address Mailing Address | |
| | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions. | 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, space L, (page 7) | - |
| * To view the interest rate chart click on <i>www.copyright.gov/licensing/interest-rate.pdf</i> . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | |
| ** 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, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing. | |
| 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) requ | ested on th |

Privacy Act Notice: Section 111 of the 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the 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 Office'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.

ACCOUNTING PERIOD: 2017-1

FORM SA1-2. FILING FEE ADDENDUM

| | L NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Name |
|-----|---|--|-----------------------------------|-----------|
| Atl | antic Broadband (Penn), LLC | | 37683 | |
| | | | | |
| | CITY OR TOWN | STATE | | First |
| | Derry | PA | | Community |
| | | | | |
| | | | | |
| | | | | |
| | Line 1. ROYALTY FEE FROM SPACE L | | | |
| | | | \$ 52.00 | Total |
| | Line 2. FILING FEE | | 15.00 | Fee |
| | If Line 1 is from Space L, Block 1, enter \$1 If Line 1 is from Space L, Block 2 or Block | | | |
| | I Line Tis from Space L, Diock 2 of Diock | 3, enter #20.00 | | |
| | | | | |
| | Line 3. TOTAL ROYALTY AND FILING FEES PA Add lines 1 and 2 and enter here | YABLE FOR ACCOUNTING PERIOD | \$ 67.00 | |
| | | | ф 07.00 | |
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| | Effective lenvery 4 2044 surgery to the Octa | Tolovision Extension and Landian Art | of 2010 (STELA) which everyted | |
| | Effective January 1, 2014, pursuant to the Satellite authority to the Copyright Office to establish fees | | | |
| | 122 statutory licenses, the Office now assesses fil | ling fees for ALL SOAs for current, past a | nd future accounting periods. For | |
| | details, see the Federal Register, November 29, 2 the royalty payment is credited; thus the omission | | | |
| | Please remit the royalty fee and filing fee in one EFT | | | |
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