## 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 COVEREI	D BY THIS STATEMENT:						
Accounting Period	January - June 2017							
B Owner	incorrect information and print or type the od Give the full legal name of the owner of rate title of the subsidiary, not that of the pal 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 be accounting period, only the owner on the payment covering the entire accounting the e	n the last day of the accounting period should sub					
	LEGAL NAME OF OWNER/MAILING ADD							
	Atlantic Broadband (SC) LL	.C						
			\04	4011820171\				
				040118 2017/1				
	2 Batterymarch Park, Suite Quincy, MA 02169	205						
		-:	W. A. L. Carrier and Carrier a					
С	<b>INSTRUCTIONS:</b> 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:  520 Pine Log Road  (Number, street, rural route, apartment, or suite not Aiken, SC 29803  (City, town, state, zip code)							
D	in FCC rules: "a separate and distinct of	community or municipal entitiy (inclu	A "community" is the same as a "community uding unincorporated communities within unity (3.5(dd). The first community that list will serve	ncorporated				
Area			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	Town of Allendale Allendale County (un-incorp)	SC SC						
Community	Fairfax	SC						
	Tullua							
			T .	1				

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

First set

Converter

Additional set(s)

• FM radio (if separate rate)

FORM SA3. PAGE 2. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 040118 Atlantic Broadband (SC) LLC SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES E 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). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subdown 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: 386 · Service to first set 400 31.99 **Expanded Basic** 70.99 Digital Value Service to additional set(s) 169 76.99 • FM radio (if separate rate) Digital Plus 69 96.98 Motel, hotel 4.37 Commercial 10 38.34 Converter Residential 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 **Showtime** 19.99 • Pay cable—add'l channel Commercial 19.99 Cinemax · Fire protection · Pay cable • Pay cable-add'l channel **MoviePlex** 9.00 Burglar protection Installation: Residential · Fire protection 2 Premium 38.99

40.00

40.00

9.99

Burglar protection

Other services:

Reconnect

Disconnect

Outlet relocation

· Move to new address

3 Premium

40.00

40.00

40.00

NFL RedZone

55.99

49.99

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 040118 Atlantic Broadband (SC) 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** WAGT 30.4 N Augusta, GA WAGT-CW 30.3 Ν Augusta, GA 6.1 WCES Ε Wrens, GA **WEBA** 33.1 Allendale, SC Ε **WEBA-SCC** 33.2 Ε Allendale, SC **WEBA WORLD** 33.3 Ε Allendale, SC WFXG 54.1 N Augusta, GA WFXG/BOUNCE 54.2 Ν Augusta, GA WJBF 42.1 Ν Augusta, GA WJBF/MeTV 42.2 Ν Augusta, GA WRDW 12.1 Ν Augusta, GA N **WRDW Antenna** 12.3 Augusta, GA 12.2 N WRDW-MYTV Augusta, GA **WFXG GRIT** 54.3 Ν Augusta, GA

FORM SA1-2. F									-
LEGAL NAME OF Atlantic Bro			YSTEM:					SYSTEM ID# 040118	Name
Atlantic bio	adballd (50	J) LLO						040110	
	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 premation abour dentify the call tate whether the radio statithis by placing tive 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 Ottem whenever it is received at wed at the headend, with the stopyright Office regulations of each station carried.  In is AM or FM.  In all was electronically process at mark in the "S/D" column.  In on (the community to which the the community with which the	t t	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	Ц	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				ŀ					
				ŀ					
				ŀ					
				ŀ					
				ŀ					

							FC	DRM SA1-2. PAGE 5.			
Name	LEGAL NAME OF OWNER OF		ГЕМ:					SYSTEM ID#			
	Atlantic Broadband (S	C) LLC						040118			
Substitute Carriage: Special Statement and	SUBSTITUTE CARRIAGE In General: In space I, identi substitute basis during the ac explanation of the programmi  1. SPECIAL STATEMENT  • During the accounting peri	fy every nor counting pe ng that mus CONCER od, did you	nnetwork televis riod, under spe t be included in	sion program broadcast by a cific present and former FC this log, see page (v) of the TITUTE CARRIAGE	a distant statio C rules, regula e general instr	ations, or au uctions.	thorizations	. For a further			
Program Log	broadcast by a distant station?  Yes XNo  Note: If your answer is "Yes," you must complete the program										
	log in block 2.  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, re Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	E PROGRA itute progra ce, please a of every noi distant stati gulations, or es like "mor Bulls." n was broad sign of the s doast statio adian statio th and day e "5/7." es when the Example: a	m on a separa attach additional attach additional attach additional anetwork televition and that your authorizations vies" or "baske attach broadca an's location (thins, if any, the ownen your sys substitute proprogram carried isted program carried isted program ons in effect du	te line. Use abbreviations val pages. Ision program (substitute pur cable system substitute s. See page (v) of the genetaball." List specific program "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the stem carried the substitute purposes are community with which the stem carried the substitute purposes are gram was carried by your dead by a system from 6.01:10 was substituted for programing the accounting period	wherever post rogram) that, d for the progeral instruction titles, for exite.  Io."  m. station is lice station is ider program. Use cable system.  5 p.m. to 6:2  mming that y center the let	during the aramming of ns for furthe ample, "I Lo nsed by the ntiffied). List the tim 8:30 p.m. slour system ter "P" if the	r meaning accounting another star information we Lucy" of the FCC or, in with the modes accurate hould be was required listed pro	is ation on. r onth ely			
	,	UDOTITUT	TE DECORAN			IBSTITUTE					
	1. TITLE OF PROGRAM	2. LIVE?	E PROGRAM  3. STATION'S		5. MONTH	OCCURRE 6.	TIMES	7. REASON FOR DELETION			
	1. THEE OF TROOTAIN	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	)			
							<u> </u>				
							=== <sub></sub>				

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (SC) LLC	SYSTEM ID# 040118	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Er all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transi (as identifed 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 \$100.00 to	\$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	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	-	
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 \$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		
IMPORTANT: 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 (SC) LLC  0401	
М	CHANNELS  Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations	
IVI	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	
	System carried television produces 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 NEEDED: (Identify an individual to whom	
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further	Name Patrick Bratton Telephone 617-786-8800	
Information		
	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)	
		_
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations,	
0	as explained in the general instructions.)	
Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
	(Agent of owner other than corporation or partnership) I am the duly 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 Pratton	
	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:	YSTEM ID#	Name
Atlantic Broadband (SC) LLC	040118	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 baservice of providing secondary transmissions of primary broadcast transmitters, the system shall not inclused in the secondary transmissions pursuant to section 1	asic ude sub-	P Special Statement
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 transmis made by satellite carriers to satellite dish owners?  X NO	ssions	Concerning Gross Receipts Exclusion
Name Mailing Address  Name Mailing Address  Name Mailing Address		
INTEREST ASSESSMENTS		
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underparted an explanation of interest assessment, see page (viii) of the general instructions.	ıyment.	Q
Line 1 Enter the amount of late payment or underpayment		Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-	
x 0.00274		
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 <a href="mailto:www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . For further assistance contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	<b>o</b> ,	
** 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, list below the owner, address, first community served, ID number, and accounting period as given in the original	-	
Owner Address		
ID number First community served Accounting period		

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L NAME OF OWNER OF CABLE SYSTEM: Intic Broadband (SC), LLC			SYSTEM ID# 40118	Name
CITY OR TOWN	STATE			First
Allendale	sc			Commu
Line 1. ROYALTY FEE FROM SPACE L				
		\$	52.00	Total
Line 2. FILING FEE  If Line 1 is from Space L, Block 1, enter \$15.0  If Line 1 is from Space L, Block 2 or Block 3,			15.00	Fee
Line 3. TOTAL ROYALTY AND FILING FEES PAYA Add lines 1 and 2 and enter here	ABLE FOR ACCOUNTING PERIOD	\$	67.00	
Effective January 1, 2014, pursuant to the Satellite Tauthority to the Copyright Office to establish fees for 122 statutory licenses, the Office now assesses filing details, see the Federal Register, November 29, 201 the royalty payment is credited; thus the omission of Please remit the royalty fee and filing fee in one EFT pay	the filing of statements of account (SC g fees for ALL SOAs for current, past a l 3 (78 FR 71498). Please be advised th the appropriate filing fee will result in a	OAs) under the sect and future accountin hat the filing fee is o an underpayment o	ion 111, 119, and ng periods. For deducted before	