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.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	03/01/2018	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

A	ACCO	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2017/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20172 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	32958
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Atlantic Broadband (SC) LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
		Quincy, MA 02169 (City, town, state, zip)	
	INIST	PLOTIONS: In line 1, give any business or trade names used to identify the business and exercision of the system used	alocs those
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system ur s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in s	
System	1	IDENTIFICATION OF CABLE SYSTEM: Atlantic Broadband	
		MAILING ADDRESS OF CABLE SYSTEM:	
		520 Pine Log Road (Number, street, rural route, apartment, or suite number)	
	2		
		Aiken, SC 29803 (City, town, state, zip code)	
	I		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The 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 fing, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE SYSTEM I
Name		329
	Atlantic Broadband (SC) LLC	n. A "community" is the same as a "community unit" as defined in FCC rule
_		
D		ncorporated communities within unincorporated areas and including single unity that you list will serve as a form of system identification hereafter kno
	as the "first community." Please use it as the first community on all fi	
		ms, or mobile home parks should be reported in parentheses below the
Area	identified city.	ins, of mobile nome parks should be reported in parentneses below the
Served	identified etcy.	
	CITY OR TOWN	STATE
First	City of Barnwell	SC
Community	Barnwell County	SC
	Blackville	SC
ld Rows as Necessary	Elko	SC
in nows as necessary	Snelling	SC
	Williston	SC

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						FORM SA1	TEM ID
Name	Atlantic Broadband (SC								3295
		/ ==•							
Е	SECONDARY TRANSMISSION			-	-				
-	In General: The information in s system, that is, the retransmission								
Secondary	about other services (including p								
Transmission	last day of the accounting period	(June 30 or D	ecembe	r 31, as the ca	se may be	e).		-	
Service: Sub-	Number of Subscribers: Both								
scribers and Rates	down by categories of secondary each category by counting the nu								
nutes	separately for the particular servi							onargea	
	Rate: Give the standard rate c								
	unit in which it is generally billed category, but do not include disc	· · ·	,		ny standai	rd rate variation	s within a p	articular rate	
	Block 1: In the left-hand block				ies of seco	ondarv transmis	sion servic	e that cable	
	systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca first set" and would be counted o						ider Servic		
	Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a sufficient.	ind rates, in the	e right-h	and block. A tw	vo- or three	e-word descript	on of the s	ervice is	
		DCK 1					BLOCK	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CAT	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:		-				-		
	Service to first set		868	31.99	Expand	ded Basic		814	70.9
	 Service to additional set(s) 				Digital			335	76.9
	• FM radio (if separate rate)				Digital	Plus		253	96.9
	Motel, hotel		0						
	Commercial		30	38.34					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMIS	SIONS: RATES	S				
E	In General: Space F calls for rat	•	,		•	, ,			
F	not covered in space E, that is, the service for a single fee. There are					,	,		
Services	furnished at cost or (2) services		,		0		0()		
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Nates	listed in block 1 and for which a s								
	brief (two- or three-word) descrip	otion and includ	le the ra	ite for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-res	idential				
	• Pay cable	19.99	• Mot	tel, hotel			HBO		19.9
	 Pay cable—add'l channel 		• Cor	nmercial			Showti	me	19.9
	 Fire protection 		• Pay	/ cable			Cinema		19.9
	 Burglar protection 		-	/ cable-add'l ch	annel		MovieP		9.0
	Installation: Residential			protection			2 Prem		38.9
	First set	40.00		glar protection			3 Prem		55.9
	Additional set(s)	40.00		services:			NFL Re	d∠one	49.9
	• FM radio (if separate rate)			connect		40.00			
	Converter	9.99		connect					
				let relocation		40.00 40.00			

Name	LEGAL NAME OF OWNER OF			SYSTEM II 3295
	Atlantic Broadband (
G rimary ssmitters: levision	In General: In space G, ide carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC rn • Do not list the station her station was carried only on • List the station here, and basis. For further informatic Column 1: List each station multicast stream associated "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by ente (for independent multicast) For the meaning of these to Column 4: Give the location	entify every television station (including im during the accounting period, <i>except</i> in effect on June 24, 1981, permitting th e)(2) and (4), or 76.63 (referring to 76.6 as explained in the next paragraph. s: With respect to any distant stations ca ules, regulations, or authorizations: e in space G—but do list it in space I (th a substitute basis. also in space I, if the station was carrier on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	t (1) stations carried only on a part-t he carriage of certain network progra a(e)(2) and (4))]; and (2) certain sta arried by your cable system on a sub he Special Statement and Program I d both on a substitute basis and also see page (v) of the general instruct program services such as HBO, ESF e-air designation. For example, repo- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indepo- pr "E-M" (for noncommercial education uctions in the paper SA1-2 form. the community to which the station	ime basis under ams [sections tions carried on a postitute program Log)—if the p on some other ions. PN, etc. Identify each ort multistream the air in its community in noncommercial endent), "I-M" onal multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
,	WAGT	30.4	N	Augusta, GA
	WAGT-CW	30.3	N	Augusta, GA
as Nocossanu	WCES	6.1	E	
		0.1		Wrens, GA
	WEBA	33.1	E	Wrens, GA Allendale, SC
vecessal y				
vecessal y	WEBA	33.1	E	Allendale, SC
vecessal y	WEBA WEBA-SCC	33.1 33.2	E E	Allendale, SC Allendale, SC Allendale, SC
vecessai y	WEBA WEBA-SCC WEBA WORLD	33.1 33.2 33.3	E E E	Allendale, SC Allendale, SC Allendale, SC Augusta, GA
vecessary	WEBA WEBA-SCC WEBA WORLD WFXG	33.1 33.2 33.3 54.1	E E E N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA Augusta, GA
Necessal y	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT	33.1 33.2 33.3 54.1 54.3	E E E N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA Augusta, GA Augusta, GA
Necessary	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce	33.1 33.2 33.3 54.1 54.3 54.2	E E E N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA
Necessary	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF	33.1 33.2 33.3 54.1 54.3 54.2 42.1	E E E N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA
Necessary	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2	E E E N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA
s Necessary	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E E E N N N N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA
ss Necessal y	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2 12.3	E E E N N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Allendale, SC Augusta, GA
is recessal y	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E E E N N N N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA Augusta, GA
as increased y	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E E E N N N N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA
as ivecessal y	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E E E N N N N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA
s os neclessal y	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E E E N N N N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA
o os neclessal y	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E E E N N N N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA
is as inclussed y	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E E E N N N N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA Augusta, GA
is as inclussed y	WEBA WEBA-SCC WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.1 33.2 33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E E E N N N N N N N N N N	Allendale, SC Allendale, SC Allendale, SC Augusta, GA Augusta, GA

EGAL NAME OF	OWNER OF C	CABLE SY	/STEM:					SYSTEM I
Atlantic Bro	adband (SC	C) LLC						329
	t every radio s	station ca	arried on a separate and disc nerally receivable by your ca					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If ignal, indicate Column 4: C	it is carried b monitoring, to prmation about rm. dentify the call tate whether f the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under them whenever it is received wed at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	at the system system's FM this point, se sed by the ca the station is I	's headend, and antenna, during e page (v) of the ble system as a icensed by the F	(2) it can certain s general i separate	be expected, tated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		0/D				C/D		-
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIC	GN AM or FM	S/D	LOCATION OF STATION	1
								-
								1
								-
								•
			l				 	
								-

Accounting Perio	od: 2017/2						FOR	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Atlantic Broadband (S	C) LLC						32958
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
I I	In General: In space I, identi		-		-	ion that your	· cable syste	m carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN		NING SUBST	TITUTE CARRIAGE				
Special	• During the accounting per	iod, did you	r cable system	carry, on a substitute basi	s, any nonnet	twork televis	ion program	1
Statement and Program Log	broadcast by a distant star	tion?					YES	× NO
Program Log	, , , , , , , , , , , , , , , , , , ,		waat of this was	a blank. If your analysis is i	·/ "		-	
	Note: If your answer is "No"	, leave the	rest of this pag	e blank. If your answer is	res, you mu	ist complete	the program	n
	log in block 2.		MC					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sihle if their	meaning is	
	clear. If you need more spa				Milerever poo		incurning io	
	Column 1: Give the title	of every no	nnetwork televi	sion program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor	gulations, o les like "mo	r authorization: vies" or "baske	 See page (v) of the gene thall " List specific program 	titles for ex	ns for further	r informatior	1.
	"NBA Basketball: 76ers vs.			toali. List speeine program			C LUCY OI	
			dcast live, ente	"Yes." Otherwise enter "N	lo."			
				sting the substitute progra			FOO in	
	the case of Mexican or Can			e community to which the			FCC or, in	
				tem carried the substitute			vith the mor	nth
	first. Example: for May 7 giv		, ,	·	0			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	i program carrie	ed by a system from 6:01:7	15 p.m. to 6:2	8:30 p.m. sh	iould be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system v	was require	d
	to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	; enter the let	ter "P" if the	listed progra	
	was substituted for program		our system wa	s permitted to delete unde	r FCC rules a	nd regulation	ns in	
	effect on October 19, 1976.							
					WHE	N SUBSTIT	TUTE	
	S	UBSTITUT	E PROGRAM			AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TI FROM –	IMES — TO	DELETION
		100 01 110	ONEE OIGH		THE BITT	1110	10	
						-		
						-	_	
						-	_	
						-	_	
						_	_	
						-	_	
						_	_	
							-	

Accounting Period:	2017/2		FORM S	A1-2E. PAGE 6
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (SC) LLC		S	YSTEM ID# 32958
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the ar all amounts (gross receipts) paid to your cable system by subscribers for the system's (as identified in space E) during the accounting period. For a further explanation of ho	secondary trans	mission servio	of
	page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.			1,074.45
	IMPORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gr	oss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less See page (vi) of the general instructions located in the paper SA1-2 form for more information	than \$527,600	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR	LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that accounting period is \$52.00	you must pay for	this six-month	
	Line 1. Royalty fee for accounting period		·	
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and			
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but n	. ,	100)	
	1. Base amount under statutory formula	263,800.00		
	2. Enter amount of gross receipts from space K			
	3. Subtract line 2 from line 1	62,725.55	-	
	4. Enter the amount of gross receipts from space K		201,074.45	
	5. Enter the amount from line 3	. \$	62,725.55	
	6. Subtract line 5 from line 4	\$ 1	38,348.90	
	7. Multiply line 6 by .005 (enter figure here)		\$	691.74
	8. Interest charge. Enter the amount from line 4, space Q, page 8			0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		\$	691.74
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (bu	t less than \$527	7,600)	
	1. Enter the amount of gross receipts from space K		-	
	2. Base amount under statutory formula	263,800.00		
	3. Subtract line 2 from line 1		<u>.</u>	
	4. Multiply line 3 by .01			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8		0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6			
	FILING FEE AND TOTAL REMITTANCE DUE			
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	. \$	691.74	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	. \$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3		\$	711.74
	Important: Your remittance must be in the form of an electronic payment paya See page i of the general instructions in the paper SA1-2 form fo	-		ghts!

Accounting Period:	2017/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (SC) LLC	SYSTEM ID# 32958
M Channels	CHANNELS 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. 1. Enter the total number of channels on which the cable system carried television broadcast stations . 2. Enter the total number of activated channels on which the cable system carried television broadcast stations . and nonbroadcast services .	9 278
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Patrick Bratton Telephone	617-786-8800
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip)	
	Email pbratton@atlanticbb.com Fax (optional)	
O Certification	 CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] 	stem as identified
	X /s/ Patrick Bratton Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	
	Typed or printed name: Patrick Bratton	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: March 1, 2018	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on the form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

unting Period: 2017/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ntic Broadband (SC) LLC	329
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? 	P Special Statemen Concerning Gros Receipts Exclusio
X NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	Q
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 located in the paper SA1-2 form.	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The 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.