#### THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2011SA3

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**Long Form** 

### STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

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For courier deliveries, see page ii of the general instructions

Α	AC	COUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period		January - June 2017			
B Owner	rate	ructions: Your file has been established under the information given below the full legal name of the owner of the cable system. If the owner is title of the subsidiary, not that of the parent corporation.  List any other name or names under which the owner conducts the busing the there were different owners during the accounting period, only the owner name statement of account and royalty fee payment covering the entire accounted the conduction of the system's list filing. If not, enter the system's list filing. If not, enter the system's list filing.	s a subsidiary of and ness of the cable sy ner on the last day of counting period.	other corporation, give the stem.	ne full corpo-
	LE	GAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Atlantic Broadband (Penn) LLC			
				*0	0790220171*
					007902 2017/1
		2 Batterymarch Park, Suite 205 Quincy, MA 02169			
	INS	TRUCTIONS: In line 1, give any business or trade names used to	identify the busin	less and operation of t	the system unless thes
С	nan	nes already appear in space B. In line 2, give the mailing address	of the system, if d	ifferent from the addre	ess given in space B
System	1	IDENTIFICATION OF CABLE SYSTEM: Atlantic Broadband			
	2	MAILING ADDRESS OF CABLE SYSTEM:  201 So. Mechanic Street (Number, street, rural route, apartment, or suite number)  Cumberland, MD 21502 (City, town, state, zip code)			
D	Ins	tructions: For complete space D instructions, see page 1b. Identif	fy only the frst cor	mmunity served below	and relist on page 1b
Area	with	all communities.			
Served		CITY OR TOWN	STATE		
First		Cumberland	MD		
Community	В	elow is a sample for reporting communities if you report multiple cl	nannel line-ups in	Space G.	
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Ald		MD	Α	1
		ance	MD	В	2
	Ger	ing	MD	В	3

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 SA3c Rev: 04/2011

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC			SYSTEM ID# 007902	Name
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporareas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first of system identification hereafter known as the "first community." Please use it as the first	orated communit t community that	es within unincorp you list will serve	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hom below the identified city or town.	e parks should b	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-communichannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns be a second control of the part of the	e column blank. I levant communit nity basis, associ a subscriber gro	f you report any significant for the following f	tations r group, ity with a	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
Allegany County Carpendale Cumberland Valley Hampshire County Londonderry Mineral County Ridgeley Romney South Hampton (Bedford Co) South Hampton (Somerset Co)	MD WV PA WV PA WV WV PA PA		1 1 2 5 2 2 1 5 5 4 3	Community

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Nama
Atlantic Broadband (Penn) LLC			007902	Name
Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorp areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frs of system identification hereafter known as the "first community." Please use it as the first	orated communiti	es within unincorp you list will serve	orated	D Area Served
<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	ntheses	
If all communities receive the same complement of television broadcast stations (i.e., or all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each redesignated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community-	e column blank. I elevant community nity basis, associ a subscriber gro	f you report any si with a subscriber ate each commun	ations group, ity with a	
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
				First
				Community
	•			

LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Nama
Atlantic Broadband (Penn) LLC			007902	Name
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<b>Note:</b> Entities and properties such as hotels, apartments, condominiums, or mobile hombelow the identified city or town.	ne parks should b	e reported in pare	ntheses	
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CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
				First
				Community

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Atlantic Broadband (Penn) LLC
007902

## Ε

Secondary Transmission Service: Subscribers and Rates

#### SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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 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).

**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 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.

BL	OCK 1			BLOG	CK 2		
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	l	RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
<ul> <li>Service to first set</li> </ul>	13,056	\$	37.10	Expanded	3,188	\$	53.96
<ul> <li>Service to additional set(s)</li> </ul>				Value (Basic + Expanded)	16,244	\$	91.06
• FM radio (if separate rate)				Digital Value	3,571	\$	76.99
Motel, hotel	20	\$	37.10	Digital Plus	-	\$	100.53
Commercial	556	\$	37.10				
Converter							
Residential	62	\$	1.99				
Non-residential							
	T					7	

## F

Services Other Than Secondary Transmissions: Rates

#### 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 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 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.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

**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.

		BLO	CK 1				BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential						
Pay cable	\$	19.99	Motel, hotel				НВО	\$	19.9
<ul> <li>Pay cable—add'l channel</li> </ul>			Commercial				Cinemax	\$	19.99
Fire protection			• Pay cable				Showtime	\$	19.9
<ul> <li>Burglar protection</li> </ul>			<ul> <li>Pay cable-add'l channel</li> </ul>				MoviePlex	\$	9.0
Installation: Residential			Fire protection				2 Premium	\$	34.9
First set	\$	40.00	Burglar protection				3 Premiums	\$	49.9
<ul> <li>Additional set(s)</li> </ul>	\$	40.00	Other services:				NFL RedZone	\$	49.9
• FM radio (if separate rate)			Reconnect	\$	40.00				
Converter			Disconnect						
			Outlet relocation	\$	40.00				
			Move to new address	\$	40.00				
						1			

#### 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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions.

Column 6: 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 identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AA	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDCA	3	I	No		WASHINGTON, DC
WDCW	10	I	No		WASHINGTON, DC
WHAG	12	N	No		HAGERSTOWN, MD
WJAC	17	N	No		JOHNSTOWN, PA
WJAL	15	I	No		HAGERSTOWN, MD
WJLA	7	N	No		WASHINGTON, DC
WJZ	13	N	Yes	0	BALTIMORE, MD
WNPB	6	E	Yes	0	MORGANTOWN, WV
WTTG	5	I	No		WASHINGTON, DC
WUSA	9	N	No		WASHINGTON, DC
WWPB	11	E	No		HAGERSTOWN, MD
WWCP	98	I	No		JOHNSTOWN, PA
			No		MARTINSBURG, WV

G

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WDCA WDCW WHAG WJAC WJAL WJLA WJZ	IANNEL OF	Yes No I No No No	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION  WASHINGTON, DC  WASHINGTON, DC  HAGERSTOWN, MD  JOHNSTOWN, PA  HAGERSTOWN, MD
WDCW WHAG WJAC WJAL WJLA WJZ	10   1 12   N 17   N 15   I	No I No I No No		WASHINGTON, DC HAGERSTOWN, MD JOHNSTOWN, PA
WHAG WJAC WJAL WJLA WJZ	12 N 17 N 15 I	I No I No		HAGERSTOWN, MD JOHNSTOWN, PA
WJAC WJAL WJLA WJZ	17 N	l No		JOHNSTOWN, PA
WJAL WJLA WJZ	15 I	No		
WJLA WJZ			_	HAGERSTOWN, MD
	7 1	l Yes	_	
			0	WASHINGTON, DC
WNPR	13 N			BALTIMORE, MD
	6 E	Yes	0	MORGANTOWN, WV
WTTG	5 I	Yes	0	WASHINGTON, DC
WUSA	9 1	l No		WASHINGTON, DC
WWCP	98 i	No		JOHNSTOWN, PA
WWPB	11 E	No		HAGERSTOWN, MD
WWPX	4 I	No		MARTINSBURG, WV

G

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1. CALL SIGN         2. B'CAST CHANNEL NUMBER         3. TYPE OF CHANNEL NUMBER         4. DISTANT? (Yes or No)         5. BASIS OF CARRIAGE (If Distant)         6. LOCATION OF STATION           WDCA         3         I         Yes         O         WASHINGTON, DC           WDCW         10         I         Yes         O         WASHINGTON, DC           WHAG         12         N         No         HAGERSTOWN, MD           WJAC         17         N         No         HAGERSTOWN, MD           WJAL         15         I         No         HAGERSTOWN, MD           WJZ         13         N         Yes         O         BALTIMORE, MD           WNPB         6         E         Yes         O         MORGANTOWN, WV           WTTG         5         I         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           HAGERSTOWN, MD         HAGERSTOWN, MD			CHANN	EL LINE-UP	AC	
WDCW         10         I         Yes         O         WASHINGTON, DC           WHAG         12         N         No         HAGERSTOWN, MD           WJAC         17         N         No         JOHNSTOWN, PA           WJAL         15         I         No         HAGERSTOWN, MD           WJLA         7         N         Yes         O         WASHINGTON, DC           WJZ         13         N         Yes         O         BALTIMORE, MD           WNPB         6         E         Yes         O         MORGANTOWN, WV           WTTG         5         I         Yes         O         WASHINGTON, DC           WUSA         9         N         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD		CHANNEL	OF		CARRIAGE	6. LOCATION OF STATION
WHAG         12         N         No         HAGERSTOWN, MD           WJAC         17         N         No         JOHNSTOWN, PA           WJAL         15         I         No         HAGERSTOWN, MD           WJLA         7         N         Yes         O         WASHINGTON, DC           WJZ         13         N         Yes         O         BALTIMORE, MD           WNPB         6         E         Yes         O         MORGANTOWN, WV           WTTG         5         I         Yes         O         WASHINGTON, DC           WUSA         9         N         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD	WDCA	3	I	Yes	0	WASHINGTON, DC
WJAC         17         N         No         JOHNSTOWN, PA           WJAL         15         I         No         HAGERSTOWN, MD           WJLA         7         N         Yes         O         WASHINGTON, DC           WJZ         13         N         Yes         O         BALTIMORE, MD           WNPB         6         E         Yes         O         MORGANTOWN, WV           WTTG         5         I         Yes         O         WASHINGTON, DC           WUSA         9         N         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD	WDCW	10	I	Yes	0	WASHINGTON, DC
WJAL         15         I         No         HAGERSTOWN, MD           WJLA         7         N         Yes         O         WASHINGTON, DC           WJZ         13         N         Yes         O         BALTIMORE, MD           WNPB         6         E         Yes         O         MORGANTOWN, WV           WTTG         5         I         Yes         O         WASHINGTON, DC           WUSA         9         N         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD	WHAG	12	N	No		HAGERSTOWN, MD
WJLA         7         N         Yes         O         WASHINGTON, DC           WJZ         13         N         Yes         O         BALTIMORE, MD           WNPB         6         E         Yes         O         MORGANTOWN, WV           WTTG         5         I         Yes         O         WASHINGTON, DC           WUSA         9         N         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD	WJAC	17	N	No		JOHNSTOWN, PA
WJZ         13         N         Yes         O         BALTIMORE, MD           WNPB         6         E         Yes         O         MORGANTOWN, WV           WTTG         5         I         Yes         O         WASHINGTON, DC           WUSA         9         N         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD	WJAL	15	I	No		HAGERSTOWN, MD
WNPB         6         E         Yes         O         MORGANTOWN, WV           WTTG         5         I         Yes         O         WASHINGTON, DC           WUSA         9         N         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD	WJLA	7	N	Yes	0	WASHINGTON, DC
WNPB         6         E         Yes         O         MORGANTOWN, WV           WTTG         5         I         Yes         O         WASHINGTON, DC           WUSA         9         N         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD	WJZ			Yes	0	BALTIMORE, MD
WUSA         9         N         Yes         O         WASHINGTON, DC           WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD	WNPB	6	E	Yes		MORGANTOWN, WV
WWCP         98         I         No         JOHNSTOWN, PA           WWPB         11         E         No         HAGERSTOWN, MD	WTTG	5	I	Yes	0	WASHINGTON, DC
WWPB 11 E No HAGERSTOWN, MD	WUSA	9	N	Yes	0	WASHINGTON, DC
	WWCP	98	l	No		JOHNSTOWN, PA
MARTINORURO MA	WWPB	11	E	No		HAGERSTOWN, MD
WWPX 4 I NO MARTINSBURG, WV	WWPX	4	I	No		MARTINSBURG, WV

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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions.

**Column 6:** 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AD	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WDCA	3	I	No		WASHINGTON, DC
WDCW	10	I	No		WASHINGTON, DC
WHAG	12	N	No		HAGERSTOWN, MD
WJAC	17	N	No		JOHNSTOWN, PA
WJAL	15	I	No		HAGERSTOWN, MD
WJLA	7	N	Yes	0	WASHINGTON, DC
WJZ	13	N	No		BALTIMORE, MD
WNPB	6	Е	Yes	0	MORGANTOWN, WV
WTTG	5	l	No		WASHINGTON, DC
WUSA	9	N	No		WASHINGTON, DC
WWCP	98	I	No		JOHNSTOWN, PA
WWPB	11	Е	No		HAGERSTOWN, MD
			No		MARTINSBURG, WV

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. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

**Column 2:** Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

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 (v) of the general instructions.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions.

**Column 5:** If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions.

**Column 6:** 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

SIGN  WDCA  WDCW  WHAG  WJAC  WJAL  WJLA  WJZ	B'CAST CHANNEL NUMBER 3 10 12 17 15 7	3. TYPE OF STATION I I N N N	4. DISTANT? (Yes or No)  No No No No No	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION  WASHINGTON, DC  WASHINGTON, DC  HAGERSTOWN, MD  JOHNSTOWN, PA  HAGERSTOWN, MD
WDCW WHAG WJAC WJAL WJLA WJZ	10 12 17 15 7	N I	No No No		WASHINGTON, DC HAGERSTOWN, MD JOHNSTOWN, PA
WHAG WJAC WJAL WJLA WJZ	12 17 15 7	N I	No No No		HAGERSTOWN, MD JOHNSTOWN, PA
WJAC WJAL WJLA WJZ	17 15 7	N I	No No		JOHNSTOWN, PA
WJAL WJLA WJZ	15 7	1	No		
WJLA WJZ	7	l N			HAGERSTOWN, MD
WJLA WJZ WNPB		N	NI.		·····
	13		No		WASHINGTON, DC
WNPB	13	N	Yes	0	BALTIMORE, MD
	6	E	Yes	0	MORGANTOWN, WV
WTTG	5	<u> </u>	No		WASHINGTON, DC
WUSA	9	N	No		WASHINGTON, DC
WWCP	98	I	Yes	0	JOHNSTOWN, PA
WWPB	11	E	No		HAGERSTOWN, MD
WWPX	4	I	No		MARTINSBURG, WV

G

ACCOUNTING PERIOD: 2017/1 FORM										
Name	LEGAL NAME OF C								SYSTEM ID# 007902	
H Primary Transmitters: Radio	Primary Primary Transmitters: Radio  Special Instructions Concerning All-Band FM Carriage receivable if (1) it is carried by the system whenever it is re on the basis of monitoring, to be received at the headend, For detailed information about the the Copyright Office reg Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically signal, indicate this by placing a check mark in the "S/D" or Column 4: Give the station's location (the community to Mexican or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations, if any, the community with the station or Canadian stations are station or Canadian stations and canadian stations are station or canadian stations are stations are station or canadian stations are stations are stations are stations are						the accounting gulations, an idend, and (2) inna, during cepage (vi) of the system as a sepaged by the FCC	ng period FM sign it can be rtain sta e genera  parate a	d.  al is generally e expected, ted intervals. al instructions.  and discrete	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	П	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
	OALL SIGN	AW U FIVI	3/10	LOCATION OF STATION	H	OALL GIGIN	AIN OI FIN	טוט	LOOKHON OF STATION	
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TORWIDAS: FACE 5:							ACCOUNTING	31 EMOD. 2017/1
LEGAL NAME OF OWNER OF O		EM:				S	YSTEM ID# 007902	Name
SUBSTITUTE CARRIAGE	· SDECIA	I STATEMEN	IT AND DROGRAM I OO	1				
In General: In space I, identi substitute basis during the ac explanation of the programm 1. SPECIAL STATEMENT	fy every nor ecounting pe ing that mus	nnetwork televis eriod, under spe st be included in	sion program broadcast by ecific present and former FC this log, see page (v) of the	a distant statio	ations, or aut			Substitute Carriage:
During the accounting per	_			ie anv nonne	twork talavis	ion program		Special
broadcast by a distant stat		r dable system	carry, or a substitute bas	is, any nomic	TWOIR LOIC VIS	. •	XNo	Statement and
Note: If your answer is "No"	, leave the	rest of this pag	ge blank. If your answer is	"Yes," you mı	ust complete			Program Log
log in block 2.								•
period, was broadcast by a under certain FCC rules, reponct use general categori "NBA Basketball: 76ers vs. Column 2: If the progran Column 3: Give the call solumn 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."  Column 7: Enter the letter to delete under FCC rules a gram was substituted for program of the state of the program of the state o	itute progra ce, please a of every noi distant stati gulations, o es like "mo Bulls." n was broac sign of the s dcast static adian static th and day re "5/7." es when the Example: a er "R" if the and regulation	m on a separa attach additional network televition and that your authorizational vies" or "basked cast live, enterstation broadcator's location (thous, if any, the when your system substitute program carriellisted programons in effect du	al pages. ision program (substitute pur cable system substitute s. See page (vi) of the gertball." List specific program "Yes." Otherwise enter "I sting the substitute programe community to which the community with which the tem carried the substitute gram was carried by your ed by a system from 6:01:  was substituted for programing the accounting period	orogram) that, d for the program titles, for ex lo."  m. station is lice station is ider program. Use cable system 15 p.m. to 6:2 amming that y l; enter the let	during the a gramming of ons for furthe ample, "I Lov ensed by the ntified). e numerals, v . List the time 28:30 p.m. sh your system v tter "P" if the	ccounting another stati r information /e Lucy" or  FCC or, in /ith the mont es accurately fould be was required listed pro	i. th	
effect on October 19, 1976.	3 3	, ,	'					
WHEN SUBSTITUTE SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR							l	
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY		IMES	FOR DELETION	
	103 01 110	O/ILL CICIT	4. 01/1101/0 200/1101/	7 II V B B 7 II	TROW	10		
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ACCOUNTING PERIOD: 2017/1 FORM SA3. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007902 Atlantic Broadband (Penn) LLC **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviatior "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE FROM TO DATE **FROM** TO

	SA3. PAGE 7.			OVOTEM ID#	Τ
	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID# 007902	Name
Ati	antic Broadband (Penn) LLC			007902	
Ins all a (as pag	tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to cope (vii) of the general instructions.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  PORTANT: You must complete a statement in space P concerning gross receipts.	dary tra	nsmission his amou	n service	<b>K</b> Gross Receipts
• Cor • Cor • If your fee • If your	YRIGHT ROYALTY FEE uctions: Use the blocks in this space L to determine the royalty fee you owe: mplete block 1, showing your minimum fee. mplete block 2, showing whether your system carried any distant television stations. Four system did not carry any distant television stations, leave block 3 blank. Enter the amfrom block 1 on line 1 of block 4, and calculate the total royalty fee. Four system did carry any distant television stations, you must complete the applicable partompanying this form and attach the schedule to your statement of account.				Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ck 3 below.	entered	on line 1	of	
▶ If page 3 be 1 page 1	ck 3 below.  art 6 of the DSE schedule was completed, the amount from line 7 of block C should be er elow.  art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.				
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.	are requis 1.064	percent (	of the	
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064		\$	2,571,883.56	
	Enter the result here.				
	This is your minimum fee.	\$		27,364.84	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block.  • Did your cable system carry any distant television stations during the accounting perio   x Yes—Complete the DSE schedule.  No—Leave block 3 below blank and of the column of	n 4, you d?	must che	eck	
Block 3	4, or part 9, block A of the DSE schedule. If none, enter zero		\$	16,340.97	
	Line 2. <b>3.75 Fee:</b> Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			4,009.46	
	Line 3. Add lines 1 and 2 and enter here	\$		20,350.44	
Block 4	Line 1. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> Enter either the minimum fee from block 1 or the sum of the base rate fee / 3.75 fee from block 3, line 3, whichever is larger		\$	27,364.84	Cable systems
	Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.			0.00	submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9  (Interest Worksheet)		0.00	Section 111(d)(7) should contact the Licensing Division for the	
	TOTAL ROYALTY FEE. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		27,364.84	appropriate form for submitting the
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions for more information.)	iee page	∍ (i) of the	•	additional fees.

ACCOUNTING PERIOD: 2017/1 FORM SA3. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Naiiic	Atlantic Broadband (Penn) LLC	007902
	CHANNELS	
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	ations
	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
Channels		
	Enter the total number of channels on which the cable     system carried television broadcast stations	13
	system carried television broadcast stations	
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations	328
	and nonbroadcast services	<b>52</b> 5
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 61	7-786-8800
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 Offce regula	ions
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 ow	ner 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 the statement of account and hereby declare under penalty of law that all statements of fact contained the statement of account and hereby declare under penalty of law that all statements of fact contained the statement of account and hereby declare under penalty of law that all statements of fact contained the statement of account and hereby declare under penalty of law that all statements of fact contained the statement of account and hereby declare under penalty of law that all statements of fact contained the statement of account and hereby declare under penalty of law that all statements of fact contained the statement of account and hereby declare under penalty of law that all statements of fact contained the statement of account and hereby declared the statement of account and he	ed 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	

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.

LEGAL NAME OF OWN	NER OF CABLE SYSTEM:		SYSTEM ID#	Nama
Atlantic Broad	band (Penn) LLC		007902	Name
The Satellite Hollowing sentence "In deter service of scribers  For more inform During the accommade by satellity NO	mining the total number of subscribers and the gof providing secondary transmissions of primary and amounts collected from subscribers receiving nation on when to exclude these amounts, see the punting period did the cable system exclude any the carriers to satellite dish owners?	on 111(d)(1)(A), of the gross amounts paid to broadcast transmitters ng secondary transmis ne note on page (vii) o amounts of gross rece	the cable system for the basic s, the system shall not include subssions pursuant to section 119."  If the general instructions.	Special Statement Concerning Gross Receipts Exclusion
YES. Enter	the total here and list the satellite carrier(s) belo	Name Mailing Address	\$	
INTEREST A	ASSESSMENTS	1		
You must comp	elete this worksheet for those royalty payments solon of interest assessment, see page (viii) of the me amount of late payment or underpayment	general instructions.		Q Interest Assessment
Line 2 Multiply	line 1 by the interest rate* and enter the sum he	ere	xdays	
Line 3 Multiply	line 2 by the number of days late and enter the	sum here		
* To view th contact th	e line 3 by 0.00274** enter here and on line 3, bloospace L, (page 7)	licensing/interest-rate ng@loc.gov.	(interest charge)  .pdf. For further assistance please	
NOTE: If you a	re fling this worksheet covering a statement of ac w the owner, address, frst community served, ac	ccount already submit	ted to the Copyright Offce,	
Owner Address First community				
Accounting peri	od			

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office 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 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.

# INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions.

#### FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

## BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3 (LONG FORM)

**Step 1**: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

• Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that local stations are not counted at all in computing DSEs	

**Step 2:** Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

**Step 3:** Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

# SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3 (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

#### TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

#### THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within  $\epsilon$  television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3 (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

## COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

#### COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100 major television market as defined by the FCC rules and regulations in effect on June 24, 1981. If no portion of the cable system is located ir a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

#### DSE SCHEDULE. PAGE 11.

#### COMPUTING THE BASE RATE FEE-PART 8 OF THE DSE **SCHEDULE**

Determine whether any of the stations you carried were partially distant that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

• If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable. First DSF 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0,701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

#### PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
- 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule: or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- 5. Calculate a separate base rate fee for each subscriber group, using (1) the rates given above; (2) the total number of DSEs for that group's complement of stations; and (3) the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

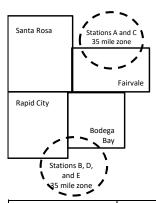
- · When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

#### EXAMPLE:

#### COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



Distant Stations Cari	ried	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

Minimum Fee Total Gross Receipts \$600,000.00 x .01064 \$6,384.00

First Subscriber Group		Second Subscriber Group		Third Subscriber Group	
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)	
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00
DSEs	2.472	DSEs	1.083	DSEs	1.389
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC

SYSTEM ID# 007902

2

Computation

of DSEs for

Category "O" **Stations** 

1

#### Instructions:

In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).

In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25."

#### CATEGORY "O" STATIONS: DSEs **CALL SIGN** DSE CALL SIGN DSE CALL SIGN DSE **WDCA** 1.00 **WJLA** 0.25 WTTG 1.00 WJZ WDCW 1.00 0.25 **WUSA** 0.25 **WNPB** 0.25 **WWCP** 1.00

#### SUM OF DSEs OF CATEGORY "O" STATIONS:

· Add the DSEs of each station.

Enter the sum here and in line 1 of part 5 of this schedule.

5.00

DSE SCHEDULE. PAGE 11. (CONTINUED) LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# 007902 Atlantic Broadband (Penn) LLC Instructions:
In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 2 of space G (page 3).

In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncommercial educational station, give the DSE as ".25." Computation of DSEs for Category "O" CATEGORY "O" STATIONS: DSEs Stations CALL SIGN DSE CALL SIGN CALL SIGN DSE DSE

Name		oadband (Penn) I							S	007902
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: I Column figure should Column Column be carried o Column give the type Column	s: CAPACITY List the call sign of al 12: For each station, d correspond with the 13: For each station, 4: Divide the figure i ut at least to the third 15: For each indepen e-value as ".25." 16: Multiply the figure al point. This is the sta	give the nume information give the total in column 2 but decimal poir ident station,	ber of hours you given in space J number of hours y the figure in cont. This is the "bagive the "type-vaby the figure in contype the by the figure in contype the space of the	r cat . Cal s tha blumr asis c alue"	ole system can culate only on t the station br a 3, and give the f carriage valu as "1.0." For e	ried the statice DSE for each coadcast over the result in due" for the state ach network the result in	on during the ach station. If the air durin lecimals in co- ation. If or noncomm	g the accounting plumn 4. This figure recial educational bund to no less that	period. e must station,
Capacity		C	CATEGOR	Y LAC STATI	ON:	S: COMPU	TATION C	F DSEs		
	1. CALL SIGN	2. NUM OF H	BER IOURS RIED BY	3. NUMBER OF HOUR: STATION ON AIR		4. BASIS C CARRIA VALUE	)F	5. TYPE VALUE	6. DS	SE.
			÷		=		х		<u>=</u>	
			-				x x	•••••	=	
			÷		=		х		=	
			-				x	• • • • • • • • • • • • • • • • • • • •		
			÷		=		х	(	=	
			÷		=		Х		=	
	Add the DSE	Es OF CATEGORY L s of each station. sum here and in line						0.00		
Computation of DSEs for Substitute-Basis Stations	titute-  Was carried by your system in substitution of program and your system was permitted to delete three PCC rules and regular- tions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and  Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I).  Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted									eleted
		SU	UBSTITUTE-BASIS STATIONS: COMP							
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	E	1. CALL SIGN	2. NUN OF PRO	MBER DGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=				÷		=
		÷		=				÷		=
		÷		=				÷		=
		÷ ÷		=				÷		=
	Add the DSE	Es OF SUBSTITUTE s of each station. sum here and in line						0.00		
5		BER OF DSEs: Give to Es applicable to your		om the boxes in p	oarts	2, 3, and 4 of t	his schedule	and add them	to provide the tota	
Total Number	1. Number	of DSEs from part 2€					<b></b>		5.00	
of DSEs	2. Number	of DSEs from part 3 €					<u> </u>		0.00	
	3. Number	of DSEs from part 4 €					<b>&gt;</b>		0.00	
	TOTAL NUME	BER OF DSEs						<b>&gt;</b>		5.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/1

		OWNER OF CABLE						S	YSTEM ID# 007902	Name
In • If scl	block A: your answer if hedule.	ck A must be com "Yes," leave the re "No," complete ble	emainder of		t 7 of the DSE sche	edule blank ar	nd complete p	art 8, (page 16) of	f the	6
				BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
	ect on June 24, Yes—Com	1981?	e schedule—l	•	aller markets as de				gulations in	0.70100
			BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	Es			
	Column 1: CALL SIGN	under FCC rules	and regulati he DSE Sche	ions prior to Ju edule. (Note: T	n part 2, 3, and 4 of ine 25, 1981. For fu the letter M below r i Act of 2010.)	urther explana	tion of permit	ted stations, see tl	he	
	Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rt. A Stations carrivation of the Stations carrivation of the Station of the Stati	ules and reguled pursuant ion as define cal education (76. or DSE schedant to individe viously carrius).	ulations cited b to the FCC mand in 76.5(kk) (7 al station [76.5 .65) (see paragolule). Itual waiver of F ed on a part-tir within grade-B	me or substitute ba contour, [76.59(d)(	ose in effect or 76.57, 76.59(b re)(1), 76.63(a 63(a) referring bstitution of grassis prior to Ju	n June 24, 196, 76.61(b)(c), 76.61(b)(c), preferring to 7 to 76.61(d) randfathered since 25, 1981	76.63(a) referring 76.61(e)(1 stations in the		
	Column 3:		e stations ide	entified by the l	n parts 2, 3, and 4 letter "F" in column			worksheet on page	e 14 of	
	1. CALL SIGN	2. PERMITTED BASIS		1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
	WDCA	A G	1.00 1.00	WNPB	С	0.25				
	WDCW	G	1.00	WTTG	Α	1.00				
				WUSA	A	0.25				
	WJLA	D	0.25	WWCP	Α	1.00				
	WJZ	A	0.25	<u> </u>						
									5.00	
			E	BLOCK C: CC	OMPUTATION OF	F 3.75 FEE				
Lir	ne 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			n <del>-</del>		
Lir	ne 2: Enter the	sum of permitte	ed DSEs fro	m block B ab	ove			n <del></del>		
Lir					er of DSEs subjec t 7 of this schedu		rate.			
Lir	ne 4: Enter gro	oss receipts from	ı space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Lir	ne 5: Multiply I	ine 4 by 0.0375	and enter s	um here				х		permited/ partially nonpermitted
Lir	ne 6: Enter tot	al number of DS	Es from line	÷ 3						carriage? If yes, see part 9 instructions.
Lir	ne 7: Multiply I	ine 6 by line 5 ar	nd enter he	re and on line	e 2, block 3, spac	e L (page 7)			0.00	

CALL	2. PERMITTED BASIS		2. PERMITTED BASIS		UED)  1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6 Computation of 3.75 Fee
		3. DSE		3. DSE			3. DSE	Computation of
								Computation of 3.75 Fee
								3.73 Fee
					I I		L I	
		***************************************						
 		***************************************	 					
 ********************								
 	T							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:  Atlantic Broadband (Penn) LLC  007902											
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.  A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections											
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS											
	1. CALL					6. PERMITTED						
	SIGN	DSE	PERIOD	CARRIAGE	DSE	DSE						
Computation of the	Instructions: Block A must be completed. In block A: If your answer is "Yes," complete blocks B and C, below. If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule.											
Syndicated			BLOCK A: MAJOR	TELEVISION MARK	ET							
Exclusivity Surcharge	<ul> <li>Is any portion of the of</li> </ul>	cable system within a to	op 100 major television mar	ket as defned by section 7	76.5 of FCC rules in effect	lune 24, 1981?						
<b>3</b> .	l 🚃 * ·	blocks B and C .	,	No—Proceed to		,						
	BLOCK B: Ca	arriage of VHF/Grade	B Contour Stations	BLOCK	K C: Computation of Exen	npt DSEs						
	commercial VHF stati or in part, over the ca	n block B of part 6 the pion that places a grade ble system? tation below with its appr	nity served by the cab to former FCC rule 76	red in block B of part 7 carried in any commu- able system prior to March 31, 1972? (refe								
		and proceed to part 8.			and proceed to part 8.	'						
	CALL SIGN	DSE CAL	L SIGN DSE	CALL SIGN	DSE CALL SIG	GN DSE						
		ТОТ	AL DSEs 0.00		TOTAL DS	SES 0.00						
				Ш								

LEGAL NA	ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Name
	Atlantic Broadband (Penn) LLC	007902	
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	2,571,883.56	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC?  Yes—Complete section 3 below.  X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?      X Yes—Complete part 9 of this schedule.  No—Complete the applicable section below		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE .	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on		
	line C in section 2) and enter here	_	
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ \$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge.  Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.  A. Enter 0.00300 of gross receipts (the amount in section 1)	SE .	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)  Syndicated Exclusivity Surcharge		

Name		#E OF OWNER OF CABLE SYSTEM:  Atlantic Broadband (Penn) LLC  007902
		Walling Distance (1 only 220
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.
Computation of the		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$
Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ _
Surcharge		C. Multiply line B by 3.000 and enter here.
		D. Enter 0.00089 of gross receipts (the amount in section 1)
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here
		F. Multiply line D by line E and enter here
		G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2, block 4, space L (page 7)
		Syndicated Exclusivity Surcharge
<b>8</b> Computation of Base Rate Fee	6 was of In bloom If you blank. What is were lo	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5.  ck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.  r answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.  r answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?
		Yes—Complete part 9 of this schedule. No—Complete the following sections.
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ \$
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule.  (If block A of part 6 was checked "Yes,"  use the total number of DSEs from part 5.)
	Section 3	If the figure in section 2 is <b>4.000 or less</b> , compute your base rate fee here and leave section 4 blank.
		NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.
		A. Enter 0.01064 of gross receipts  (the amount in section 1) ▶ _ \$
		B. Enter 0.00701 of gross receipts (the amount in section 1)
		C. Subtract 1.000 from total DSEs  (the figure in section 2) and enter here
		D. Multiply line B by line C and enter here
		E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7)  Base Rate Fee.   0.00
		Base Rate Fee.

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/1

		SYSTEM ID#	Name
Atlan	tic Broadband (Penn) LLC	007902	
Section 4	If the figure in section 2 is <b>more than 4.000</b> , compute your base rate fee here and leave section 3 blank.		
7	A. Enter 0.01064 of gross receipts		8
	(the amount in section 1) <b>&gt;</b>		
	B. Enter 0.00701 of gross receipts  (the amount in section 1)  **State		Computation of
	(the amount in section 1)		Base Rate Fee
	C. Multiply line B by 3.000 and enter here <b>\$</b>	_	
	D. Enter 0.00330 of gross receipts		
	(the amount in section 1) <b>\$</b>		
	E. Subtract 4.000 from total DSEs		
	(the figure in section 2) and enter here		
	F. Multiply line D by line E and enter here <b>\$</b>		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7)		
	Base Rate Fee	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca		
	stead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple c Space G.	iannei iine-	9
•	eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee	e, to exclude	Computation
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take a		Computation of
this exc	clusion, you must:		Base Rate Fee
First: [	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant t	o the same	and
station	or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine	the number of	Syndicated Exclusivity
	and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for	each group.	Surcharge
•	: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.		for
	If any portion of your cable system is located within the top 100 television market and the station is not exempt in		Partially
	so compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and er, if your cable system is wholly located outside all major television markets, complete block A only.	a B below.	Distant Stations, and
How to	Identify a Subscriber Group for Partially Distant Stations		for Partially Permitted
Step 1	For each community served, determine the local service area of each wholly distant and each partially distant sta	tion you	Stations
carried	to that community.		
	: For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that sta		
the sar	ne token, the station is distant to the subscriber.)		
-	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant.		
	ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note th will have only one subscriber group when the distant stations it carried have local service areas that coincide.	at a cable	
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's	
subscri	ber groups.		
In each	section:		
	fy the communities/areas represented by each subscriber group.		
	the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al bers in the group.	of the	
• If:	bolo ili tilo group.		
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i	n narts 2 3	
	of this schedule; or,	11 parts 2, 0,	
, -	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general i	nstructions.	
	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the		
page. DSEs f	or that group's complement of stations and total gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not nectual calculations on the form.	at is, the total	

# SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 007902 Atlantic Broadband (Penn) LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNI Atlantic Broadbar						S	YSTEM ID# 007902	Name
В	LOCK A: (	COMPUTATION OF	BASE RA	ATE FEES FOR EA	CH SUBSCR	BER GROUP		
	FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	1/Cumb	perland, Allegany	Cnty, C	COMMUNITY/ ARE	A 2/Cumb	erland Valley, Lo	ndonderry,	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WJZ	0.25			WDCA	1.00			Base Rate Fee
WNPB	0.25					_		and
				WJLA	0.25			Syndicated
				WNPB	0.25			Exclusivity
				WTTG	1.00			Surcharge
								for
						_		Partially
								Distant
								Stations
Total DSEs	•		0.50	Total DSEs	•		2.50	
Gross Receipts First G	Group	\$ 2,362	,631.31	Gross Receipts Sec	cond Group	\$	65,615.87	
Base Rate Fee First G	Group	\$ 12	,569.20	Base Rate Fee Sec	cond Group	\$	1,388.10	
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	3/South	Hampton (Som	erset)	COMMUNITY/ ARE	A 4/South	Hampton (Bedfo	rd)	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WJLA	0.25			WJLA	0.25			
WDCA	1.00			WNPB	0.25			
WDCW	1.00			WDCA	1.00			
WJZ	0.25			WJZ	0.25			
WNPB	0.25			WTTG	1.00			
WTTG	1.00			WUSA	0.25	_		
WUSA	0.25					_		
Total DSEs			4.00	Total DSEs			3.00	
Gross Receipts Third	Group	<b>\$</b> 14	,984.72	Gross Receipts Fou	urth Group	\$	8,495.23	
-	-				•			
Base Rate Fee Third (	Group	\$	474.57	Base Rate Fee Fou	urth Group	\$	209.49	
Base Rate Fee: Add t	he <b>base rat</b>	te fees for each subs	criber aroun	as shown in the boxe	es above.			
Enter here and in bloc			J -F			\$	16,340.97	

LEGAL NAME OF OWNE Atlantic Broadbar						S	O07902	Name
BI COMMUNITY/ AREA	FIFTH	COMPUTATION OF SUBSCRIBER GROU Shire, Ridgeley,	JP	TE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROU	IP <b>0</b>	9
COMMONTTY AREA	0/11d111p	ome, magazy,		COMMONTTY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WJZ	0.25							Base Rate Fee
WNPB	0.25							and Syndicated
WWCP	1.00							Exclusivity Surcharge
								for Partially
								Distant Stations
Total DSEs			1.50	Total DSEs			0.00	
Gross Receipts First G	roup	<u>\$ 120</u>	,156.44	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First G	roup	\$ 1	,699.61	Base Rate Fee Secon	d Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU			EIGHTH	SUBSCRIBER GROU	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

Computation	LEGAL NAME OF OWNE						S	007902	Name
COMMUNITY/ AREA 1/Cumberland, Allegany Cnty, C COMMUNITY/ AREA 2/Cumberland Valley, Londonderry, Computation of Page 1	В	LOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP		
CALL SIGN		FIRST	SUBSCRIBER GRO	UP		SECOND	SUBSCRIBER GRO	UP	
CALL SIGN   DSE   CALL SIGN   DSE   CALL SIGN   DSE   Base Rate Fee Second Group   S   CALL SIGN   DSE   CALL SIGN   D	COMMUNITY/ AREA	1/Cum	berland, Allegan	y Cnty, C	COMMUNITY/ ARE	A 2/Cumbe	erland Valley, Lo	ondonderry,	_
W.IZ. 0.25 WUSA 0.23. Syndicated Exclusivity Surcharge for Partially Distant Stations  Total DSEs 0.00 Gross Receipts First Group \$ 2,362,631.31  Base Rate Fee First Group \$ 2,362,631.31  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  Total DSEs 0.00  Total	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	-
MUSA   0.25   Syndicated Exclusivity Surcharge for partially Distant Stations   Statio					WDCW	1.00			Base Rate Fee
Exclusivity Surcharge for Partially Distant Stations  Total DSEs  0.00 Gross Receipts First Group \$ 2,362,631.31 Gross Receipts Group \$ 0.00 Base Rate Fee First Group  COMMUNITY! AREA 3/South Hampton (Somerset)  CALL SIGN DSE COMMUNITY! AREA 4/South Hampton (Bedford)  COMMUNITY! AREA 3/South Hampton (Bedford)  COMMUNITY! AREA 4/South Hampton (Bedford)  COMMUNITY! AREA 3/South Hampton (Bedford)  COMMUNITY! AREA 4/South Hampton (Bedford)					WJZ	0.25			and
Surcharge for stress of the state of the sta					WUSA	0.25			Syndicated
Total DSEs									Exclusivity
Partially Distant Stations  Total DSEs									Surcharge
Total DSEs  Gross Receipts First Group  Total DSEs  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  Sisouth Hampton (Somerset)  CALL SIGN  DSE  DSE  DSE  DSE  DSE  DSE  DSE  DS									for
Total DSEs  Gross Receipts First Group \$ 2,362,631.31  Base Rate Fee First Group \$ 0.00  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Total DSEs  Gross Receipts Second Group \$ 3,690.89  FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA 4/South Hampton (Bedford)  Total DSEs  Total DSEs  Gross Receipts First Group \$ 3,690.89  FOURTH SUBSCRIBER GROUP  COMMUNITY/ AREA 4/South Hampton (Bedford)  Total DSEs  Total DSEs  Gross Receipts Fourth Group \$ 1.00  Total DSEs  Gross Receipts Fourth Group \$ 3,495.23  Base Rate Fee Third Group \$ 3,495.23  Base Rate Fee Fourth Group \$ 3,495.23  Base Rate Fee Fourth Group \$ 3,495.23  Base Rate Fee Fourth Group \$ 3,495.23									Partially
Total DSES  Gross Raceipts First Group  THIRD SUBSCRIBER GROUP  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA  3/South Hampton (Somerset)  COMMUNITY/ AREA  3/South Hampton (Somerset)  CALL SIGN  DSE  CALL SIGN  D									Distant
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSE									Stations
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSE									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSE									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSE									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSE									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSE									
Gross Receipts First Group  Base Rate Fee First Group  THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Third Group  Total DSEs  Gross Receipts Third Group  Base Rate Fee Fourth Group  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSEs  Gross Receipts Fourth Group  Total DSEs  Total DSE									
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 3,690.89  THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs 0.00  Gross Receipts Third Group \$ 14,984.72  Base Rate Fee Fourth Group \$ 318.57  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Total DSEs			0.00	Total DSEs			1.50	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs 0.00  Gross Receipts Third Group \$ 14,984.72  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 318.57	Gross Receipts First G	Group	\$ 2,362	2,631.31	Gross Receipts Sec	cond Group	\$	65,615.87	
THIRD SUBSCRIBER GROUP  COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs 0.00  Gross Receipts Third Group \$ 14,984.72  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 318.57									
COMMUNITY/ AREA 3/South Hampton (Somerset)  CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Gross Receipts Third Group \$ 0.00  Base Rate Fee Third Group \$ 0.00  Base Rate Fee Fourth Group \$ 318.57  UPDATE FORMULA  LOG LALL SIGN DSE CALL SIG	Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	cond Group	\$	3,690.89	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WDCW 1.00  WDCW 1.00  Total DSEs  Gross Receipts Third Group  \$ 14,984.72  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 318.57		THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	UP	
Total DSEs	COMMUNITY/ AREA	3/Sout	h Hampton (Som	erset)	COMMUNITY/ ARE	A 4/South	Hampton (Bedfo	ord)	
Total DSEs  Gross Receipts Third Group  \$ 14,984.72  Base Rate Fee Third Group  \$ 0.00  Base Rate Fee Fourth Group  \$ 318.57  UPDATE FORMULA  UPDATE FORMULA	CALL SIGN	DSE	CALL SIGN	DSE	11		CALL SIGN	DSE	
Gross Receipts Third Group \$ 14,984.72 Gross Receipts Fourth Group \$ 8,495.23  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 318.57  UPDATE FORMULA  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.					WDCW	1.00			
Gross Receipts Third Group \$ 14,984.72 Gross Receipts Fourth Group \$ 8,495.23  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 318.57  UPDATE FORMULA  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 14,984.72 Gross Receipts Fourth Group \$ 8,495.23  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 318.57  UPDATE FORMULA  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							-		
Gross Receipts Third Group \$ 14,984.72 Gross Receipts Fourth Group \$ 8,495.23  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 318.57  UPDATE FORMULA  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.							-		
Gross Receipts Third Group \$ 14,984.72 Gross Receipts Fourth Group \$ 8,495.23  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 318.57  UPDATE FORMULA  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
Gross Receipts Third Group \$ 14,984.72 Gross Receipts Fourth Group \$ 8,495.23  Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 318.57  UPDATE FORMULA  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.									
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Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 318.57  UPDATE FORMULA  Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.		One				db (0:	•	<del></del>	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Gross Receipts Third (	roup۔	<u>\$ 14</u>	+,904./2	Gross Receipts Fol	ırın Group	<b>\$</b>	0,495.23	
Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above.	Base Rate Fee Third (	Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	318.57	
					Ш		UP	DATE FORMULA	
				scriber group	as shown in the boxe	es above.	\$	4,009.46	

LEGAL NAME OF OWNE Atlantic Broadbar						S	007902	Name
В				TE FEES FOR EAC			LID	
COMMUNITY/ AREA		SUBSCRIBER GROU Shire, Ridgeley,		SIXTH SUBSCRIBER GROUP  COMMUNITY/ AREA  0				9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.0.1	302	07.122 01011		0,122 0.011	302	0,122 0.0.1	332	Base Rate Fe
								and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
		-						Distant
								Stations
		-						
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	<b>\$</b> 120,	156.44	Gross Receipts Seco	nd Group	\$	0.00	
<b>Base Rate Fee</b> First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
:	SEVENTH	SUBSCRIBER GROU	JP		EIGHTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third (	2roup	¢	0.00	Base Rate Fee Fourt	h Group	¢	0.00	
Dase Nate Fee Hilla	лоир	\$	0.00	Dase Nate Fee Found	п Стоир	\$	0.00	
<b>Base Rate Fee:</b> Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Atlantic Broadband (Penn) LLC	007902
	BLOCK B: COMPUTATION OF SYNDICATED EXCLUSI	VITY SURCHARGE FOR EACH SUBSCRIBER GROUP
9	If your cable system is located within a top 100 television market and the Syndicated Exclusivity Surcharge. Indicate which major television mark by section 76.5 of FCC rules in effect on June 24, 1981:	
Computation of		Second 50 major television market
Base Rate Fee and Syndicated Exclusivity Surcharge for	INSTRUCTIONS:  Step 1: In line 1, give the total DSEs by subscriber group for commerce this schedule.  Step 2: In line 2, give the total number of DSEs by subscriber group for Exempt DSEs in block C, part 7 of this schedule. If none enter of the schedule in the schedule	or the VHF Grade B contour stations that were classified as r zero.  DSEs used to compute the surcharge.
Partially Distant Stations	Step 4: Compute the surcharge for each subscriber group using the formula schedule. In making this computation, use gross receipts figure your actual calculations on this form.	res applicable to the particular group. You do not need to show
	FIRST SUBSCRIBER GROUP	SECOND SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE First Group	SYNDICATED EXCLUSIVITY SURCHARGE Second Group
	THIRD SUBSCRIBER GROUP	FOURTH SUBSCRIBER GROUP
	Line 1: Enter the VHF DSEs	Line 1: Enter the VHF DSEs
	Line 2: Enter the Exempt DSEs	Line 2: Enter the Exempt DSEs
	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation	Line 3: Subtract line 2 from line 1 and enter here. This is the total number of DSEs for this subscriber group subject to the surcharge computation
	SYNDICATED EXCLUSIVITY SURCHARGE Third Group	SYNDICATED EXCLUSIVITY SURCHARGE Fourth Group
	SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for ear in the boxes above. Enter here and in block 4, line 2 of space L (page 7)	ach subscriber group as shown //

L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	Nam
ntic Broadband (Penn), LLC			007902	
CITY OR TOWN	STATE			First
Cumberland	MD			Commu
	<b>1</b>			
Line 1. ROYALTY FEE FROM SPACE L				
LINE I. ROTALIT FEE FROM SPACE L		\$	27,364.84	
Line 2. FILING FEE			725.00	Total Fee
LINE 2. FILING FEE			723.00	
Line 3. TOTAL ROYALTY AND FILING FEES PAYABLE FO	OR ACCOUNTING BERIOD			
Add lines 1 and 2 and enter here	OR ACCOUNTING PERIOD	\$	28,089.84	
Effective January 1, 2014, pursuant to the Satellite Television authority to the Copyright Office to establish fees for the filing 122 statutory licenses, the Office now assesses filing fees for details, see the Federal Register, November 29, 2013 (78 FF the royalty payment is credited; thus the omission of the approximate of the control of the cont	g of statements of account (SO or ALL SOAs for current, past a R 71498). Please be advised th ropriate filing fee will result in a	As) under the sec nd future account nat the filing fee is	ction 111, 119, and ing periods. For deducted before	
Please remit the royalty fee and filing fee in one EFT payment. (S	оолэ juing jee: \$125).			
			I.	