This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

| FOR COPYRIGHT OFFICE USE ONLY | | | | | | | |
|-------------------------------|----------------------|--|--|--|--|--|--|
| DATE RECEIVED | AMOUNT | | | | | | |
| 03/01/2018 | \$ ALLOCATION NUMBER | | | | | | |

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

| Α | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | |
|----------------------|---|--|-----------------------------------|----------------|
| Accounting Period | 2017/2 | | | |
| | Instructions: | | | |
| Bowner | Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID | ess of the cable system on the last day of the counting perion | em the accounting period should s | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | |
| | Atlantic Broadband (Penn) LLC | | | |
| | | | | |
| | | | | 01063120172 |
| | | | | 010631 2017/2 |
| | | | | |
| | 2 Batterymarch Park, Suite 205 | | | |
| | Quincy, MA 02169 | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to id | | | |
| C | names already appear in space B. In line 2, give the mailing address of | the system, if diffe | erent from the address give | n in space B. |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: | | | |
| | Atlantic Broadband | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | |
| | 2 (Number, street, rural route, apartment, or suite number) | | | |
| | Johnstown, PA 15905 | | | |
| | (City, town, state, zip code) | | | |
| D | Instructions: For complete space D instructions, see page 1b. Identify | only the frst comm | nunity served below and rel | ist on page 1b |
| Area | with all communities. | | | |
| Served | CITY OR TOWN | STATE | | |
| First | Altoona | PA | | |
| Community | Below is a sample for reporting communities if you report multiple cha | nnel line-ups in S | pace G. | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# |
| Sample | Alda | MD | Α | 1 |
| • | Alliance | MD | B | 2 |
| | Gering | 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 th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect 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 SA3E. PAGE 1b. | | | ACCOUNT | ING PERIOD: 2017/2 |
|---|--|---|-----------------------------------|--|
| LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | |
| Atlantic Broadband (Penn) LLC | | | 010631 | |
| Instructions: List each separate community served by the cable system. A "community in FCC rules: "a separate and distinct community or municipal entity (including unincorporates 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 Note: Entities and properties such as hotels, apartments, condominiums, or mobile hom | orated communit t community that of community on | ies within unincorp you list will serve a all future filings. | as defined orated as a form | D Area Served |
| below the identified city or town. | · | | | |
| 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 th 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). | e column blank. levant communit | If you report any st y with a subscriber | ations group, | |
| When reporting the carriage of television broadcast stations on a community-by-commu channel 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 subscriber gro | iate each communi up designated by a | ity with a a number | |
| CITY OR TOWN | STATE | CH LINE UP | SUB GRP# | |
| Altoona | PA | | 2 | First |
| Allegheny Township | PA | | 2 | Community |
| Antis Township | PA | | 1 | |
| Bellwood | PA | | 1 | |
| Birmingham Borough | PA | | 1 | |
| Blair Township | PA | | 2 | See instructions for |
| Bloomfield Township | PA | | 2 | additional information on alphabetization. |
| Broadtop, Bedford County Cass | PA PA | | 2 | on diphabetization. |
| Cassville | PA PA | | 2 | |
| Catherine Township | PA | | 1 | |
| Clay | PA | | 2 | Add rows as necessary. |
| Duncansville | PA | | 2 | |
| Frankstown Township | PA | | 2 | |
| Freedom | PA | | 2 | |
| Gallitzin | PA | | 3 | |
| Greenfield | PA | | 2 | |
| Hollidaysburgh | PA | | 2 | |
| Huston Township | PA | | 2 | |
| Juniata, Blair County | PA | | 2 | |
| Kimmel Township | PA | | 2 | |
| Logan | PA | | 2 | |
| Mapleton Martinsburg | PA PA | | 2 | |
| Newry | PA | | 2 | |
| North Woodbury | PA | | 2 | |
| Pavia | PA | | 2 | |
| Roaring Springs | PA | | 2 | |
| Saltillo | PA | | 2 | |
| Snyder Township | PA | | 1 | |
| Spruce Creek | PA | | 1 | |
| Taylor | PA | | 2 | |
| Three Springs | PA | | 2 | |
| Todd | PA | | 2 | |
| Tyrone | PA | | 1 | |
| Union | PA | | 2 | |
| Warriors Mark Wells, Huntingdon County | PA | | 1 | |
| Wood | PA PA | | 2 | |
| Woodbury, Blair County | PA PA | | 2 | |
| 1100abary, Dian County | I | | _ | l |

| | |
|------|------|
| | |
| | |

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:
SYSTEM ID#
Atlantic Broadband (Penn) LLC
010631

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 | | |
|--|-----------------------|----|-------|--------------------------|-----------------------|----|-------|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE |
| Residential: | | | | | | | |
| Service to first set | 23,249 | \$ | 37.93 | Expanded | 20,037 | \$ | 55.73 |
| Service to additional set(s) | | | | Value (Basic + Expanded) | 44,458 | \$ | 93.66 |
| FM radio (if separate rate) | | | | Digital Value | 3,688 | \$ | 76.99 |
| Motel, hotel | 112 | \$ | 37.93 | | | | |
| Commercial | 1,354 | \$ | 37.93 | | | | |
| Converter | | | | | | | ••••• |
| Residential | 111 | \$ | 2.99 | | | | ••••• |
| Non-residential | | | | | | 1 | |
| i | | | | | | + | |

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.

| | | BLOCK 2 | | | | | | | |
|---|----|---------|-------------------------------|----|-------|---------------------|-------------|------|-------|
| CATEGORY OF SERVICE | F | RATE | CATEGORY OF SERVICE | F | | CATEGORY OF SERVICE | F | RATE | |
| Continuing Services: | | | Installation: Non-residential | | | | | | |
| Pay cable | \$ | 19.99 | Motel, hotel | | | | НВО | \$ | 19.99 |
| Pay cable—add'l channel | | | Commercial | | | ĺ | Cinemax | \$ | 19.99 |
| Fire protection | | | Pay cable | | | ı | Showtime | \$ | 19.99 |
| •Burglar protection | | | Pay cable-add'l channel | | | ı | MoviePlex | \$ | 9.00 |
| Installation: Residential | | | Fire protection | | | ı | 2 Premium | \$ | 34.95 |
| First set | \$ | 40.00 | Burglar protection | | | ı | 3 Premium | \$ | 49.95 |
| Additional set(s) | \$ | 40.00 | Other services: | | | ı | NFL RedZone | \$ | 49.99 |
| • FM radio (if separate rate) | | | Reconnect | \$ | 40.00 | ı | | | |
| Converter | | | Disconnect | | | ı | | | |
| | | | Outlet relocation | \$ | 40.00 | ı | | | |
| | | | Move to new address | \$ | 40.00 | ı | | | |
| | | | | | | ı | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010631 Atlantic Broadband (Penn) LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program Television basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. 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 located in the paper SA3 form. 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 located in the paper SA3 form. 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 located in the paper SA3 form. 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) **NUMBER STATION** (If Distant) **WATM** 12 Ν No Altoona, PA See instructions for additional information **WJAC** Ν Johnstown, PA 6 No on alphabetization. No **WKBS** 5 ı Altoona, PA **WPCW** 15 ı 0 Yes Jeanette, PA **WPSU** 3 Ε No Clearfield, PA **WTAE** Ν 4 Yes Pittsburgh, PA 0 WTAJ 10 Ν No Altoona, PA **WWCP** 8 Ν No Johnstown, PA WHVL 2 ı No State College, PA WINP 22 No Pittsburgh, PA

| FORM SA3E. PAGE 3. | IED OF OAR! F C' | OTEN4: | | | SYSTEM ID# | |
|--|------------------|----------------|-------------------|----------------------|---|------------------------|
| Atlantic Broadk | | | | | 010631 | Name |
| | | | | | 010031 | |
| PRIMARY TRANSMITTE | | | ation (in aludina | translator atations | and law navior tale, data atations) | |
| | | | | | s and low power television stations) ed only on a part-time basis under | G |
| • | | | | • | ain network programs [sections | |
| 76.59(d)(2) and (4), 76 substitute program bas | | | | 1(e)(2) and (4))]; a | and (2) certain stations carried on a | Primary Transmitter |
| Substitute Basis S | Stations: With r | espect to any | distant stations | s carried by your o | cable system on a substitute program | Television |
| | here in space | G—but do list | | ne Special Statemo | ent and Program Log)—if the | |
| station was carried List the station here. | • | | ation was carried | d both on a substit | tute basis and also on some other | |
| basis. For further in | formation conc | | | | f the general instructions located | |
| in the paper SA3 for | | sian Do not r | enort origination | n program service | s such as HBO, ESPN, etc. Identify | |
| | | | | | tion. For example, report multi- | |
| ast stream as "WETA | | | | | h stream separately; for example | |
| VETA-simulcast). Column 2: Give the | e channel numb | er the FCC h | as assigned to | the television stat | ion for broadcasting over-the-air in | |
| | | | ū | | may be different from the channel | |
| on which your cable sy Column 3: Indicate | | | ation is a netwo | ork station, an inde | ependent station, or a noncommercial | |
| | | | | | east), "I" (for independent), "I-M" | |
| • | , | | ** | • | ommercial educational multicast). | |
| or the meaning of the Column 4: If the sta | | | | | ne paper SA3 form. es". If not, enter "No". For an ex- | |
| lanation of local servi | ce area, see pa | age (v) of the | general instruct | ions located in the | e paper SA3 form. | |
| • | | | • | - | stating the basis on which your | |
| able system carried tr arried the distant stati | | • | ٠. | • | tering "LAC" if your cable system capacity. | |
| | | | | | payment because it is the subject | |
| - | | | | • | stem or an association representing ry transmitter, enter the designa- | |
| • | | | • | • . | ther basis, enter "O." For a further | |
| | | | | | ed in the paper SA3 form. y to which the station is licensed by the | |
| | | | | | which the station is identifed. | |
| Note: If you are utilizin | | . , | | • | | |
| | Γ | CHANN | EL LINE-UP | AB | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| A/A TA | NUMBER | STATION | | (If Distant) | All | |
| WATM | 12 | N | No | | Altoona, PA | |
| NJAC | 6 | N | No | | Johnstown, PA | |
| NKBS | 5 | l | No | | Altoona, PA | |
| NPCW | 15 | <u> </u> | Yes | 0 | Jeanette, PA | |
| NPSU | 3 | Е | No | | Clearfield, PA | |
| WTAE | 4 | N | Yes | 0 | Pittsburgh, PA | |
| NTAJ | 10 | N | No | | Altoona, PA | |
| WCP | 8 | N | No | | Johnstown, PA | |
| WHVL | 2 | | Yes | 0 | State College, PA | |
| WINP | 22 | l | No | | Pittsburgh, PA | |
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| (************************************** | <u> </u> | | | · | | |

| FORM SA3E. PAGE 3. | IED OF CARLES | OTEM: | | | SYSTEM ID# | |
|---|------------------|----------------|-------------------|----------------------|--|------------------------|
| LEGAL NAME OF OWN | | | | | 010631 | Name |
| Atlantic Broad | | | | | 010031 | |
| PRIMARY TRANSMITTE | | | ation (in aludina | translator atations | and low newer television etations) | |
| | | | | | and low power television stations) ed only on a part-time basis under | G |
| • | | | | • | ain network programs [sections | |
| '6.59(d)(2) and (4), 76 substitute program bas | | | | 1(e)(2) and (4))]; a | and (2) certain stations carried on a | Primary Transmitter |
| Substitute Basis S | Stations: With r | espect to any | distant stations | s carried by your o | able system on a substitute program | Television |
| | here in space | G—but do list | | e Special Stateme | ent and Program Log)—if the | |
| station was carried | • | | ation was carried | d both on a substit | tute basis and also on some other | |
| | • | | | | f the general instructions located | |
| in the paper SA3 fo | | eian Do not r | enort origination | n nrogram service | s such as HBO, ESPN, etc. Identify | |
| | | | | | tion. For example, report multi- | |
| ast stream as "WETA | | | | | n stream separately; for example | |
| VETA-simulcast). Column 2: Give the | e channel numb | er the FCC h | as assigned to | the television stat | ion for broadcasting over-the-air in | |
| ts community of licens | e. For example | e, WRC is Cha | ū | | may be different from the channel | |
| on which your cable sy | | | ation is a netwo | ork station, an inde | ependent station, or a noncommercial | |
| | | | | | ast), "I" (for independent), "I-M" | |
| • | , | | ** | • | ommercial educational multicast). | |
| or the meaning of the Column 4: If the sta | | | | | ne paper SA3 form. es". If not, enter "No". For an ex- | |
| lanation of local servi | ce area, see pa | age (v) of the | general instruct | ions located in the | e paper SA3 form. | |
| • | | | • | • | stating the basis on which your tering "LAC" if your cable system | |
| arried the distant stati | | • | ٠. | • | , , | |
| | | | | | y payment because it is the subject | |
| - | | | | • | stem or an association representing ry transmitter, enter the designa- | |
| | | | | | ther basis, enter "O." For a further | |
| | | | | | ed in the paper SA3 form. to which the station is licensed by the | |
| | | | | | which the station is identifed. | |
| lote: If you are utilizin | ng multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | |
| | | CHANN | EL LINE-UP | AC | | |
| 1. CALL | 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | |
| SIGN | CHANNEL | OF | (Yes or No) | CARRIAGE | | |
| WATM | NUMBER 12 | STATION N | No | (If Distant) | Altoona, PA | |
| | _ | | | | <u> </u> | |
| NJAC | 6 | N | No | | Johnstown, PA | |
| VKBS | 5 | I | No | | Altoona, PA | |
| NPCW | 15 | <u> </u> | Yes | 0 | Jeanette, PA | |
| NPSU | 3 | E | No | | Clearfield, PA | |
| NTAE | 4 | N | No | | Pittsburgh, PA | |
| WTAJ | 10 | N | No | | Altoona, PA | |
| NWCP | 8 | N | No | | Johnstown, PA | |
| WHVL | 2 | l | Yes | 0 | State College, PA | |
| WINP | 22 | I | No | | Pittsburgh, PA | |
| | | | | | | |
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| | • | | | | | |
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| | | | | | <u> </u> | |

| FORM SA3E. PAGE 3. | | | | | | | |
|--|--------------------------------|--------------------------|----------------------------|---|---------------------------------|------|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | |
| Atlantic Broadl | pand (Penn) | LLC | | | 010631 | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | |
| 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), 076.63 (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 specific 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 located in the paper SA3 form. 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), "F (for independent), "I-M" (for indepe | | | | | | | |
| FCC. For Mexican or (Note: If you are utilizing | | | | • | which the station is identifed. | | |
| Note: If you are dillizing | ig manipic onai | • | EL LINE-UP | | onarmer mile up. | | |
| 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 | | |
| | | | | | | | |
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| FORM SA3E. PAGE 3. LEGAL NAME OF OW | NER OF CABLE SY | /STEM: | | | SYSTEM ID# | |
|--|--|---|--|--|--|--|
| Atlantic Broad | band (Penn) | LLC | | | 010631 | Name |
| PRIMARY TRANSMITT | ERS: TELEVISIO | ON | | | | |
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| FORM SA3E. PAGE 3. | | | | | | • | |
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| LEGAL NAME OF OWNE | | | | | SYSTEM ID# | Name | |
| Atlantic Broadb | and (Penn) | LLC | | | 010631 | | |
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| 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 located in the paper SA3 form. 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 located in the paper SA3 form. 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 located in the paper SA3 form. 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 identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. | | | | | | | |
| | | CHANN | EL LINE-UP | AF | | | |
| 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 | | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | |
| Atlantic Broadl | band (Penn) | LLC | | | 010631 | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | |
| 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), 07.63 (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 specific 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 located in the paper SA3 form. 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 "\mathbf{I}" (for network), \mathbf{I}"\mathbf{M}" (for network multicast), \mathbf{I}" (f | | | | | | | |
| FCC. For Mexican or (Note: If you are utilizing | | . , | | • | which the station is identifed. | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
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| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
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| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| Atlantic Broadl | band (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulate 76.59(d)(2) and (4), 76 substitute program bass Substitute Basis Substitute Pasis Pasis Substitute Pasis Pasis Substitute Pasis | G, identify even- system during to ions in effect on ions in effect conditions: With in ions in space only on a subs and also in space only on a subs and also in space information concurrs. The station's call associated with ions in each case were carried the ions in each case were in each case with | y television standard and accounting an June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard are station account as the station account as the station. Whether the station account are station. Whether the station account are station. Whether the station are station are basis becard and the station are basis becard multicast street or or before Jumitter or an associated are the station are station are page (v) and the station are station are stationary are stat | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its own be reported in comparation in a network), "N-M" (I educational), on a general instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, or lack of a sam that is not some 30, 2009, be a sociation repression of the general in the of the general in the control of the general of the control of the general of | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statification, D.C. This work station, an indefor network multicute "E-M" (for noncontext of the special properties of the station of the special properties of | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system | G Primary Transmitters: Television |
| FCC. For Mexican or C Note: If you are utilizing | | . , | | • | which the station is identifed. channel line-up. | |
| | b | | EL LINE-UP | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| Atlantic Broadl | band (Penn) | LLC | | | 010631 | Nume |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bassubstitute program bassubasis under specific FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If your cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the cable system and attion "E" (exempt). | G, identify even by system during the ions in effect or ions. With in CC rules, regular here in space only on a substand also in spation and also in spation and also in spation and ions in effect of ions ions ions ions ions ions ions ions | y television standard accounting in June 24, 194, or 76.63 (in din the next) respect to any ations, or auth G—but do listitute basis. In the standard account in a station account in a station account in a station account in a station account in a station. In the local service in column in during the ear in column in during the ear in or before Jumitter or an account in the station. In the local service in a station in during the ear in or before Jumitter or an account in the local service in column in during the ear in or before Jumitter or an account in the local service in column in during the ear in or before Jumitter or an account in the local service in column in the local service in column in during the ear in or before Jumitter or an account in the local service in column in the local service | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the stion was carried the period of the stion was carried to the stion was carried to the period of the stion was station to the period of the stion was assigned to the stion is a network of the stion was assigned to the stion of the stions, in the stion of the stion of the stions, as the stion of the stion of the stion of the stions, as the stion of the stion of the stions, as the stion of the stion of the stion of the stion of the stions, as the stion of the | (1) stations carried carriage of cert 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitute, see page (v) of the program service er-the-air designate column 1 (list each the television statington, D.C. This lark station, an indefor network multiple of "E-M" (for noncottons located in the insplete column 5, and Indicate by enactivated channel of subject to a royalty extended to a royalty extended on any of instructions located in the insplete column 5, and Indicate by enactivated channel or any of instructions located in the insplete column 5, and Indicate by enactivated channel or any of instructions located in the insplete column 5, and Indicate by enactivated channel or any of instructions located list the community instructions located list the community. | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system | Primary Transmitters: Television |
| Note: If you are utilizing | ig multiple chai | • | • | • | channel inte-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
| | HOMBEN | STATION | | (II Distant) | | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name |
| Atlantic Broadl | pand (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | |
| In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you had cable system carried the cable system carried the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the | G, identify ever system during the consine effect on the consistency of the consistency o | y television structure by television structure 24, 194 4), or 76.63 (radio the next) respect to any attions, or auth G—but do list titute basis. ace I, if the state that it is sign. Do not radio the station according to the station according to the station. Whether the station. Whether the station. Whether the station according to the local servage (v) of the the local servage | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: It it in space I (the referring to station was carried that it in space I (the report origination cording to its over the reported in containing the reported in | (1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on a program service: er-the-air designal column 1 (list each the television statifington, D.C. This in the special properties of the station, an indefor network multicer "E-M" (for noncontions located in the special properties of the special properties o | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing the remainder of the remai | G Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | AO | | |
| 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 | |
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| FORM SA3E. PAGE 3. | | | | | | • |
|--|---|--|--|--|--|---|
| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name |
| Atlantic Broadb | and (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTE In General: In space Gerried by your cable s FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program bass Substitute Basis S basis under specific FC Do not list the station station was carried a basis. For further int in the paper SA3 for Column 1: List each each multicast stream as "WETA-simulcast). Column 2: Give the its community of licens on which your cable sy | RS: TELEVISIO 6, identify every ystem during the ons in effect or .61(e)(2) and (- is, as explaine tations: With r IC rules, regulater here in space only on a subsi- and also in space formation concrime. In station's call associated with -2". Simulcast: | r television stane accounting a June 24, 1944), or 76.63 (r d in the next prespect to anyutions, or auth G—but do list titute basis. In the stane acceptance of the station acceptance of the station acceptance of the station acceptance of the station. | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its own be reported in of as assigned to annel 4 in Wash | (1) stations carried carriage of certa 1(e)(2) and (4))]; as carried by your case Special Statement of both on a substitute, see page (v) on program services er-the-air designation of the television stationington, D.C. This | and low power television stations) Id only on a part-time basis under Id only on a substitute program Id on a substitute program | G Primary Transmitters: Television |
| (for independent multic For the meaning of the Column 4: If the sta planation of local servic Column 5: If you ha cable system carried th carried the distant stati For the retransmissi of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the | ast), "E" (for no se terms, see pation is outside ce area, see paure entered "Ye de distant static on on a part-timion of a distant entered into on a primary transisimulcasts, also ree categories, e location of eacanadian statio | oncommercial page (v) of the the local servage (v) of the es" in column on during the amulticast street or or before Jumitter or an act of enter "E". If a see page (v) ch station. Fo | l educational), of a general instructivice area, (i.e. "congeneral instructive, you must confide ause of lack of ause of lack of a am that is not some 30, 2009, be association repressociation repressociation, se the name of the general in the soft series and the soft series are used. | or "E-M" (for nonco ctions located in the distant"), enter "Yelions located in the mplete column 5, sod. Indicate by entactivated channel of subject to a royalty etween a cable systematic thannel on any of instructions locate list the community me community with | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing ry transmitter, enter the designation in the paper SA3 form. To which the station is licensed by the which the station is identifed. | |
| | | CHANN | EL LINE-UP | AP | | |
| 1. CALL SIGN | CHANNEL | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| Atlantic Broadl | pand (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during to the constant of the constant | he accounting In June 24, 194, or 76.63 (Indian the next) respect to any attons, or auth G—but do listitute basis. In accepting substitute basis of the statement of the astation acception as the statement of th | g period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our | (1) stations carried to carriage of certal (e)(2) and (4))]; as carried by your one Special Statement of both on a substitutions, see page (v) on program service er-the-air designal column 1 (list each the television stati | s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel | Primary Transmitters: Television |
| educational station, by (for independent multion For the meaning of the Column 4: If the state planation of local servi Column 5: If you have a cable system carried the carried the distant state For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the | entering the lecast), "E" (for noise terms, see ation is outside ce area, see pave entered "Yine distant static ion on a partain to entered into o a primary trans simulcasts, also ree categories e location of ea Canadian static | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becar multicast streen or before Jumitter or an action enter "E". If the see page (v) ch station. For one, of any, given the column of the servage (v) ch station. | etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th | for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, io d. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. | |
| | | CHANN | EL LINE-UP | AQ | | |
| 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 | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| Atlantic Broadl | band (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the | system during to ions in effect or 6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and (6.61(e)(2) and also in spation concurrent. The station's call associated with a station can with a station and a station are concurrent. | he accounting In June 24, 19, or 76.63 (In d in the next prespect to any attons, or auth G—but do listitute basis. In the state of the | g period, except 81, permitting the referring to 76.6 paragraph. v distant stations orizations: t it in space I (the ation was carried cute basis station report origination coording to its over be reported in our | (1) stations carried e carriage of certa 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substitution, see page (v) on program service er-the-air designal column 1 (list each the television stati | s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- h stream separately; for example ion for broadcasting over-the-air in may be different from the channel | G Primary Transmitters: Television |
| educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h. cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the | rentering the lecast), "E" (for neese terms, see ation is outside ce area, see pave entered "Yihe distant staticion on a partial it entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio | etter "N" (for no concommercial page (v) of the the local servage (v) of the es" in column on during the eme basis becamulticast streen or before Jumitter or an accomment of the emercial page (v) ch station. Fons, if any, giv | etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "congeneral instruct 4, you must correct accounting period accounting period accounting period accounting that is not a sam that is not some 30, 2009, be association repreyou carried the pof the general in U.S. stations, at the name of the second in th | for network multic or "E-M" (for nonce ctions located in the distant"), enter "Ye ions located in the mplete column 5, io d. Indicate by en- ictivated channel of subject to a royalty etween a cable sys- senting the prima channel on any of instructions locate list the community me community with | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed. | |
| | | CHANN | EL LINE-UP | AR | | |
| 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 | |
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| FORM SA3E. PAGE 3. | | | | | |
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| LEGAL NAME OF OWNER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| Atlantic Broadband (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTERS: TELEVISION | N | | | | |
| In General: In space G, identify even carried by your cable system during the FCC rules and regulations in effect or 76.59(d)(2) and (4), 76.61(e)(2) and (50.59(d)(2) and (4), 76.61(e)(2) and (50.59(d)(2) and (4), 76.61(e)(2) and (50.59(d)(2) a | y television state accounting an June 24, 198 4), or 76.63 (red in the next prespect to any attions, or authors, or a station accept reams must be station. Whether the FCC has, WRC is Challe station. Whether the stater "N" (for near the station. Whether the stater "N" (for near the local serving (v) of the gream in column and the local serving in column and the station or before Junitter or an associated in or before Junitter or an associated "E". If yellows, see page (v) | period, except period, except period, except period, except per period per period per period per period per | (1) stations carried e carriage of certa 1(e)(2) and (4))]; as a carried by your constitution of the second of the | d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example on for broadcasting over-the-air in may be different from the channel spendent station, or a noncommercial aast), "I" (for independent), "I-M" mmercial educational multicast). The paper SA3 form. In the paper SA3 form. The paper SA3 form th | G Primary Transmitters: Television |
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| 1. CALL 2. B'CAST SIGN CHANNEL NUMBER | | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | | |
| Atlantic Broadl | band (Penn) | LLC | | | 010631 | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | | |
| 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 located in the paper SA3 form. 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 located in the paper SA3 form. 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 located in the paper SA3 form. 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 located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. | | | | | | | | |
| | | CHANN | EL LINE-UP | AT | | | | |
| 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 | | | |
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| FORM SA3E. PAGE 3. | | | | | | ,- | | |
|---|--|---|--|--|---------------------------------------|---|--|--|
| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name | | |
| Atlantic Broad | band (Penn) | LLC | | | 010631 | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic | ERS: TELEVISIC G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With I CC rules, regular In here in space only on a subs and also in spa iformation concurr In the station's call associated with I as | y television standard programmer accounting an June 24, 1984, or 76.63 (rd in the next prespect to any ations, or auth G—but do list titute basis. In the standard programmer as a station account of the station account of the station. The station account of the station. | period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried ute basis station cording to its own be reported in coas assigned to annel 4 in Wash ation is a network), "N-M" (I educational), of the reported in (I educational), of the strength of | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designation of the television station of the television station, D.C. This work station, an indefor network multicute "E-M" (for noncontent of the television of television of the television of the television of the television of television of the television of television of the television of televis | · · · · · · · · · · · · · · · · · · · | G Primary Transmitters: Television | | |
| (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 located in the paper SA3 form. 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 located in the paper SA3 form. 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 located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. | | | | | | | | |
| Note: If you are utilizing | ig multiple chai | • | • | • | спапнет ше-ир. | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | | | |
| | NUMBER | STATION | | (If Distant) | | | | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
|---|---|---|--|---|------------------------|--|--|--|
| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name | | |
| Atlantic Broad | band (Penn) | LLC | | | 010631 | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA- WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic | ERS: TELEVISIO G, identify even system during ti ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With r CC rules, regula here in space only on a subs and also in spa iformation cond orm. ch station's call associated with x-2". Simulcast e channel numl se. For example system carried the in each case w or entering the le cast), "E" (for no | y television standard programmer in June 24, 1964, or 76.63 (rd in the next prespect to any attons, or auth G—but do list titute basis. In the standard programmer in a station according to the station. Whether the statement is the station. | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station coording to its ow be reported in deannel 4 in Wash ation is a network etwork), "N-M" (I leducational), of | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of the Special Statement of the | · | Primary Transmitters: Television | | |
| (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 located in the paper SA3 form. 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 located in the paper SA3 form. 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 located in the paper SA3 form. 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 identifed. | | | | | | | | |
| Note: If you are utilizing | ig multiple chai | • | • | • | channer inte-up. | | | |
| 4 0011 | o Bloage | | EL LINE-UP | | C LOCATION OF STATION | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL | 3. TYPE OF | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | | | |
| | NUMBER | STATION | | (If Distant) | | | | |
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| FORM SA3E. PAGE 3. | | | | | , | | |
|--|---------|-------------|--------------------------|------------------------|------|--|--|
| LEGAL NAME OF OWNER OF CABLE S | | | | SYSTEM ID# | Name | | |
| Atlantic Broadband (Penr |) LLC | | | 010631 | | | |
| PRIMARY TRANSMITTERS: TELEVIS | ON | | | | | | |
| 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), 76.61(e)(2) and (4), 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 specific FCC rules, regulations, or authorizations: Do not list the station here in space —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 located in the paper SA3 form. 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), "" (for noncommercial educational) or "E | | | | | | | |
| Note: If you are utilizing multiple one | • • | • | • | charmer inte-up. | | | |
| | CHANN | EL LINE-UP | AW | | | | |
| 1. CALL 2. B'CAST | 3. TYPE | 4. DISTANT? | 5. BASIS OF | 6. LOCATION OF STATION | | | |
| SIGN CHANNEL NUMBER | _ | (Yes or No) | CARRIAGE (If Distant) | | | | |
| NOMBER | OTATION | | (II Distant) | | | | |
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ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010631 Atlantic Broadband (Penn) LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. 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 processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION AM or FM S/D CALL SIGN AM or FM S/D LOCATION OF STATION **NOAA FM** STATE COLLEGE, PA RIS **FM** ALTOONA, PA WALY **FM** ALTOONA, PA WAMO FM PITTSBURGH, PA WAYC FM BEDFORD, PA **WBVE** FΜ BEDFORD, PA **WBXQ FM** CRESSON, PA **WDBA FM DUBOIS, PA** WDUQ FM PITTSBURGH, PA WDVE FM PITTSBURGH, PA WFGY **FM** ALTOONA, PA WFRJ JOHNSTOWN, PA **FM** WGLU FΜ JOHNSTOWN, PA **WGMR** FΜ TYRONE, PA **WJSM** FΜ MARTINGSBURG, PA WKYE **FM** JOHNSTOWN, PA WLTJ **FM** PITTSBURGH, PA **WMAJ** FΜ ALTOONA, PA **WMTZ** FM JOHNSTOWN, PA WORD FM PITTSBURGH, PA ALTOONA, PA **WPRR FM WPSU** FΜ STATE COLLEGE, PA **WQED** FΜ PITTSBURGH, PA **WQKK** FΜ EBENSBURGH, PA WRRK FM **BRADDOCK, PA** WSHH **FM** PITTSBURGH, PA **WSRA FM CENTRAL CITY, PA** WTLR **FM** STATE COLLEGE, PA WVTY PITTSBURGH, PA FM wwsw FM PITTSBURGH, PA WXDX FΜ PITTSBURGH, PA

| FORM SA3E. PAGE 5. | | | | | | ACCOUNTING | PERIOD: 2017/2 | | | |
|---|-----------------------|---------------------------|-----------------------|---|----------------------------|---------------|----------------|--|--|--|
| LEGAL NAME OF OWNER OF | | EM: | | | S | YSTEM ID# | Name | | | |
| Atlantic Broadband (P | enn) LLC | | | | | 010631 | Name | | | |
| SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further | | | | | | | | | | |
| substitute basis during the ac explanation of the programm | | • | - | - | | | Substitute | | | |
| 1. SPECIAL STATEMENT | | | | general mou | uctions located in the pap | ei oas ioiii. | Carriage: | | | |
| • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes XINo | | | | | | | | | | |
| Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program | | | | | | | | | | |
| log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions located in the paper SA3 form for futher information. Do not use general categories like "movies", or "basketball". List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system of the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in | | | | | | | | | | |
| effect on October 19, 1976. | | | | WHE | EN SUBSTITUTE | 7 REASON | | | | |
| | | E PROGRAM | | CARRIAGE OCCURRED 7. REASON FOR 5. MONTH 6. TIMES DELETION | | | | | | |
| TITLE OF PROGRAM | 2. LIVE? Yes or No | 3. STATION'S CALL SIGN | 4. STATION'S LOCATION | 5. MONTH AND DAY | FROM — TO | DELETION | | | | |
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ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010631 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 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 abbreviation "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

| | AL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | |
|--|--|-----------------------|-------------------|---------------|---|--|--|--|
| | antic Broadband (Penn) LLC | | | 010631 | Name | | | |
| Ins all a (as pag | OSS RECEIPTS 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 seccidentified in space E) during the accounting period. For a further explanation of how to be (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. | ndary | transmite this ar | ssion service | K Gross Receipts | | | |
| • Cor • Cor • If your fee • If your | COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | |
| | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $\!$ | e ente | red on li | ne 1 of | | | | |
| - | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. | entere | d on line | 2 in block | | | | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be | entered | on line | | | | |
| 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 feriod. | | 064 perc | ent of the | | | | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | \$ | 4,665,601.44 | | | | | |
| | This is your minimum fee. | \$ | | 49,642.00 | | | | |
| Block 2 | space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colur "Yes" in this block. • Did your cable system carry any distant television stations during the accounting peri X Yes—Complete the DSE schedule. No—Leave block 3 below blank and columns. | nn 4, <u>y</u> od? | ou must | t check | | | | |
| Block 3 | Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero | | \$ | 87,569.39 | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | | 0.00 | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | | 87,569.39 | | | | |
| Block 4 | Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: 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 | | \$ | 87,569.39 | Cable systems | | | |
| | Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: 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 | - | | 0.00 | submitting additional | | | |
| | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | | 0.00 | deposits under Section 111(d)(7) should contact the Licensing | | | |
| | Line 4. FILING FEE | | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | | 88,294.39 | appropriate form for submitting the additional fees. | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.) | See p | age (i) of | f the | | | | |

| Nome | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | |
|------------------------------------|---|--|-------------------------------------|-------------------------|--|--|--|--|--|--|
| Name | Atlantic Broadband (Penn) LLC | | | 010631 | | | | | | |
| | CHANNELS | | | | | | | | | |
| M | Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations | | | | | | | | | |
| | to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. | | | | | | | | | |
| Channels | A Filtration to the control of the control of | Sale discovered in | Г | | | | | | | |
| | Enter the total number of channels on will system carried television broadcast statio | | | 10 | | | | | | |
| | System carried toleviolen produced state | | | | | | | | | |
| | 2. Enter the total number of activated chan- | els | _ | | | | | | | |
| | on which the cable system carried televisi | on broadcast stations | | 236 | | | | | | |
| | and nonbroadcast services | | | | | | | | | |
| N Individual to Be Contacted | | | | | | | | | | |
| for Further | Name Patrick Bratton | | Telephone 6 | 17-786-8800 | | | | | | |
| Information | | | | | | | | | | |
| | Address 2 Batterymarch Park, Se | ite 205 | | | | | | | | |
| | (Number, street, rural route, apartment, | or suite number) | | | | | | | | |
| | Quincy, MA 02169 (City, town, state, zip) | | | | | | | | | |
| | | | | | | | | | | |
| | Email pbratton@atlanti | bb.com | Fax (optional) | | | | | | | |
| | | | | | | | | | | |
| | CERTIFICATION (This statement of account | must be certifed and signed in accord- | ance with Copyright Office regu | ulations. | | | | | | |
| 0 | | | | | | | | | | |
| Certifcation | I, the undersigned, hereby certify that (Chec | one, but only one, of the boxes.) | | | | | | | | |
| | (Owner other than corporation or partne | rship) I am the owner of the cable syste | m as identifed in line 1 of space | B; or | | | | | | |
| | | | | | | | | | | |
| | (Agent of owner other than corporation | | 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 co | rporation) or a partner (if a partnership) | of the legal entity identifed as ow | ner of the cable system | | | | | | |
| | in line 1 of space B. | | | | | | | | | |
| | I have examined the statement of account a are true, complete, and correct to the best of [18 U.S.C., Section 1001(1986)] | | | ed herein | | | | | | |
| | . " | | | | | | | | | |
| | | | | | | | | | | |
| | X /s/ Patrick | Bratton | | | | | | | | |
| | Enter an electronic sign | ature on the line above using an "/s/" signa | ature to certify this statement. | | | | | | | |
| | | efore entering the first forward slash of the and your name. Pressing the "F" buttor | | | | | | | | |
| | Typed or printed name: Patrick Bratton | | | | | | | | | |
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| | | Incial Officer position held in corporation or partnership) | | | | | | | | |
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| | Date: March 1, 201 | 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 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 telephor 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 search reports prepared for the public. The effect 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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name | | | | |
|---|--|---|--|--|--|--|
| Atlantic Broadband (Penn) LLC | 010631 | Name | | | | |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system shall scribers and amounts collected from subscribers receiving secondary transmissions pursuant to For more information on when to exclude these amounts, see the note on page (vii) of the general instripation page SA3 form. During the accounting period did the cable system exclude any amounts of gross receipts for secondar made by satellite carriers to satellite dish owners? X NO | for the basic I not include sub- section 119." | Special Statement Concerning Gross Receipts Exclusion | | | | |
| YES. Enter the total here and list the satellite carrier(s) below | | | | | | |
| Name Mailing Address Mailing Address Mailing Address | | | | | | |
| INTEREST ASSESSMENTS | | | | | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form. | | | | | | |
| Line 1 Enter the amount of late payment or underpayment | | Interest Assessment | | | | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | - days | | | | | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | x 0.00274 | | | | | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7) | terest charge) | | | | | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further a contact the Licensing Division at (202) 707-8150 or licensing@loc.gov. | | | | | | |
| ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. | | | | | | |
| NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyriq please list below the owner, address, first community served, accounting period, and ID number as give filing. | | | | | | |
| Owner Address | | | | | | |
| First community served Accounting period ID number | | | | | | |
| | | | | | | |

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ACCOUNTING PERIOD: 2017/2

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 in the paper SA3 form.

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 SA3E (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 the character and a contract of the contract of the party of | |

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 SA3E, 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 SA3E (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 ε 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 SA3E (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.

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 DSE 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.

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 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 Carried | | Identification o | f Subscriber Groups | |
|-----|--------------------------|-------|------------------|------------------------|------------------|
| | STATION | DSE | CITY | OUTSIDE LOCAL | GROSS RECEIPTS |
| nin | A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| s | 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 DSFs | 2 472 | | TOTAL GROSS RECEIPTS | \$600,000,00 |

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

| | | φο,σο 1.σσ | | | |
|------------------------------|--------------|-----------------------------|--------------|-----------------------------|--------------|
| 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)

ACCOUNTING PERIOD: 2017/2

| DSE SCHEDULE. PAG | E 11. (CONTINUED) | | | | | | | | | |
|----------------------|--|-----------------------|---------------------------------|-----------------|----------------------------|----------|--|--|--|--|
| 4 | LEGAL NAME OF OWNER OF CABL | E SYSTEM: | | | SY | STEM ID# | | | | |
| | Atlantic Broadband (Pe | nn) LLC | | | | 010631 | | | | |
| | SUM OF DSEs OF CATEGOR | • | IS: | | | | | | | |
| | Add the DSEs of each station | | .0. | | | | | | | |
| | Enter the sum here and in line | | s schedule. | | 2.25 | | | | | |
| | | | | | | | | | | |
| 2 | Instructions: In the column headed "Call S | Sian": list the cal | I signs of all distant stations | identified by t | he letter "∩" in column 5 | | | | | |
| _ | of space G (page 3). | Jigii . list tile cal | i signs of all distant stations | identified by t | rie letter O ili columni 5 | | | | | |
| Computation | In the column headed "DSE" | : for each indepe | endent station, give the DSE | as "1.0"; for | each network or noncom- | | | | | |
| of DSEs for | DSEs for mercial educational station, give the DSE as ".25." | | | | | | | | | |
| Category "O" | | | CATEGORY "O" STATION | IS: DSEs | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | |
| | WPCW | 1.000 | | | | | | | | |
| | WTAE | 0.250 | | | | | | | | |
| | WHVL | 1.000 | | | | | | | | |
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| Add rows as | | | | | | | | | | |
| necessary. | | | | | | | | | | |
| Remember to copy | | ļ | | | | | | | | |
| all formula into new | | | | | | | | | | |
| rows. | | | | | | | | | | |
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| Name | | owner of Cable System: adband (Penn) LLC | | | | | | S' | YSTEM ID# 010631 |
|---|---|---|--|--|--|--|---|---|---------------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should of Column 3 Column 4 be carried out Column 5 give the type-v | at the call sign of all distate: For each station, give to correspond with the information: For each station, give to it is Divide the figure in colulat least to the third decires for each independent: | the number of hours mation given in space the total number of hourn 2 by the figure in mal point. This is the station, give the "type blumn 4 by the figure | your cable syster to J. Calculate on burs that the station column 3, and good "basis of carriago e-value" as "1.0." in column 5, and | n carried the sta ly one DSE for e on broadcast ov give the result in e value" for the s For each network give the result in | tion during the each station. er the air duri decimals in co station. rk or noncomr | ng the accour blumn 4. This mercial educa ound to no les | nting period. figure must tional station, ss than the | |
| Capacity | | C | CATEGORY LAC | STATIONS: | COMPUTATI | ON OF DS | Es | | |
| | 1. CALL SIGN | 2. NUMBE OF HOU CARRIE SYSTEI | ER 3. NU JRS OI ED BY ST | JMBER F HOURS FATION N AIR | 4. BASIS OF CARRIAG VALUE | = | 5. TYPE VALUE | 6. DS | E |
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| | Add the DSEs of | OF CATEGORY LAC S of each station. m here and in line 2 of p | | e, | ▶ | | 0.00 | | |
| Computation of DSEs for Substitute-Basis Stations | Was carried tions in effe Broadcast o space I). Column 2: I at your option. Column 3: I Column 4: I | e the call sign of each structure by your system in substact on October 19, 1976 (ne or more live, nonnetwent of each station give the Enter the number of days Divide the figure in column This is the station's DSE | titution for a program (as shown by the lett ork programs during a number of live, none spond with the informs in the calendar years on 2 by the figure in a spond with the | that your system er "P" in column it that optional carri- network programs nation in space I. r: 365, except in a column 3, and give | was permitted to rot space I); and age (as shown by as carried in substance the result in co | o delete unde d the word "Yes' titution for pro olumn 4. Rour | r FCC rules a ' in column 2 o grams that we ad to no less ti | ere deleted | m). |
| | | | BSTITUTE-BAS | IS STATIONS | 1 | ATION OF I | DSEs | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMI OF PRO | BER GRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
| | | 4 | - | = | | | ÷ | | = = |
| | | - | | | | | ÷ | | = |
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| | | ÷ | - | = | | | ÷ ÷ | | = = |
| | Add the DSEs of | OF SUBSTITUTE-BAS of each station. m here and in line 3 of p | | 2, | ▶ | | 0.00 | | |
| 5 Total Number of DSEs | number of DSEs 1. Number of 2. Number of | FR OF DSEs: Give the ames applicable to your system FDSEs from part 2 FDSEs from part 3 FDSEs from part 4 | | in parts 2, 3, and | 4 of this schedule | e and add then | | 2.25 0.00 0.00 | |
| | TOTAL NUMBE | R OF DSEs | | | | | | | 2.25 |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

| LEGAL NAME OF C | | | | | | | S | YSTEM ID# 010631 | Name | | |
|--|--|-------------------------------|----------------------------------|--|-----------------|-----------------|-----------------------|---------------------|--|--|--|
| | | | | | | | | 010031 | | | |
| Instructions: Bloc In block A: | | • | | - (" 505 | | | | | 6 | | |
| schedule. | | | | 7 of the DSE sche | edule blank ar | nd complete pa | art 8, (page 16) of | the | 6 | | |
| If your answer if | "No," complete blo | | | TELEVISION M. | ARKETS | | | | Computation of | | |
| Is the cable system | | | | | | ection 76.5 of | FCC rules and re | gulations in | 3.75 Fee | | |
| effect on June 24, Yes—Com | | schedule—D | OO NOT COM | PLETE THE REMA | AINDER OF F | PART 6 AND 7 | , | | | | |
| | olete blocks B and | | | | | | | | | | |
| | | BLOC | K B: CARR | IAGE OF PERI | MITTED DS | Es | | | | | |
| Column 1: | | | | part 2, 3, and 4 of | | | | | | | |
| CALL SIGN | | ne DSE Sche | dule. (Note: TI | ne 25, 1981. For funder the letter M below rough Act of 2010.) | • | • | | | | | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru | ıles and regu | lations cited b | asis on which you o elow pertain to tho Irket quota rules [7 | se in effect or | n June 24, 198 | | j tc | | | |
| | B Specialty station as defined in 76.5(kk) (76.59(d)(1), 76.61(e)(1), 76.63(a) referring to 76.61(e)(1) C Noncommerical educational station [76.59(c), 76.61(d), 76.63(a) referring to 76.61(d) D Grandfathered station (76.65) (see paragraph regarding substitution of grandfathered stations in the instructions for DSE schedule). | | | | | | | | | | |
| | E Carried pursua *F A station pre | ant to individuviously carrie | ual waiver of Fed on a part-ting | FCC rules (76.7) ne or substitute ba contour, [76.59(d)(| • | | ferring to 76.61(e) | (5) | | | |
| | M Retransmission | | | | | , (, | 3 () | . , | | | |
| Column 3: | | e stations ide | ntified by the I | n parts 2, 3, and 4 etter "F" in column | | | vorksheet on pag | e 14 of | | | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | | | |
| WPCW WTAE | D D | 1.00 0.25 | | | | | | | | | |
| WHVL | A | 1.00 | | | | | <u> </u> | | | | |
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| | | | | | | | | 2.25 | | | |
| | | В | LOCK C: CO | MPUTATION OF | 3.75 FEE | | | | | | |
| Line 1: Enter the | total number of | DSEs from | part 5 of this | schedule | | | 1 | | | | |
| Line 2: Enter the | sum of permitte | d DSEs fror | n block B ab | ove | | | • | | | | |
| Line 3: Subtract (If zero, I | | | | r of DSEs subject 7 of this schedu | | rate. | | | | | |
| Line 4: Enter gro | oss receipts from | space K (pa | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially | | |
| Line 5: Multiply I | ine 4 by 0.0375 | and enter su | ım here | | | | x | | permited/ partially nonpermitted | | |
| Line 6: Enter tota | al number of DS | Es from line | 3 | | | | · | | carriage? If yes, see part 9 instructions. | | |
| Line 7: Multiply I | ine 6 by line 5 ar | nd enter her | e and on line | 2, block 3, spac | e L (page 7) | | | 0.00 | | | |

U.S. Copyright Office Form SA3E Long Form (Rev. 05-17)

| Name | Atlantic Broadband (Penn) LLC 010631 | | | | | | | | | | |
|------------|--------------------------------------|--------------------|---|-----------------|------------|--------------------|-----------------|--------|-----------------------|-----------------|------|
| | | | | JED) | S (CONTINU | ION MARKETS | A: TELEVIS | BLOCK | | | |
| 6 | 3. DSE | PERMITTED BASIS | 2 | 1. CALL SIGN | 3. DSE | 2. PERMITTED BASIS | 1. CALL SIGN | 3. DSE | 2. PERMITTED BASIS | 1. CALL SIGN | |
| Computatio | | | | | | | | | | | |
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| | LEGAL NAME OF OWN | IER OF CABLE | SYSTEM: | | | | | | | | S | YSTEM ID# | # |
|---|--|--|--|--|---|---|--|--|--|---|--|--------------------------------|------|
| Name | Atlantic Broadl | oand (Penn |) LLC | | | | | | | | | 010631 | 1 |
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | A—Part-time sp 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compan | or to June 25, call sign for eather DSE for the DSE for the accounting the basis of cCC rules and ecialty program (d)(1),76.61(e) (e)(3)). Carriage under all instructions the station's Ee the DSE figures and column 3 co | 1981, under ach distant in this station of g period an arriage on variage on variage on variage on variage under the paper of the paper of the part of part 6 for the part of part 6 for bu give in care | er former station ic or a sing dyear ir which the cited be rriage, or 63 (referred der FCC) C rules, rer SA3 fc current n column this stat | FCC rules go dentifed by the gle accounting in which the cale station was clow pertain to in a part-time bring to 76.61(e) rules, section regulations, or orm. Tegulations, or orm. 2, 3, and 4 must be dentified and 5 and | ver let per rria carri tho asi)(1) s 7 | rining ter "Friod, ge an index | part-time and sub part-time and sub in column 2 of poccurring betweend DSE occurred by listing one of the effect on June 2 specialty program (d)(3), 76.61(e)(3) particular part | ostitute carricant 6 of the n January 1 (e.g., 1981, le following 4, 1981, nming unde le explanation explanation 5 2, 3, and 4 of figures he | age. DSE schedule 1978 and Jun 1) letters r FCC rules, se referring to on, see page (v | ene 30, 19 ections vi) of the alle should be | e., those 981 be entered | |
| | | PERMITT | ED DSE FO | OR STA | TIONS CARRI | ED | ON | A PART-TIME AN | ND SUBSTI | TUTE BASIS | | | |
| | 1. CALL | 2. PRIC | | | OUNTING | | | . BASIS OF | | RESENT | 6. P | ERMITTED | _ |
| | SIGN | DSE | | | RIOD | | | CARRIAGE | | OSE | | DSE | |
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| 7 Computation of the | Instructions: Block A In block A: If your answer is If your answer is | "Yes," comple | ete blocks E | | | e pa | art 8 | of the DSE sched | ule. | | | | |
| Syndicated | | | | BLOCK | (A: MAJOR | TI | ELE' | VISION MARK | EΤ | | | | |
| Exclusivity | | | | | | | | | | | | | |
| Surcharge | Is any portion of the or | cable system v | vithin a top 1 | 100 majo | r television ma | rke | t as d | lefned by section 7 | 6.5 of FCC | rules in effect J | lune 24, | 1981? | |
| | X Yes—Complete | blocks B and | IC. | | | | | No—Proceed to | part 8 | | | | |
| | | | | | | | | | | | | | |
| | BLOCK B. C | arriage of VHF | E/Grade B (| Contour | Stations | | | RI OCI | C. Compi | itation of Exem | nt DSE | • | |
| | | | | | | \dashv | | | | | - | | _ |
| | Is any station listed in commercial VHF stati or in part, over the ca | ion that places | • | • | | | nity | any station listed served by the cab rmer FCC rule 76 | ole system p | | | | |
| | Yes—List each s | tation below wif | th its approp | riate pern | nitted DSE | | | Yes—List each st | tation below | with its appropri | ate permi | tted DSE | |
| | X No—Enter zero and proceed to part 8. | | | | | | | | | | | | |
| | CALL SIGN | DSE | CALL S | SIGN | DSE | Ш | | CALL SIGN | DSE | CALL SIG | SN | DSE | , |
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| | | · | TOTAL I | DSEs | 0.00 | | | | | TOTAL DS | SEs | 0.00 | ı İ |
| | 1 | | | | | - 1 | I | | | | | | |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC | SYSTEM ID# 010631 | Name |
|---------------|--|----------------------|--------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 4,665,601.44 | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | 0.00 | Computation |
| | B. Enter the total number of exempt DSEs from block C of part 7 | 0.00 | of the Syndicated |
| | 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 | Exclusivity Surcharge |
| • Is an | y portion of the cable system within a top 50 television market as defned 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 D | SE | |
| | is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | 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. | | |
| 35 | 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 D 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 | | |

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| Name | LEGAL NAM | ME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | | | | |
|--------------------------|---|--|------------|--|--|--|--|--|--|--|--|--|
| Name | A | Atlantic Broadband (Penn) LLC | 010631 | | | | | | | | | |
| 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 | | A. Enter 0.00300 of gross receipts (the amount in section 1) | | | | | | | | | | |
| of the Syndicated | | B. Enter 0.00189 of gross receipts (the amount in section 1) | | | | | | | | | | |
| Exclusivity 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 | | | | | | | | | | |
| | | , | | | | | | | | | | |
| 8 | You m 6 was • In blo | ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. | art | | | | | | | | | |
| Computation of | _ | ır answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ır answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be | low | | | | | | | | | |
| Base Rate Fee | blank | | iow | | | | | | | | | |
| | | That is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ere located within that station's local service area and others were located outside that area. For the definition of a station's "local | | | | | | | | | | |
| | | ocated within that station's local service area and others were located outside that area. For the definition of a station's loc e area," see page (v) of the general instructions. | aı | | | | | | | | | |
| | | | | | | | | | | | | |
| | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS | | | | | | | | | | | |
| | 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 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 4.000 or less , 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 | | | | | | | | | |
| | | , The state of the | | | | | | | | | | |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | |
|--|------------------------|----------------------------|
| Atlantic Broadband (Penn) LLC | 010631 | Name |
| Section If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | | |
| 4 A Enter 0.04064 of groop receipts | | 8 |
| A. Enter 0.01064 of gross receipts (the amount in section 1) **State of the image | | |
| B. Enter 0.00701 of gross receipts | | Computation |
| (the amount in section 1) > \$ | | of |
| C. Multiply line B by 3.000 and enter here > | | Base Rate Fee |
| D. Enter 0.00330 of gross receipts | | |
| (the amount in section 1) \$ | | |
| 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 \$ | | |
| 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 | |
| | | |
| IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television brinstead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple of | • | 9 |
| Space G. In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base ra | ate fee, to exclude | Computation |
| receipts from subscribers located within the station's local service area, from your system's total gross receipts. To the | | of |
| exclusion, you must: | | Base Rate Fee and |
| First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are dis station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Dete | | Syndicated |
| DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate feinally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system | | Exclusivity Surcharge |
| NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exem | | for Partially |
| also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and if your cable system is wholly located outside all major television markets, complete block A only. | | 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 carried to that community. | nt station you | Stations |
| Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers we outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.) | | |
| Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are di subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. N | | |
| system will have only one subscriber group when the distant stations it carried have local service areas that coincide | | |
| Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of you groups. | ur system's subscriber | |
| In each section: | | |
| Identify the communities/areas represented by each subscriber group.Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant | t to all of the | |
| subscribers in the group. | | |
| If:1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you ga | ave it in parts 2. 3. | |
| and 4 of this schedule; or, 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave | · | |
| part 6 of this schedule. | , | |
| • Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the ger in the paper SA3 form. | neral instructions | |
| • Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule o page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group DSEs for that group's complement of stations and total gross receipts from the subscribers in that group. You do not be subscribers in that group is the subscribers in that group. | up (that is, the total | |

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actual calculations on the form.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010631 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.

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| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP S | LEGAL NAME OF OWNE | | | | | | S | YSTEM ID# | Name |
|---|------------------------------|-------------|-----------------------|--------------|------------------------|------------|--|----------------|--------------|
| SECONS SUBSCRIBER GROUP | Atlantic Broadbar | ıa (Penn) | LLC | | | | | 010631 | Hullic |
| COMMUNITY/ AREA 1/Antis COMMUNITY/ AREA 2/Altoona | В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EA | CH SUBSCRI | BER GROUP | | |
| CALL SIGN DSE CA | | FIRST | SUBSCRIBER GROU | JP | | SECOND | SUBSCRIBER GRO | UP | • |
| CALL SIGN DSE CALL SIGN | COMMUNITY/ AREA | 1/Antis | | | COMMUNITY/ ARE | A 2/Altoor | na | 9 | |
| WHVI_ 1.00 WHVI_ 1.00 Base Rate Fee Second Group Sayada.exe Sayada. | | | | | | | | | Computation |
| WPCW 1.00 MTAE 0.25 WPCW 1.00 A Syndicated Exclusivity Surcharge for Partially Distant Stations | | DSE | CALL SIGN | DSE | | DSE | CALL SIGN | DSE | of |
| Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs 1.25 Total DSEs 2.25 Gross Receipts Second Group \$ 4.24,2111.70 Gross Receipts First Group \$ 5.218.63 Base Rate Fee Second Group \$ 82,321.05 Third DSEs CALL SIGN DSE CALL SIGN DS | | | | | | | | | Base Rate Fe |
| Fotal DSEs THIRD SUBSCRIBER GROUP COMMUNITY/ AREA GALL SIGN MYNUL 1.00 APPCW 1.00 Total DSE CALL SIGN | WTAE | 0.25 | | | | | | | |
| Surcharge Total DSEs ThiRD SUBSCRIBER GROUP S, 2,286.30 Sease Rate Fee First Group S | | | | | WTAE | 0.25 | | | Syndicated |
| for IDSEs 1.25 Gross Receipts First Group \$ 4,242,806.10 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 3/Gallizin COMMUNITY/ AREA 0.0 CALL SIGN DSE CAL | | | | | | | | | _ |
| Total DSEs THIRD SUBSCRIBER GROUP COMMUNITY/ AREA TOMAN DSE CALL SIGN TOTAL DSE CALL SIGN TOTAL DSE CALL SIGN TOTAL DSE CALL SIGN TOTAL DSE CALL SIGN TOTAL DSE CALL SIGN TOTAL DSE TOTAL DSE CALL SIGN TOTAL DSE CALL SIGN TOTAL DSE TOTAL DSE TOTAL DSE TOTAL DSE CALL SIGN TOTAL DSE TOTAL DSE CALL SIGN TOTAL DSE TO | | | | | | | | | |
| Total DSEs Gross Receipts First Group THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP CALL SIGN DSE DSE DSE DSE DSE DSE DSE DS | | | | | | | | <u></u> | |
| Stations Total DSEs | | | | | | | | ····· | _ |
| Total DSEs Total DSEs Total DSEs Gross Receipts First Group \$ 1.25 Gross Receipts First Group \$ 5,218.63 Base Rate Fee Second Group \$ 82,321.05 THRD SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY/ AREA GROUP CALL SIGN DSE CALL | | | | | | | | ····· | |
| Gross Receipts First Group S | | | | <u></u> | | | | ····· | Stations |
| Gross Receipts First Group S | | | | ·- | | | | | |
| Gross Receipts First Group S | | | | ·- | | | | | |
| Gross Receipts First Group S | | <u>-</u> | | | - | | | | |
| Gross Receipts First Group S | | <u>-</u> | | - | | | | | |
| Gross Receipts First Group S | | | | | | | | | |
| Gross Receipts First Group S | | | | 4.05 | T | | <u> </u> | 0.05 | |
| Base Rate Fee First Group S | Total DSEs | | | 1.25 | Total DSEs | | | 2.25 | |
| THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 3/Gallitzin COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WHVL 1.00 WPCW 1.00 Total DSEs Cross Receipts Third Group \$ 1,683.64 Base Rate Fee Third Group \$ 29.72 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | Gross Receipts First G | roup | \$ 421 | ,111.70 | Gross Receipts Se | cond Group | \$ 4,2 | 42,806.10 | |
| THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 3/Gallitzin COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE WHVL 1.00 WPCW 1.00 Total DSEs Call SIGN Total DSEs Gross Receipts Third Group \$ 1,683.64 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | | |
| THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 3/Gallitzin COMMUNITY/ AREA | Base Rate Fee First G | roun | s 5 | 218 63 | Base Rate Fee Se | cond Group | • | 82 321 05 | |
| COMMUNITY/ AREA 3/Gallitzin COMMUNITY/ AREA 0 CALL SIGN DSE CALL SIGN | Dusc Nate I ce I not o | Тоир | <u> </u> | ,210.00 | Buse Rule 1 ce oc | oona Oroup | Ψ | 02,021.00 | |
| CALL SIGN DSE CA | | THIRD | SUBSCRIBER GROU | JP | | FOURTH | SUBSCRIBER GRO | UP | |
| MPCW | COMMUNITY/ AREA | 3/Gallitz | zin | | COMMUNITY/ ARE | EA | | 0 | |
| MPCW | | | | | | | | | |
| APPCW 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0 | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| Total DSEs 2.00 Total DSEs 0.00 Gross Receipts Third Group \$ 1,683.64 Gross Receipts Third Group \$ 29.72 Base Rate Fee Third Group \$ 0.00 Sase Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Sase Rate Fee Add the base rate fees for each subscriber group as shown in the boxes above. | WHVL | 1.00 | | | | | | | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | WPCW | 1.00 | | | | | | | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | <u> </u> | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | <mark>.</mark> | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | ····· | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | <u></u> | | | | ····· | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | ····· | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | ····· | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | - | | | | | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | ··· | | | | | | | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | * | | | | | |
| Gross Receipts Third Group \$ 1,683.64 Gross Receipts Fourth Group \$ 0.00 Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | Total DOC- | 1 | | 2.00 | Tatal DOC: | | | 0.00 | |
| Base Rate Fee Third Group \$ 29.72 Base Rate Fee Fourth Group \$ 0.00 Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | TOTAL DSES | | | | I otal DSEs | | | 0.00 | |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | Gross Receipts Third (| Group | \$ 1 | ,683.64 | Gross Receipts Fo | urth Group | \$ | 0.00 | |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | | | | | | | | | |
| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. | Rase Rate Fee Third (| Froun | ¢ | 29 72 | Base Rate Foo For | irth Group | ¢ | 0.00 | |
| | Dage Nate 66 Hill (| οι σαμ | <u> </u> | £3.1 £ | Dase Nate Fee For | arar Oroup | 4 | 0.00 | |
| | | | | | Ш | | | | |
| | Rasa Rata Foo: Add th | na haen rat | a face for each subsc | riher group | as shown in the hove | es ahove | | | |
| | | | | nnei group | as SHOWH III LITE DOXE | abuve. | \$ | 87,569.39 | |

| LEGAL NAME OF OW Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| | | COMPUTATION C SUBSCRIBER GRO | | TE FEES FOR EAC | | RIBER GROUP I SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | ······ | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
|---|----------|----------------|---------------|----------------------|-----------|-------------------|---------------------|---------------------------|
| I | | | | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GRO | | | | I SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | ELEVENTH | SUBSCRIBER GRO |)UP | | TWELVTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | s above. | \$ | | |

| | GAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# clantic Broadband (Penn) LLC 010631 | | | | | | | | | | |
|---|--|-----------------|-------------|-----------------------|---------------|-------------------|------|---------------------------|--|--|--|
| | | | | ATE FEES FOR EACH | H SUBSCF | RIBER GROUP | | | | | |
| | IRTEENTH | SUBSCRIBER GROU | | 11 | | SUBSCRIBER GROU | | 9 | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | | |
| | | | | | | | | Base Rate Fee | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | Ц | 0.00 | | | | |
| | 3 | | | | - 1 0 | • | | | | | |
| Gross Receipts First (| - roup | \$ | 0.00 | Gross Receipts Secon | na Group | \$ | 0.00 | | | | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | | | | |
| F | IFTEENTH | SUBSCRIBER GROU | JP | 5 | SIXTEENTH | I SUBSCRIBER GROU | JP | | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | |
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| 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 | Group | \$ | 0.00 | Base Rate Fee Fourth | h Group | \$ | 0.00 | | | | |
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| Base Rate Fee: Add to Enter here and in bloo | | | riber group | as shown in the boxes | above. | \$ | | | | | |

| | IGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Itlantic Broadband (Penn) LLC 010631 | | | | | | | | | |
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| | | | | TE FEES FOR EACH | | | | | | |
| | NTEENTH | SUBSCRIBER GROU | | TI . | SHTEENTH | SUBSCRIBER GROU | | 9 | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | | |
| | | | | | | | | Base Rate Fee | | |
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| Total DSEs | <u> </u> | | 0.00 | Total DSEs | - | !! | 0.00 | | | |
| Gross Receipts First 0 | - Froun | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | | | |
| Groot Recorpts Files | лоцр | | | Cross resolpte essen | ia Group | | | | | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | | | |
| | NTEENTH | SUBSCRIBER GROU | | II | WENTIETH | SUBSCRIBER GROU | JP | | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | | | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | | | |
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| Base Rate Fee: Add t Enter here and in bloc | | | riber group | as shown in the boxes | above. | \$ | | | | |

| LEGAL NAME OF OWNER Atlantic Broadbane | | | | | | SY | STEM ID# 010631 | Name |
|--|----------|-----------------|-------------|-----------------------|----------|-----------------|--------------------|--------------------------|
| BL | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| | Y-FIRST | SUBSCRIBER GROU | | Ti . | /-SECOND | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First Gr | | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
| | Y-THIRD | SUBSCRIBER GROU | | 11 | Y-FOURTH | SUBSCRIBER GROU | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | ı Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
|--|-----------|-----------------|--------------|-----------------------|---------------|-----------------|---------------------|---------------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EACH | H SUBSCF | RIBER GROUP | | |
| | TY-FIFTH | SUBSCRIBER GROU | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Gross Receipts First G | roun | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | 1 |
| Gross recorpts i not e | тоир | | 0.00 | Cross receipts deco | па Огоар | <u>*</u> | | 1 |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | SEVENTH | SUBSCRIBER GROU | | II | | SUBSCRIBER GROU | | 1 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | İ |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | l |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
|--|---------------|----------------|---------------|----------------------|-----------|-----------------|---------------------|---------------------------|
| E | BLOCK A: | COMPUTATION C | F BASE RA | TE FEES FOR EAC | CH SUBSCE | RIBER GROUP | | |
| | | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| Total DCFs | | Ц | 0.00 | Total DCCs | | | 0.00 | |
| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | scriber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| THI | RTY-FIFTH | SUBSCRIBER GRO | UP | TI | HIRTY-SIXTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | ٩ | | 0 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
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| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
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| 07.122.070.1 | 202 | 07.122 0.011 | 302 | 07.22 07011 | 332 | 07.122.01.01.1 | 302 | Base Rate Fee |
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| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | iroup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

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| Gross Receipts Third G | oroup | \$ | 0.00 | Gross Receipts Fourti | п Group | \$ | 0.00 | |
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| Base Rate Fee: Add th Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

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| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add Enter here and in bloo | | | | as shown in the boxe | | \$ | | |

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| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| [| BLOCK A: (| COMPUTATION C | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| Total DSEs | | | 0.00 | Total DSEs | • | | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | scriber group | as shown in the boxe | es above. | \$ | | |

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| Enter here and in blo | ock 3, line 1, s | space L (page 7) | | | | \$ | | |

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| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Seco | nd Group | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | th Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourt | :h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
|--|-------------|-----------------|-------------|-----------------------|-----------|-------------------|---------------------|---------------------------|
| | | | | TE FEES FOR EACH | | | | |
| | RED FIFTH | SUBSCRIBER GROU | | ii — | RED SIXTH | I SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | - | | | | | | and |
| | <u></u> | | | | | | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
| | <u></u> | | | | <u> </u> | | | Partially Distant |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | | | • | | | | * | |
| COMMUNITY/ AREA | SEVENTH | SUBSCRIBER GROU | <u>0</u> | COMMUNITY/ AREA | DEIGHTE | I SUBSCRIBER GROU | 0 | |
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| Total DCCs | | | 0.00 | Total DCFo | | | 0.00 | |
| Total DSEs | 2 | | 0.00 | Total DSEs | 0 | | 0.00 | |
| Gross Receipts Third (| roup۔ | \$ | 0.00 | Gross Receipts Fourti | i Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN | | | | | | S | YSTEM ID# 010631 | Name |
|---|-------------|-----------------|----------------|---------------------------------------|-------------|-------------------|---------------------|-------------------|
| | | | | ATE FEES FOR EACH | | | | |
| ONE HUNDR COMMUNITY/ AREA | ED NINTH | SUBSCRIBER GROU | JP 0 | ONE HUNDR | ED TENTH | I SUBSCRIBER GROU | JP 0 | 9 |
| COMMONT IT AREA | | | | COMMONT I/ AREA | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | <u></u> | | | | | | | and Syndicated |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | LEVENTH | SUBSCRIBER GROU | | ii . | TWELVTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add to Enter here and in bloc | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadban | | | | | | S | YSTEM ID# 010631 | Name |
|--|----------|----------------|--|----------------------|----------------|-------------------|---------------------|--------------------------|
| | | | | TE FEES FOR EAC | | | | |
| ONE HUNDRED THIS | RTEENTH | SUBSCRIBER GRO | | H . | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED FI | TEENTH | SUBSCRIBER GRO | UP | ONE HUNDRED | SIXTEENTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ٩ | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
| | r | | | | | | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add th Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
|--|----------------|----------------|--------------|-----------------------|-----------|-------------------|---------------------|---------------------------|
| BI | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| ONE HUNDRED SEVE | NTEENTH | SUBSCRIBER GRO | JP | ONE HUNDRED E | IGHTEENTH | I SUBSCRIBER GROU | JP | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
| | | | | | | | | and |
| | | - | | | | | | Syndicated Exclusivity |
| | | | | | | | | Surcharge |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
| · | · | | | | • | | | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED NII | NTEENTH | SUBSCRIBER GRO | JP | ONE HUNDRED | TWENTIETH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third 0 | Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| | • | | | | - 1 | | | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | s above. | \$ | | |

| LEGAL NAME OF OWN | | | | | | S | YSTEM ID# 010631 | Name |
|--|-----------|-----------------|--|----------------------|------------|------------------|---------------------|--------------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED TWE | NTY-FIRST | SUBSCRIBER GRO | UP | ONE HUNDRED TWE | NTY-SECONE | SUBSCRIBER GROUP |) | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | l l | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts First G | Froun | \$ | 0.00 | Gross Receipts Sec | and Group | \$ | 0.00 | |
| Cioss receipts i list c | лоар | <u>"</u> | 0.00 | Cross receipts occ | она Огоар | * | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED TWE | NTY-THIRD | SUBSCRIBER GROU | Ρ | ONE HUNDRED TWE | NTY-FOURTH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE | | | | | | S | YSTEM ID# 010631 | Name |
|--|-----------|------------------|--|----------------------|-------------|------------------|---------------------|---------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED TWE | NTY-FIFTH | SUBSCRIBER GROUI | P | | | SUBSCRIBER GROUP |) | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | Computation |
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| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NE HUNDRED TWENTY | -SEVENTH | SUBSCRIBER GROU | P | ONE HUNDRED TWE | ENTY-EIGHTH | SUBSCRIBER GROUP |) | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third 0 | Group | \$ | 0.00 | Base Rate Fee Foun | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
|---|---------------|------------------|-------------|-----------------------|----------------|--------------------|---------------------|-------------------|
| | | | | ATE FEES FOR EACH | | | | |
| COMMUNITY/ AREA | | SUBSCRIBER GROUP | 0 | ONE HUNDRED | | I SUBSCRIBER GROUP | 0 | 9 |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | 11 | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| | | | | | | · | | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | | SUBSCRIBER GROUP | | ii . | TY-SECONE | SUBSCRIBER GROUP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | riber group | as shown in the boxes | above. | \$ | | |

| BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED THIRTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA CALL SIGN DSE | O Compute OF Compute O |
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| COMMUNITY/ AREA COMMUNITY/ AREA | DSE of Base Ra and Syndic Exclus |
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| Total DSEs Total DSEs | 0.00 |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ | 0.00 |
| Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ | 0.00 |
| ONE HUNDRED THIRTY-FIFTH SUBSCRIBER GROUP ONE HUNDRED THIRTY-SIXTH SUBSCRIBER GROUP | |
| COMMUNITY/ AREA O COMMUNITY/ AREA | 0 |
| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN | DSE |
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| Total DSEs 0.00 Total DSEs | 0.00 |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ | 0.00 |
| | |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ | 0.00 |

| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
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| | | | BASE RA | ATE FEES FOR EACH | | | | |
| ONE HUNDRED THIRTY | '-SEVENTH | SUBSCRIBER GROUP | | ii e | RTY-EIGHTH | I SUBSCRIBER GROUP | 0 | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Secon | d Group | \$ | 0.00 | |
| Base Rate Fee First G | iroup | \$ | 0.00 | Base Rate Fee Secon | d Group | \$ | 0.00 | |
| ONE HUNDRED THII | RTY-NINTH | SUBSCRIBER GROUP | | ONE HUNDRED | FORTIETH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | 1 | 11 | 0.00 | |
| Gross Receipts Third 0 | Group | \$ | 0.00 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Peco Poto For This I d | Orou- | | 0.00 | Book Pete Fee Fee " | Organi | | 0.00 | |
| Base Rate Fee Third (| oroup | <u>[</u> \$ | 0.00 | Base Rate Fee Fourth | i Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
|--|-----------|------------------|--|-----------------------|------------|------------------|---------------------|-------------------|
| В | LOCK A: (| COMPUTATION O | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
| | RTY-FIRST | SUBSCRIBER GROUP | D | | | SUBSCRIBER GROUP | 1 | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Seco | ond Group | \$ | 0.00 | |
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| ONE HUNDRED FOR | RTY-THIRD | SUBSCRIBER GROUP |) | ONE HUNDRED FO | RTY-FOURTH | SUBSCRIBER GROUP |) | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
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| В | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | RTY-FIFTH | SUBSCRIBER GROU | P | ONE HUNDRED | FORTY-SIXTH | H SUBSCRIBER GROUP |) | 9 |
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| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED FORTY | /-SEVENTH | SUBSCRIBER GROU | Þ | ONE HUNDRED FO | ORTY-EIGHTH | SUBSCRIBER GROUP |) | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Foun | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add to Enter here and in bloc | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
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| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
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| В | LOCK A: (| COMPUTATION O | BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
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| Atlantic Broadbar | u (Penn |) LLC | | | | | 010631 | Name |
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| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | YSTEM ID# 010631 | | | | | | R OF CABL | Atlantic Broadban |
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| 9 | | SUBSCRIBER GROU | -SECOND | iii | | SUBSCRIBER GRO | TY-FIRST | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| 9 | | SUBSCRIBER GROU | TY-SIXTH | | | SUBSCRIBER GROU | TY-FIFTH | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| 9 | JP 0 | SUBSCRIBER GROU | HIRTIETH | COMMUNITY/ AREA | UP 0 | SUBSCRIBER GROU | Y-NINTH | TWENT |
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| | TY-THIRD | SUBSCRIBER GRO | | | | SUBSCRIBER GRO | UP | 9 |
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| Total DSEs | | | 0.00 | Total DSEs | | | | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Secor | nd Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| THIR | TY-FIFTH | SUBSCRIBER GRO | UP | THII | RTY-SIXTH | SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Froup \$ 0.00 Gr | \$ 0.00 Gr | 0.00 Gr | Gr B a | ase Rate Fee Fourth | n Group | \$ \$ | 0.00 | |

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| 9 | | SUBSCRIBER GROU | Y-EIGHTH | | | SUBSCRIBER GRO | SEVENTH | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| FOR | TY-THIRD | SUBSCRIBER GRO | UP | FORT | Y-FOURTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third C | Group | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| | \$ e fees for each subscr | CI | 0.00 | Base Rate Fee Fourth | n Group | \$ | | |

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| 9 | IP | SUBSCRIBER GROU | RTY-SIXTH | FOF | | SUBSCRIBER GRO | TY-FIFTH | FORT |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| O Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNE Atlantic Broadban | | | | | | S | YSTEM ID# 010631 | Name |
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| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| EIGH | TY-THIRD | SUBSCRIBER GRO | UP | EIGHT | Y-FOURTH | SUBSCRIBER GROU | JP | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| | \$ e fees for each subs | - - | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |

| Name | O10631 | S | | | • | | | LEGAL NAME OF OWNE Atlantic Broadban |
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| BL | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | H SUBSCF | RIBER GROUP | | |
| ONE HUNDRED SEVE | NTEENTH | SUBSCRIBER GROUP | • | ONE HUNDRED E | IGHTEENTH | I SUBSCRIBER GROUP |) | 0 |
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| Base Rate Fee: Add th Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

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| ONE HUNDRED TWEN | TY-FIRST | SUBSCRIBER GROUP |) | ONE HUNDRED TWE | NTY-SECONE | SUBSCRIBER GROUP |) | 0 |
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| Base Rate Fee: Add the | | e fees for each subs | criber group | as shown in the boxes | s above. | \$ | | |

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| E | LOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | H SUBSCF | RIBER GROUP | | |
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| | | SUBSCRIBER GROUP | THIRTIETH | ONE HUNDRED | | SUBSCRIBER GROUP | ITY-NINTH | ONE HUNDRED TWEN |
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| Name | LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010631 | | | | | | | | |
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|) | LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | | |
|-------------------|---|-----------------|---------|-----------------------|---------|--|--------------|-------------------------|--|
| | | IBER GROUP | SUBSCRI | TE FEES FOR EACH | BASE RA | COMPUTATION OF | OCK A: C | BL | |
| _ | ONE HUNDRED FIFTIETH SUBSCRIBER GROUP | | | | | E HUNDRED FORTY-NINTH SUBSCRIBER GROUP MMUNITY/ AREA 0 | | | |
| 0 9 Computation | COMMUNITY/ AREA 0 | | | | | | | COMMUNITY/ AREA | |
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| | JP | SUBSCRIBER GROU | -SECOND | ONE HUNDRED FIFTY | JP | SUBSCRIBER GROU | TY-FIRST | ONE HUNDRED FIFT | |
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| Name | Atlantic Broadband (Penn) LLC 010631 | | | | | | | | |
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| | BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP | | | | | | | | |
| 9 | JP 0 | SUBSCRIBER GROU | r-FOURTH | ONE HUNDRED FIFT | JP 0 | SUBSCRIBER GROU | TY-THIRD | ONE HUNDRED FIF COMMUNITY/ AREA | |
| Computation | U U | | | | | | | COMMONT IT AREA | |
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| | 0.00 | \$ | | Base Rate Fee Secon | 0.00 | \$ | | | |
| | 0.00 | | d Group | Base Rate Fee Secon | _ | | Group | Base Rate Fee First G | |
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| | 0.00 | \$ | d Group | Base Rate Fee Secon | JP | \$ | Group | Base Rate Fee First G | |
| | 0.00 JP 0 | \$ SUBSCRIBER GROU | d Group -TY-SIXTH | Base Rate Fee Secon ONE HUNDRED FII COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | Group -TY-FIFTH | Base Rate Fee First G ONE HUNDRED FIF COMMUNITY/ AREA | |
| | 0.00 JP 0 | \$ SUBSCRIBER GROU | d Group -TY-SIXTH | Base Rate Fee Secon ONE HUNDRED FII COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | Group -TY-FIFTH | ONE HUNDRED FIF COMMUNITY/ AREA | |
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LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010631 Atlantic Broadband (Penn) LLC BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010631 Atlantic Broadband (Penn) LLC BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group SEVENTH SUBSCRIBER GROUP EIGHTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010631 Atlantic Broadband (Penn) LLC BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010631 Atlantic Broadband (Penn) LLC BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. THIRTEENTH SUBSCRIBER GROUP FOURTEENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group FIFTEENTH SUBSCRIBER GROUP SIXTEENTH 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 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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