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 COPYRIG DATE RECEIVED 08/29/2017	Return to: Library of Congress <i>Copyright Office</i> 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			
A Accounting Period Accounting Period B 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 corporate 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. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit 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. LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Atlantic Broadband (Penn) LLC						

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 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. IDENTIFICATION OF CABLE SYSTEM: System 1 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 community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal entitiy (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Area 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 STATE CITY OR TOWN City of Salamanca NY First Community NY Town of Great Valley NY Town of Little Valley Town of Salamanca NY Village of Little Valley NY

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effects of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.

M - · · ·	LEGAL NAME OF OWNER OF C	ABLE SYSTEM:						SYS	TEM ID
Name	Atlantic Broadband (Per	nn) LLC							006214
-	SECONDARY TRANSMISSION	SERVICE: SU	IBSCRI	BERS AND RA	TES				
E	In General: The information in s					rtransmission s	service of th	e 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 last day of the accounting period (June 30 or December 31, as the case may be).								
Transmission Service: Sub-	Number of Subscribers: Both						ble svstem.	broken	
scribers and	down by categories of secondary	•					•		
Rates	each category by counting the nu	umber of billing	js in tha	t category (the r	number of	persons or org	anizations		
	separately for the particular servi Rate: Give the standard rate c	harged for eac	h catego	ory of service. Ir	nclude bo	th the amount o	f the charg		
	unit in which it is generally billed. category, but do not include disc				iy standar	d rate variation	s within a p	articular rate	
	Block 1: In the left-hand block				es of seco	ondary transmis	sion servic	e that cable	
	systems most commonly provide that applies to your system. Note	to their subsc	ribers. C	Give the number	of subsc	ribers and rate	for each list	ed category	
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count un	der "Servic	e to the	
	first set" and would be counted o							41	
	Block 2: If your cable system I printed in block 1 (for example, ti	-		•					
	with the number of subscribers a sufficient.						· ·		
		OCK 1					BLOCK	< 2	
		NO. OF		DATE	047			NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:		4 2 4 4	20.42	Evnon	ad Pasia		4 4 2 5	53.5
	Service to first set		1,341		Value	led Basic		1,125 2,466	53.5 91.7
	• Service to additional set(s)				Digital	Valua		2,400	76.9
	• FM radio (if separate rate)		າາ	20 4 2	Digital	value		200	70.9
	Motel, hotel Commercial		22 93	38.13					
	Converter		30	38.13					
	Residential		5	1 00					
	Non-residential		J	1.99					
	SERVICES OTHER THAN SEC		NSMIS						
-	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								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usualiy	billed. If arry fat		arged on a van	able pei-pit	gram basis,	
ransmissions:	Block 1: Give the standard rat	e charged by t							
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) description and include the rate for each.								
	blief (two- of timee-word) descrip			ite for each.					
		BLO						BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	19.99		ation: Non-resi	dential		нво		19.9
	Pay cable Pay cable add'l channel	19.99		tel, hotel mmercial			Cinema		19.9
	Pay cable—add'l channel Eiro protoction						Showti		19.9
	Fire protection			/ cable / cable add'l ch	annal		MovieP		9.0
	•Burglar protection Installation: Residential			y cable-add'l cha e protection			2 Prem		34.9
	matanation. Residential			•			3 Prem		
	• First set		- Dul			1	JFIEII		100
	First set Additional set(s)	40.00	Other	glar protection			NEL PO		
	 Additional set(s) 			services:		40.00	NFL Re		49.9 49.9
	• Additional set(s) • FM radio (if separate rate)		•Re	services: connect		40.00	NFL Re		
	 Additional set(s) 		• Re • Dis	services: connect connect			NFL Re		
	• Additional set(s) • FM radio (if separate rate)		• Re • Dis • Ou	services: connect		40.00 40.00 40.00	NFL Re		

Name	LEGAL NAME OF OW	NER OF CABLE SYSTE	M:	S	YSTEM ID 00621			
Name	Atlantic Broadband (Penn) LLC							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary Transmitters: Television	carried by your cable sy FCC rules and regulatio 76.59(d)(2) and (4), 76.6 substitute program basis Substitute Basis St basis under specifc FCC • Do not list the station h station was carried o • List the station here, an basis. For further info Column 1: List each Column 2: Give the This may be different fro associated with a station the same on the form. Column 3: Indicate i educational station, by e (for independent multica For the meaning of thes Column 4: Give the	stem during the accouns in effect on June 24 61(e)(2) and (4), or 76. s, as explained in the rations: With respect to C rules, regulations, or here in space G—but d nly on a substitute bas nd also in space I, if th ormation concerning su station's call sign. Do number of the channel om the channel on which n according to its over- n each case whether the entering the letter "N" (for ast), "E" (for noncomme e terms, see page (iv) location of each station	nting period, exce 1, 1981, permitting 63 (referring to 76 next paragraph. any distant station authorizations: o list it in space I is. e station was carre on station was carre on which the station on which the station on which the station thje-air designation the station is a net for network), "N-Mercial educational) of the general inso. For U.S. station	In the station of the station. Identify each multicast stream "WETA-2" as work station, an independent station, or a noncommercial " (for network multicast), "I" (for independent), "I-M", or "E-M" (for moncommercial educational multicast). tructions.	3			
	1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	6. LOCATION OF STATION				
		NUMBER	STATION					
	CFTO	9	I	TORONTO, CANADA				
	WGRZ	2	N	BUFFALO, NY				
	WIVB	4	N	BUFFALO, NY				
	WKBW	7	N	BUFFALO, NY				
	WNED	3	Е	BUFFALO, NY				
	WNYB	22	1	JAMESTOWN, NY				
	WSEE	5	N	ERIE, PA				
	WSEE-2	15	N	ERIE, PA				
		8	N	BUFFALO, NY				
		•••••	IN	BUFFALO, NT				
			1	1				

ACCOUNTING PERIOD: 2017/1

FORM SA1-2. I	F OWNER OF (SYSTEM ID#	NG PERIOD: 2017/ Name
Atlantic Bro	adband (Pe	enn) LL	.C				006214	
PRIMARY TRA		RADIO						
In General: Lis	t every radio s	station ca	rried on a separate and discre nerally receivable" by your cal					н
			-Band FM Carriage: Under C					Primary
			tem whenever it is received at ved at the headend, with the s					Transmitters: Radio
For detailed info Column 1: lo	ormation abou dentify the call	t the the sign of e	Copyright Office regulations o each station carried.					nuulo
			n is AM or FM. nal was electronically processe	ed by the cable sy	/stem as a ser	oarate a	nd discrete	
signal, indicate	this by placing	g a check	mark in the "S/D" column.					
			on (the community to which the the community with which the			cor, in tl	he case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WBFO	FM		Buffalo, PA					
WDCX	FM		Buffalo, PA					
WGRF	FM]	Buffalo, PA					
WHTT WJYE	FM FM	1	Buffalo, PA Buffalo, PA					
WMJQ	FM	.	Buffalo, PA					
WNED	FM		Buffalo, PA					
WUFX	FM		Buffalo, PA					
WYRK	FM		Buffalo, PA					
	•							
	•							
	1	1	<u></u>					

FORM SA1-2. PAGE 5.

								-		
Name	LEGAL NAME OF OWNER OF (Atlantic Broadband (Pe		IEM:					;	SYSTEM ID# 006214	
		,								
	SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a									
I										
Substitute	substitute basis during the ac explanation of the programmi							IORIZATIONS. FO	or a further	
Carriage:	1. SPECIAL STATEMENT									
Special	 During the accounting period 				asis, a	ny nonnet	work televis	on program		
Statement and Program Log	broadcast by a distant stat					-			XNo	
	Note: If your answer is "No" log in block 2.	, leave the	rest of this pag	je blank. If your answer i	s "Yes	s," you mu	st complete	the program		
	 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required 									
	to delete under FCC rules a gram was substituted for pro	nd regulatio	ons in effect du	iring the accounting perio	od; en	ter the lett	er "P" if the	isted pro		
	effect on October 19, 1976.									
			E PROGRAM	1	V		BSTITUTE OCCURRE	CARRIAGE	7. REASON	
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5	. MONTH		IMES	FOR DELETION	
		Yes or No	CALL SIGN	4. STATION'S LOCATION	N A	AND DAY	FROM -	- то		
							-	-		
							_	_		
							_			
								=_		
								=		
								-		
								-		
							-	_		
							_	_		
			L					-		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 006214	Name
	006214	
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.	mission service	K Gross Receipts
Gross receipts from subscribers for secondary transmission service(s) during the accounting period	\$ 275,924.55	
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 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		
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,		
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	0.00	
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	lI	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	7,600)	
1. Enter the amount of gross receipts from space K \$ 275,924.55		
2. Base amount under statutory formula	_	
3. Subtract line 2 from line 1	_	
4. Multiply line 3 by .01	121.25	
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	\$ 1,440.25	
IMPORTANT : Your remittance must be in the form of an <i>electronic payment</i> payable to <i>Register of Copyrights</i> . See p general instructions for more information.	age I of the	

FORM SA1-2. PAGE 6.

ACCOUNTING PER		FORM SA1-2. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 006214
	CHANNELS	
Μ	Instructions: You must give (1) the number of channels on which the cable system carried tel	levision broadcast stations
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the acc	counting period.
Channels	1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	9
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations	
	and nonbroadcast services	298
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an inc	dividual to whom
Individual to	we can write or call about this statement of account.)	
Be Contacted		
for Further Information	Name Patrick Bratton	Telephone 617-786-8800
intormation		
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
	(City, town, state, zip)	
	Email (optional) pbratton@atlanticbb.com Fax (op	tional)
	CERTIFICATION (This statement of account must be certifed and signed in accordance with Co	ppyright Offce 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 identity	ifed in line 1 of anose P: or
	(Owner other than corporation or partnership) I am the owner of the cable system as identi	ned in line 1 of space b, of
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the	he 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 in line 1 of space B.	entity identifed as owner of the cable system
	• I have examined the statement of account and hereby declare under penalty of law that all statement are true, complete, and correct to the best of my knowledge, information, and belief, and are mad [18 U.S.C., Section 1001(1986)]	
	Electronic signature: /s/ Patrick	k 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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FORM	SA1-2.	PAGE	8.
	071-2.	LAOL	υ.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM	
Atlantic Broadband (Penn) LLC 006	214 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? NO	P Special Statement Concerning Gross Receipts Exclusion
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	<u>-</u>
Line 3 Multiply line 2 by the number of days late and enter the sum here	<u> </u>
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) (interest charge)	<u> </u>
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. 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)	requested 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

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 6214 Atlantic Broadband (Penn), LLC CITY OR TOWN STATE First Community NY Salamanca Line 1. ROYALTY FEE FROM SPACE L \$ 1,440.25 Total Line 2. FILING FEE 20.00 Fee If Line 1 is from Space L, Block 1, enter \$15.00 If Line 1 is from Space L, Block 2 or Block 3, enter \$20.00 Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD 1,460.25 Add lines 1 and 2 and enter here \$ Effective January 1, 2014, pursuant to the Satellite Television Extension and Localism Act of 2010 (STELA), which granted authority to the Copyright Office to establish fees for the filing of statements of account (SOAs) under the section 111, 119, and 122 statutory licenses, the Office now assesses filing fees for ALL SOAs for current, past and future accounting periods. For details, see the Federal Register, November 29, 2013 (78 FR 71498). Please be advised that the filing fee is deducted before the royalty payment is credited; thus the omission of the appropriate filing fee will result in an underpayment of royalty fees. Please remit the royalty fee and filing fee in one EFT payment. (SOA1 filing fee: \$15; SOA2 filing fee: \$20).

FORM SA1-2. FILING FEE ADDENDUM