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					
08/29/2018	\$ 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	2018/1			
B Owner	Instructions: 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 accounts. Check here if this is the system's first filing. If not, enter the system's ID.	ess of the cable system or 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 (CT) LLC			
				00630220181
				006302 2018/1
	2 Batterymarch Park, Suite 205 Quincy, MA 02169			
С	INSTRUCTIONS: In line 1, give any business or trade names used to ic			
	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 Atlantic Broadband			
	MAILING ADDRESS OF CABLE SYSTEM:			
	61 Myrock Ave 2 (Number, street, rural route, apartment, or suite number)			
	Waterford, CT 06385			
	(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.	T		
Served	CITY OR TOWN	STATE		
First Community	NEW LONDON	СТ		
	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G. CH LINE UP	SUB GRP#
	Alda	MD	A CH LINE UP	50B GRP#
Sample	Alliance	MD	В	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.								
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
Atlantic Broadband (CT) LLC			006302					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses								
below the identified city or town. If all communities receive the same complement of television broadcast stations (i.e., on all communities with the channel line-up "A" in the appropriate column below or leave the on a partially distant or partially permitted basis in the DSE Schedule, associate each rel designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community-	e column blank. If levant community nity basis, associa	you report any st with a subscriber ate each commun	ations group, ity with a					
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		ip designated by a	a number					
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#					
NEW LONDON	СТ	Α	1	First				
WATERFORD	СТ	A	1	Community				
MONTVILLE	CT	A	1	Community				
EAST LYME	CT	A	1					
GRISWOLD	CT	A	1					
PLAINFIELD	CT	A	2	See instructions for				
STERLING	CT	A	2	additional information				
PUTNAM	СТ	A	2	on alphabetization.				
KILLINGLY	СТ	A	2					
KILLINOLI								
				Add rows as necessary.				
	• • • • • • • • • • • • • • • • • • • •							

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (CT) LLC

SYSTEM ID#

006302

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		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE
Residential:							
 Service to first set 	20,648	\$	41.95	Expanded Basic	18,395	\$	50.50
 Service to additional set(s) 				Digital Value	4,023	\$	93.49
 FM radio (if separate rate) 				Digital Plus	971	\$	115.39
Motel, hotel		ļ					
Commercial	1,576	\$	41.95				
Converter		ļ					
Residential	692	\$	4.99				
Non-residential							
i e							

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	R	ATE	CATEGORY OF SERVICE	RATE		CATEGORY OF SERVICE	RATE	
Continuing Services:			Installation: Non-residential					
Pay cable	7.99	- 19.95	Motel, hotel					
 Pay cable—add'l channel 			Commercial					
Fire protection			Pay cable					
•Burglar protection			Pay cable-add'l channel					
Installation: Residential			Fire protection					
First set	\$	50.00	Burglar protection					
 Additional set(s) 	\$	40.00	Other services:					
• FM radio (if separate rate)			Reconnect	\$	40.00			
Converter			Disconnect					
			Outlet relocation	\$	40.00			
			Move to new address	\$	40.00			

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006302 Atlantic Broadband (CT) 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 (Yes or No) CARRIAGE NUMBER STATION (If Distant) **WGBH** 2 Ε Yes Boston, MA **WFSB** 3 Ν No Hartford, CT See instructions for additional information WTNH 8 Ν No New Haven, CT on alphabetization. WTNH-DT2 8.2 N-M No New Haven, CT 59 No WCTX ı New Haven, CT Waterbury, CT WCCT-DT2 20.2 I-M No **WEDH** 24 Ε No Hartford, CT WTIC Ν Hartford, CT 61 No WCCT-DT2 20.2 I-M No Waterbury, CT WVIT 30 Ν No New Britain, CT WHPX 26 I No New London, CT WFSB-DT3 3.3 N-M No Hartford, CT WVIT-DT2 30.2 N-M No New Britain, CT WTIC-DT2 61.2 N-M No Hartford, CT WEDH-DT2 24.2 E-M No Hartford, CT WFSB-DT2 3.2 N-M No Hartford, CT WCTX-DT2 New Haven, CT 9.2 I -M No WUVN 18.1 Ν No Hartford, CT

Atlantic Broadband (CT) LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under 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 as "WETA-2". Simulcast streamm smust 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 multicast), "" (for independent), "I-M" (for independent multicast), "E" (for oncommercial educational station,	FORM SA3E. PAGE 3.						
Atlantic Broadband (CT) LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(i/2) and (4), 76.63 (referring to 76.63 (referring to 76.61 (referring to 76.61) (ref	LEGAL NAME OF OW	NER OF CABLE SY	YSTEM:			SYSTEM ID#	Name
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Column 1: List each station space I, if the station was carried both on a substitute basis and also on some other basis. For further instance or relations the station was carried only or 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 as swETA-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 letter "N" (for network, "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational station, by entering the letter "N" (for network multicast), "E" (for noncommercial educational station of local service area, 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 "Ps"." 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	PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
• 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 on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not	carried by your cable FCC rules and regular 76.59(d)(2) and (4), 70 substitute program ba Substitute Basis	system during to tions in effect or 6.61(e)(2) and (sis, as explaine Stations: With	he accounting n June 24, 19 4), or 76.63 (i d in the next respect to any	g period, except 81, permitting th referring to 76.6 paragraph. / distant stations	(1) stations carrie ne carriage of cert 1(e)(2) and (4))]; a	ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	Primary Transmitters:
	Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fc Column 1: List ear each multicast stream cast stream as "WETA-Simulcast). Column 2: Give th its community of licen on which your cable s Column 3: Indicate educational station, by (for independent multi For the meaning of the Column 4: If the siplanation of local serve Column 5: If you he cable system carried the distant star For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the FCC. For Mexican or strength of the station of the set the Column 6: Give the FCC. For Mexican or served.	n here in space of only on a substand also in spanformation concorm. ch station's call a associated with A-2". Simulcast e channel numbers of the channel numbe	G—but do lis titute basis. ace I, if the state that sign. Do not read to a station ace streams must be the FCC read that sation. Whether the station. Whether the station. Whether the station. Whether the station. Whether the local service in column on during the me basis becard multicast stream or before Jumitter or an accenter "E". If yee page (v) ch station. Foons, if any, giverning that is the cons, if any, givening that is the cons, if any, givening the cons, if any, givening that is the cons, if any, givening that is the constant of the constant o	tit in space I (the ation was carried tute basis station report origination coording to its own to be reported in the annel 4 in Wash (ation is a network), "N-M" (I educational), one general instructivice area, (i.e. "ogeneral instructivice area, (i.e. "ogeneral instructivice area, in the annel 4 in wash (i.e. "ogeneral instructivice area, in the seam that is not seam that is n	d both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statington, D.C. This bork station, an indefor network multiple or "E-M" (for noncetions located in the distant"), enter "Ye ions located in the mplete column 5, and indicate by enterivated channel of subject to a royalty etween a cable systematic control of the prima channel on any of instructions located list the community with	tute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify tion. For example, report multinatream separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" ionmercial educational multicast). The paper SA3 form. In not, enter "No". For an exemple paper SA3 form. It not, enter "No". For an exemple paper SA3 form. It is the basis on which your tering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing the paper SA3 form. If the paper SA3 form is the paper SA3 form. If the paper SA3 form is the paper SA3 form. If the paper SA3 form is the paper SA3 form. If the paper SA3 form is the paper SA3 form is the paper SA3 form is the pape	
CHANNEL LINE-UP AW	,		• •	•			
1. CALL SIGN CHANNEL DISTANT? (Yes or No) CARRIAGE NUMBER STATION CHANNEL OF (Yes or No) CARRIAGE (If Distant) 6. LOCATION OF STATION		CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
WUVN-DT3 18.3 N-M Hartford, CT	WUVN-DT3	18.3	N-M			Hartford, CT	

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (CT) LLC

SYSTEM ID#
Name
Name

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	AB	
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
WGBH	2	Е	Yes	0	Boston, MA
WFSB	3	N	No		Hartford, CT
WTNH	8	N	No		New Haven, CT
WTNH-DT2	8.2	N-M	No		New Haven, CT
WCTX	59	I	No		New Haven, CT
WCCT-DT2	20.2	I-M	No		Waterbury, CT
WEDH	24	E	No		Hartford, CT
WTIC	61	N	No		Hartford, CT
WCCT-DT2	20.2	I-M	No		Waterbury, CT
WVIT	30	N	No		New Britain, CT
WHPX	26	I	No		New London, CT
WFSB-DT3	3.3	N-M	No		Hartford, CT
WVIT-DT2	30.2	N-M	No		New Britain, CT
WTIC-DT2	61.2	N-M	No		Hartford, CT
WEDH-DT2	24.2	E-M	No		Hartford, CT
WFSB-DT2	3.2	N-M	No		Hartford, CT
WCTX-DT2	9.2	I -M	No		New Haven, CT
WUVN	18.1	N	No		Hartford. CT

G

Primary Transmitters: Television

FORM SA3E. PAGE 3.					CVCTEM ID#	
						Name
	• • •				000002	
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 For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried to carried the distant stat For the retransmiss of a written agreement	cand (CT) L ERS: TELEVISIO G, identify every system during to the control of th	y television state accounting in June 24, 19, 4), or 76.63 (in the next respect to any ations, or auth G—but do listitute basis. ace I, if the state range with a station ac streams must be the FCC has station. Whether the station. Whether the station apage (v) of the the local sen age (v) of the age (v) of the es" in column on during the me basis because in or before June 24, 199.	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to report origination cording to its own to be reported in comment of the station is a network to the station is a network of the station of the station is a network of the station is a network of the station of the station is a network of the station i	(1) stations carried to carriage of certa- 1(e)(2) and (4))]; as carried by your of the Special Statement of both on a substiffus, see page (v) on program service the er-the-air designation of the television statington, D.C. This work station, an indefor network multicor "E-M" (for noncontractions located in the distant"), enter "Yesions located in the mplete column 5, and Indicate by entitivated channel of the policy	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	G Primary Transmitters: Television
of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the FCC. For Mexican or 0	entered into o a primary trans simulcasts, also ree categories e location of ea Canadian statio	n or before Jumitter or an a o enter "E". If , see page (vich station. Fons, if any, giv	ane 30, 2009, be ssociation repre you carried the) of the general in or U.S. stations, e the name of the	etween a cable system as channel on any of instructions locate list the community with th	stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ig multiple chai	•	EL LINE-UP		channel line-up.	
	0 010407					
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	
WUVN-DT3	18.3	N-M	No		Hartford, CT	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWNER					SYSTEM ID#	Name	
Atlantic Broadbar	nd (CT) LL	С			006302		
PRIMARY TRANSMITTERS	S: TELEVISION	١					
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 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 as sociated 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 ind							
		CHANN	EL LINE-UP	AC			
1. CALL 2. I	B'CAST 3		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3.					Account	14G 1 EMOD: 2010/1
LEGAL NAME OF OWNE	ER OF CABLE SY	'STEM:			SYSTEM ID#	N
Atlantic Broadb	and (CT) L	LC			006302	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 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), "" (for independent), "I-M" (for inde						
Trote: If you are dament	y manipic chai	•	•	•	onamer inte up.	
		CHANN	EL LINE-UP	AD		
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NONDLIX	STATION		(II Distairt)		
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FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID:	Namo
Atlantic Broad	band (CT) L	LC			00630	2
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
In General: In space (carried by your cable self-carried by your cable self-carried by your cable self-carried by your cable self-carried substitute Basis self-carried self-c	G, identify every system during the constructions in effect or 6.61(e)(2) and (6.61(e)(2) and	y television structure to the accounting of June 24, 19, 4), or 76.63 (in din the next prespect to any strions, or auth G—but do lissitute basis. Indeed, if the state of the structure to a station acceptance of the FCC in the state of the FCC in the state of the FCC in the state of the stat	period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the tition was carried ute basis station eport origination coording to its ov- be reported in our	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services the calculumn 1 (list each the television statistical extension of the carried to the television statistical extension of the carried extension of	and low power television stations) 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 multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel	Primary Transmitters: Television
educational station, by (for independent multice For the meaning of the Column 4: If the step planation of local service Column 5: If you heable system carried the carried the distant state For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	rentering the lecast), "E" (for no ese terms, see leation is outside ce area, see paave entered "Yche distant station on a part-tiricion of a distant at entered into or a primary transsimulcasts, 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 communities street or or before Jumitter or an action enter "E". If the see page (v) ch station. Forns, if any, giv	etwork), "N-M" (I educational), of a general instruct vice area, (i.e. "congeneral instruct and the search and the search and the search area that is not search and the search are the search and the s	for network multicor "E-M" (for noncoctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entictivated channel coubject to a royalty etween a cable system a cable system on any otinstructions locate list the community with the communi	paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form. To which the station is licensed by the which the station is identifed.	
		CHANN	EL LINE-UP	AE		
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	

FORM SA3E. PAGE 3.					•			
LEGAL NAME OF OWNER OF		:		SYSTEM ID#	Name			
Atlantic Broadband	I (CT) LLC			006302				
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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.								
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.								
	Cl	HANNEL LINE-U	P AF					
SIGN CH	CAST 3. TY HANNEL OF UMBER ST	_		6. LOCATION OF STATION				

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broadb	and (CT) L	LC			006302		
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), 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 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 as sociated 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 in							
		CHANN	EL LINE-UP	AG			
_		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
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FORM SA3E. PAGE 3.					Accoonti	NG 1 EMOD. 2010/1	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Nama	
Atlantic Broadl	oand (CT) L	LC			006302	Name	
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), 76,616(e)(2) and (4), 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 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), "E" (for noncommercial educational)							
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
	ı	CHANN	EL LINE-UP	АН			
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		

FORM SA3E. PAGE 3.					Account	14G 1 EMOD: 2010/1
LEGAL NAME OF OWNE	ER OF CABLE SY	'STEM:			SYSTEM ID#	Na
Atlantic Broadb	and (CT) L	LC			006302	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 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 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 indep						
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		CHANN	EL LINE-UP	Al		
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NONDLIX	STATION		(II Distairt)		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broadb	and (CT) L	LC			006302		
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), 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 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 as sociated 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 independent), "I-M" (for ind							
		CHANN	EL LINE-UP	AJ			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Education of Station		
	NUMBER	STATION	,	(If Distant)			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broadb	oand (CT) L	LC			006302		
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), 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 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), "I' (for independent), "I-M" (for ind							
		CHANN	EL LINE-UP	AK			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Ecoarion of Station		
	NUMBER	STATION	,	(If Distant)			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broadl	oand (CT) L	LC			006302	
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 specife 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 ind						
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the	
Note: If you are utilizing				•	which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AL		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broad					006302		
PRIMARY TRANSMITTI	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 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 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 independent), "I-M" (for independent multicast), "E" (for noncommercial educational process of the station is outside the local serv							
Note: If you are utilizing	ng multiple chai	•	•	•	channel line-up.		
	T	CHANN	EL LINE-UP	AM			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NONDLIX	STATION		(II Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broadl	• • •				006302		
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 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 as swociated 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 independent), "!-N" (for in							
Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
		CHANN	EL LINE-UP	AN			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
	NOWBER	STATION		(II Distant)			
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broadl					006302		
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 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), "For independent), "I-M" (for ind							
the cable system and a tion "E" (exempt). For sexplanation of these the Column 6: Give the	a primary transi simulcasts, also ree categories, e location of ea Canadian statio	mitter or an aab enter "E". If a see page (v) ch station. Fo ns, if any, givenel line-ups,	ssociation repre you carried the of the general or U.S. stations, e the name of the	esenting the primar channel on any ot instructions locate list the community ne community with space G for each	ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. v to which the station is licensed by the n which the station is identifed.		
4.001	o DICAGE				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)			

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	
Atlantic Broadl					006302	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO)N				
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), 07.66.16(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 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), "E" (for independent,) "I-M" (for						
•		CHANN	EL LINE-UP	ΔΡ		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	U. LOCATION OF STATION	
	NUMBER	STATION	. ,	(If Distant)		
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FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broadb	and (CT) L	LC			006302		
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), 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 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), "I" (for independent), "I-M" (for ind							
		CHANN	EL LINE-UP	AQ			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Ecoarion of Station		
	NUMBER	STATION	,	(If Distant)			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broadb	oand (CT) L	LC			006302		
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), 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 specific FCC rules, regulations, or authorizations: 10 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. 1 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 as sociated 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							
		CHANN	EL LINE-UP	AR			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	o. Looking of Station		
	NUMBER	STATION		(If Distant)			

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	
Atlantic Broadl					006302	Name
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), 76.59(d)(2) and regulation basis under specific FC in Do not list the station station was carried in the station here, basis. For further in in the paper SA3 for Column 1: List each 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 multice for the meaning of the Column 5: If you cable system 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 FCC. For Mexican or Column 6: Give the FCC.	G, identify every eystem during the consine effect or is 6.61(e)(2) and (6.51s, as explaine is attions: With record or in space only on a substand also in spatformation concern. The station's call associated with experimental explainment of the consideration is outside the consideration is outside the distant static ion on a part-tiricion of a distant the entered into on a primary transistimulcasts, also incered categories, elocation of ea Canadian static ion of a distant the entered into on a primary transistimulcasts, also incered categories, elocation of ea Canadian static ion and static incered into on a primary transistimulcasts, also incered categories, elocation of ea Canadian static ion and static incered into on a primary transistimulcasts, also incered categories in categories in the categories in categories in categories in the categories in the categories in the categories in categories in the categories	y television standard and accounting in June 24, 194, or 76.63 (in d in the next respect to any ations, or auth G—but do listitute basis. In the standard area in a station acceptable with the station acceptable with the station. In the station acceptable with the local service and the station acceptable with the local service and the station. In during the same basis becamulticast stream or before Jumitter or an acceptable with the station. In the station are the station are the station are the station or before Jumitter or an acceptable with the station. For the station are page (v) of the station are the station are the station are the station. For the station are the stati	period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: at it in space I (the stion was carried the basis station to the period of the period of the stion was carried to the period of the period of the period of the stion is a network, "N-M" (I educational), control of the period of lack of a seam that is not some 30, 2009, be secciation repression of the general instruction of the general instructions.	(1) stations carried to carriage of certa 1(e)(2) and (4))]; as carried by your case Special Statement of both on a substitution, see page (v) on program services er-the-air designaticolumn 1 (list each the television stationation, D.C. This book station, an indefor network multicor "E-M" (for noncontions located in the distant"), enter "Ye ions located in the mylete column 5, so d. Indicate by enter indicate by enter indicate by enter indicate by enter indicate in the grade of the second of the column formatic instructions located in the grade of the column formatic instructions located in the grade of the column of the col	es". If not, enter "No". For an expaper 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 designather basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	Primary Transmitters: Television
Note: If you are utilizing			·		onamer into up.	
	0 010407		EL LINE-UP			
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	(10001110)	(If Distant)		

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broadl	oand (CT) L	LC			006302	
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
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 Pasis 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 For the meaning of the Column 5: If you the cable system carried the distant stating For the retransmiss of a written agreement the cable system and attion "E" (exempt). For sexplanation of these the Column 6: Give the	G, identify every eystem during the ons in effect or a fall on a substantial of the control of t	y television stare accounting in June 24, 1984), or 76.63 (rd in the next prespect to any ations, or auth G—but do list titute basis. In the stare in a station account in a station. Whether the station in column on during the ame basis becard in column on during the ame basis becard in or before Jumitter or an astion or before Jumitter or an astion enter "E". If it, see page (v) ch station. Fowns, if any, givens, if an	g period, except 81, permitting the referring to 76.6 paragraph. or distant stations orizations: t it in space I (the ation was carried tute basis station report origination coording to its own be reported in origination is a network ation is a network ation is a network of a report origination or accounting period as a sassigned to a general instruct 4, you must correct accounting period accounting perio	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your content of the Special Statement of the second of the Special Statement of the second of	es". If not, enter "No". For an expaper 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 designather basis, enter "O." For a further in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	G Primary Transmitters: Television
		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	

FORM SA3E. PAGE 3.					Account	14G 1 EMOD: 2010/1
LEGAL NAME OF OWNE	R OF CABLE SY	STEM:			SYSTEM ID#	Na
Atlantic Broadb	and (CT) LI	LC			006302	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
In General: In space G carried by your cable sy FCC rules and regulatic 76.59(d)(2) and (4), 76. substitute program basi Substitute Basis St basis under specific FCC • Do not list the station I station was carried of • List the station here, a basis. For further infointhe paper SA3 forn Column 1: List each each multicast stream a cast stream as "WETA-Simulcast). Column 2: Give the its community of license on which your cable system conductional station, by (for independent multicated in the state of local service Column 5: If you had cable system carried the carried the distant static For the retransmission of a written agreement of the cable system and a tion "E" (exempt). For siexplanation of these thr Column 6: Give the	identify every stem during the state of the last of th	r television standard accounting and June 24, 194, or 76.63 (rd d in the next perspect to any titions, or auth G—but do list titute basis. In the standard account of the station account of the station account of the station. The station account of the local server of the station of the station. The station of the station of the station of the station. The see page (v) of the	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations orizations: at it in space I (the station was carried the basis station to be reported in the referring to the reported in the reported i	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) of the program services the television station (for network multicator "E-M" (for noncontrollocated in the distant"), enter "Ye in located in the mylete column 5, so the column 6, so	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system	G Primary Transmitters: Television
Note: If you are utilizing	i munipie chai	•	•	•	спаппетше-ир.	
		CHANN	EL LINE-UP	AU		
		3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)		
	NOWBER	STATION		(II Distailt)		

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broadk	oand (CT) L	LC			006302	
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, s basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream s "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 th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify even yystem during the ons in effect or a fall (2) and (sis, as explaine stations: With a CC rules, regular here in space only on a substand also in spatformation concern. In station's call associated with -2". Simulcast echannel numbers are carried the in each case we entering the least), "E" (for no see terms, see patron is outside carea, see patron on a part-time ion of a distant entered into on a primary transismulcasts, also ree categories echandian statio	y television streams accounting in June 24, 194, or 76.63 (in d in the next respect to any ations, or auth G—but do listitute basis. In the state of the station acceptable of the station acceptable of the station acceptable of the station. In a station acceptable of the station. In the station acceptable of the station. In the local service of the service of the station of the local service of the station of the local service of the station of the station of the station of the service of the station. In the station of the station of the station of the station. For the station of the station of the station of the station of the station. For the station of t	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations in the station stations: It it in space I (the station was carried tute basis station report origination coording to its over the period of the station is a network of the station in the station is a network of the station in the station is a network of the station in the station is a network of the station in the station is a network of the station in the station is a network of the station in the station is a network of the station in the station is a network of the station in the station is a network of the station in the station is a network of the station in the station in the station is a network of the station in the station is a network of the station in the station in the station is a network of the station in the station in the station in the station is a network of the station in th	(1) stations carried the carriage of certain (1e)(2) and (4))]; as a carried by your content of the Special Statement of the Special Specia	es". If not, enter "No". For an expaper 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 designather basis, enter "O." For a further in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	AV		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
•••••						
		•				
						
						
		•				

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006302 Atlantic Broadband (CT) 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 AM or FM LOCATION OF STATION CALL SIGN LOCATION OF STATION S/D AM or FM S/D **WEBH FM** CHICAGO, IL **WNPR** NORWICH, CT **FM** X NOAA **NEW LONDON, CT** FΜ WHUS STORRS, CT FM Χ WCTY NORWICH, CT FM KOOL **NEW LONDON, CT** FΜ X **WVVE** STONINGTON, CT **FM** X **GROTON, CT WQEN FM** X

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2018/1
LEGAL NAME OF OWNER OF Atlantic Broadband (C		ГЕМ:					S	YSTEM ID# 006302	Name
SUBSTITUTE CARRIAGE In General: In space I, ident	ify every nor	nnetwork televis	sion program broadcast by a	distant station					ı
substitute basis during the acexplanation of the programm 1. SPECIAL STATEMENT • During the accounting per	ing that must CONCER iod, did you	st be included in	n this log, see page (v) of the	e general instr	ructions loc	cated i	in the pape		Substitute Carriage: Special Statement and
broadcast by a distant state Note: If your answer is "No		rest of this pag	ge blank. If your answer is '	'Yes," you mι	ust comple			X No	Program Log
period, was broadcast by a under certain FCC rules, re SA3 form for futher informa titles, for example, "I Love L Column 2: If the program Column 3: Give the call Column 4: Give the broathe case of Mexican or Can Column 5: Give the mor first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m."	titute progra ce, please a of every no distant stat gulations, o tion. Do no Lucy" or "NE n was broad sign of the s adcast static atth and day we "5/7." es when the Example: a er "R" if the and regulatio ogramming	am on a separa attach addition nnetwork televion and that your or authorization at use general of BA Basketball: dcast live, ente station broadca on's location (thons, if any, the when your system a program carri- listed program ons in effect du	al pages. ision program (substitute pour cable system substitutes. See page (vi) of the gencategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nasting the substitute programe community to which the community with which the tem carried the substitute program was carried by your ged by a system from 6:01: was substituted for programing the accounting period	rogram) that, d for the progeral instruction "basketball". lo." m. station is lice station is ider program. Use cable system. 15 p.m. to 6:2 mming that y; enter the let	during the gramming of the properties of the pro	e according to a cordinate accordinate	counting other static e paper ogram C or, in the month accurately ld be a required ed pro	h ,	
S	SUBSTITUT	E PROGRAM	1		EN SUBS			7. REASON FOR	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIME —	S TO	DELETION	
					<u> </u>				
									
					<u></u>				
					<u> </u>				
									
						_			
	1	-	1		T				

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (CT) LLC

PART-TIME CARRIAGE LOG

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "I AC" for part-

J

Part-Time Carriage Log

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time 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 column 5 of space G.

Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period.

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the 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."

		DAT	ES	AND HOURS (OF F	PART-TIME CAF	RRIAGE			
CALL SIGN -	WHEN CARRIAGE OCCURRED				CALL SIGN	MHE1	N CARRIAGE O			
	DATE	FROM	HOURS TO				DATE	FROM	OURS	TO
			_						_	
			_						_	
										
			=-					 		
									=	
			=-						_=	
			_						_	
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			_						_	
			_						_	

	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#	
	antic Broadband (CT) LLC			006302	Name
all a (as pag	ructions: The figure you give in this space determines the form you fle and the amoun mounts (gross receipts) paid to your cable system by subscribers for the system's secreted identified 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. ORTANT: You must complete a statement in space P concerning gross receipts.	ondary	transmite this a	ssion service	K Gross Receipts
CorCorIf you feeIf you	(RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: nplete block 1, showing your minimum fee. nplete block 2, showing whether your system carried any distant television stations. Our system did not carry any distant television stations, leave block 3 blank. Enter the auterior block 1 on line 1 of block 4, and calculate the total royalty fee. Our system did carry any distant television stations, you must complete the applicable prompanying this form and attach the schedule to your statement of account.				L Copyright Royalty Fee
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b $$ k 3 below.	e ente	ered on li	ne 1 of	
-	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be slow.	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 period.		064 perd	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.		\$	5,001,253.39	
	This is your minimum fee.	\$		53,213.34	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the 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 c	nn 4, y od?	you mus	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		\$	8,866.54	
	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	\$		8,866.54	
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		\$	53,213.34	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 zero.	r		0.00	submitting additional deposits under
	Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)			0.00	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE		\$	725.00	additional fees. Division for the appropriate
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		53,938.34	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) o	f the	

Name	LEGAL NAME OF OWNER			SYSTEM ID#
	Atlantic Broadba	nd (CT) I	LC	006302
M Channels	to its subscribers ar	d (2) the	(1) the number of channels on which the cable system carried television broadcast stations cable system's total number of activated channels, during the accounting period. hannels on which the cable	
	system carried tele	evision br	padcast stations	
		system (ctivated channels carried television broadcast stations 287	
N Individual to Be Contacted	INDIVIDUAL TO BE we can contact abo		CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual tement of account.)	
for Further Information	Name Patrick	Bratto	n Telephone 617-786-8800	
	Address 2 Batte (Number, s	erymaro treet, rural r	ch Park, Suite 205 oute, apartment, or suite number)	
	Quincy (City, town,		2169	
	Email	pbratt	on@atlanticbb.com Fax (optional)	
0	CERTIFICATION (Th	is statem	ent of account must be certifed and signed in accordance with Copyright Office regulations.	
Certifcation	• I, the undersigned, I	nereby cei	tify that (Check one, but only one, of the boxes.)	
	(Owner other tha	n corpora	ation or partnership) I am the owner of the cable system as identifed in line 1 of space B; or	
			n corporation or partnership) I am the duly authorized agent of the owner of the cable system as identificant that the owner is not a corporation or partnership; or	ed
	(Officer or partn in line 1 of spa	•	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of the cable s	ystem
		nd correct	at of account and hereby declare under penalty of law that all statements of fact contained herein to the best of my knowledge, information, and belief, and are made in good faith.	
		X	/s/ Patrick Bratton	
		(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and preson, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting	
		Typed	or printed name: Patrick Bratton	
		Title:	Chief Financial Officer (Title of official position held in corporation or partnership)	
		Date:	August 29, 2018	

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 filing, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC 006302	Name
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 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? X NO YES. Enter the total here and list the satellite carrier(s) below	Special Statement Concerning Gross Receipts Exclusion
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.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	-
space L, (page 7)	-
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.	
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late. NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing. Owner Address First community served	
Accounting period ID number	

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 sufficiency of the fling, a determination that would be made by a court of law.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions 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 local stations are not counted at all in computing DSEs	

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
in	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
3	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

		40,0000			
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: 2018/1

DSE SCHEDULE. PAG	E 11. (CONTINUED)						
4	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC SUM OF DSEs OF CATEGORY "O" STATIONS: SYSTEM ID# 006302						
	Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule.						
					0.25		
						1	
2	Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5						
_	of space G (page 3).						
Computation	In the column headed "DSE	": for each indepe	endent station, give the DSI	as "1.0"; for	each network or noncom-		
of DSEs for	mercial educational station, g						
Category "O"			CATEGORY "O" STATION	NS: DSEs			
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	WGBH	0.250					
		·····					
		·····		†			
Add rows as		·····		†			
necessary.							
Remember to copy		<mark></mark>		 		<u> </u>	
all formula into new							
rows.							
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						ļ	
				 			

Name		WNER OF CABLE SYSTEM:						SYSTEM I	ID#
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 Column 6	t the call sign of all distates For each station, give to correspond with the information of the formation of the figure in column of the figure in the figu	the number of hours mation given in space the total number of humn 2 by the figure i mal point. This is the station, give the "typolumn 4 by the figure	your cable system be J. Calculate or ours that the state on column 3, and of "basis of carriage-value" as "1.0." in column 5, and	m carried the stanly one DSE for each or broadcast over give the result in the value" for the second or each netwood give the result in the second of the se	tion during the accept station. The the air during the decimals in columitation. The or noncomment of column of the column of	he accounting pe nn 4. This figure r cial educational si	riod. nust tation, the	
Capacity		C	CATEGORY LAC	STATIONS:	COMPUTATI	ON OF DSEs			
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	ER 3. N URS O ED BY S' M O	UMBER F HOURS FATION N AIR	4. BASIS OF CARRIAG VALUE	5.	TYPE VALUE	6. DSE	
			÷ -		=	x		=	
			÷			X	:	- =	
			÷		=	x	:	=	
			÷ ÷			X			
			÷ ÷						
			÷		=	x	:	=	
	Add the DSEs of	OF CATEGORY LAC Sof each station. m here and in line 2 of p		e,	▶		0.00		
Computation of DSEs for Substitute-Basis Stations	 Was carried tions in efference broadcast or space I). Column 2: Fat your option. Column 3: Ecolumn 4: Ec	e the call sign of each st by your system in subst ct on October 19, 1976 (ne or more live, nonnetw For each station give the This figure should corre- Enter the number of days Divide the figure in colun his is the station's DSE	titution for a program (as shown by the lett ork programs during a number of live, non spond with the inforr s in the calendar yea nn 2 by the figure in	that your system or "P" in column that optional carrimetwork program nation in space I. r.: 365, except in column 3, and given that you was a single column 3, and given the column 3, and given the column 3, and given the column 3.	n was permitted to the property of space 1); and the property and the property of the property	titution for progra	CC rules and regucolumn 2 of ms that were delection no less than the	eted	
		SU	BSTITUTE-BAS	IS STATION	1	ATION OF DSI	Es		
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBEI OF PROGRA	OF	MBER 4. DSI DAYS YEAR	Έ
			:	=			÷	= =	
		-	÷	=			÷	=	
		-	÷				÷	=	
		-	÷ ÷				÷	=	
	Add the DSEs of	OF SUBSTITUTE-BAS of each station. on here and in line 3 of p		9,			0.00		
5 Total Number of DSEs	number of DSEs 1. Number of 2. Number of	R OF DSEs: Give the am applicable to your syster DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●		in parts 2, 3, and	4 of this schedule	e and add them to	0.25 0.00 0.00		
	TOTAL NUMBE	R OF DSEs						0.2	<u>!</u> 5

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2018/1

	OWNER OF CABLE						S	YSTEM ID# 006302	Name
								000302	
Instructions: Blo In block A:	ck A must be com	pleted.							
 If your answer if schedule. 	"Yes," leave the re	emainder of p	part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	f the	6
If your answer if	"No," complete bl			FEL EV//010N-NA	ADVETO				Computation of
Is the cable syste	m located wholly o			TELEVISION M		ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24	, 1981?		•					galations in	
	nplete part 8 of the		DO NOT COM	PLETE THE REM.	AINDER OF I	PART 6 AND 7	,		
X No—Com	plete blocks B and	C below.							
		BLO	CK B: CARR	IAGE OF PERI	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulatine DSE Sche	ons prior to Ju edule. (Note: T	part 2, 3, and 4 one 25, 1981. For fine letter M below rack of 2010.)	urther explana	ation of permitt	ted stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carri 76.61(b)(c)] B Specialty stati	ules and regued pursuant on as define	llations cited b to the FCC ma d in 76.5(kk) (7	asis on which you on elow pertain to the lirket quota rules [7 76.59(d)(1), 76.61(ose in effect o 76.57, 76.59(b (e)(1), 76.63(a	n June 24, 198 b), 76.61(b)(c), a) referring to 7	76.63(a) referring	g tc	
	D Grandfathered instructions for E Carried pursu *F A station pre	d station (76. or DSE sched ant to individ eviously carrie JHF station v	65) (see parag dule). ual waiver of F ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)	ubstitution of g	grandfathered so)(5)	
Column 3:	List the DSE for	each distant e stations ide	station listed in	n parts 2, 3, and 4 etter "F" in columr			worksheet on pag	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN	BASIS		SIGN	BASIS		SIGN	BASIS		
WGBH	С	0.25					1		
							<u> </u>		
				. APUTATION O				0.25	
		B	SLOCK C: CC	MPUTATION O	F 3.75 FEE				
	e total number of					••••••			
Line 2: Enter the	e sum of permitte	ed DSEs fro	m block B ab	ove					
	line 2 from line 1 leave lines 4–7 b			•		rate.			
Line 4: Enter gro	oss receipts from	space K (p	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply	line 4 by 0.0375	and enter s	um here						permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3				x		carriage? If yes, see part 9 instructions.
Line 7: Multiply	line 6 by line 5 a	nd enter hei	re and on line	2, block 3, spac	ce L (page 7))		0.00	o mou uctions.

	OWNER OF CABLE adband (CT) LL						S'	YSTEM ID# 006302	Name
		BLOCK	A: TELEVIS	SION MARKET	S (CONTIN	UED)			_
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
<mark></mark>									
									
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Nama	LEGAL NAME OF OWN	IER OF CABLE	E SYSTEM:							S	YSTEM ID:	#	
Name	Atlantic Broadt	วand (CT) I	LC								006302	2	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the basis of carriage on which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED												
		PERMITT	ED DSE FOR	STATIONS	CARRIE	D C	ON A PART-TIME AN	ID SUBSTI	TUTE BASIS				
	1. CALL	2. PRIC	OR 3.	ACCOUN ⁻	TING		4. BASIS OF	5. PF	RESENT	6. P	ERMITTED		
	SIGN	DSE		PERIOD)		CARRIAGE		OSE		DSE		
											•••••		
								• • • • • • • • • • • • • • • • • • • •					
						••••							
Computation of the Syndicated Exclusivity Surcharge	Instructions: Block A In block A: If your answer is If your answer is	"Yes," comple "No," leave b	ete blocks B ar locks B and C BL0	olank and o	complete р ИАЈОК Т	El	t 8 of the DSE schedu LEVISION MARKI	ET	rules in effect J	une 24.	1981?		
	Yes—Complete	blocks B and	IC.				No—Proceed to	part 8					
	BLOCK B: Ca	arriage of VHI	F/Grade B Con	tour Statio	ns		BLOCK	C: Compu	tation of Exem	pt DSE			
	Is any station listed in commercial VHF stati or in part, over the ca	n block B of pa ion that places	art 6 the primar	y stream o	fa	n	Vas any station listed ity served by the cablo former FCC rule 76.	in block B	of part 7 carrie	d in any	commu-		
	Yes—List each si			permitted [OSE		Yes—List each sta X No—Enter zero ar			ate permi	tted DSE		
	CALL SIGN	DSE	CALL SIGN		DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	l	
			3.123.131				3.122 5.51		5.12251			l	
												l	
												l	
		ļ										ı	
				·····								ı	
		 										ı	
		<u> </u>	TOTAL DSE	s	0.00				TOTAL DS	Fs	0.00	l	
			TOTAL DOE	_	5.50	П			TOTAL DO	_3	0.00		

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC	SYSTEM ID# 006302	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	5,001,253.39	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is any	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	Ε	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section.1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	·····		
Section 3b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ <u>\$</u>		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1) ▶ _\$		
	E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		
	SECTION 4: SECOND 50 TELEVISION MARKET		
	Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
Section 4a	X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	E	
	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		

Nome	LEGAL NAM	ME OF OWNER OF CABLE SYSTEM: SY	STEM ID#
Name	/	Atlantic Broadband (CT) LLC	006302
Computation of the Syndicated Exclusivity	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. A. Enter 0.00300 of gross receipts (the amount in section 1)	
Surcharge		C. Multiply line B by 3.000 and enter here.	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	_
		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. \$\\$\\$\\$\$	<u></u> .
8 Computation of Base Rate Fee	You mu 6 was 0 In blo If you If you blank What is	ctions: nust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. pock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. pur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. pur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below to be a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers cocated within that station's local service area and others were located outside that area. For the definition of a station's "local e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	rour cable system retransmit the signals of any partially distant television stations during the accounting period?	
		Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	_
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.).	.
	Section 3	If the figure in section 2 is 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

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2018/1

	AME OF OWNER OF CABLE SYSTEM: tic Broadband (CT) LLC	SYSTEM ID# 006302	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 0.01064 of gross receipts (the amount in section 1) * **Tender 1.01064 of gross receipts** * **Tender 1.01064 of g		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) * \$		Computation 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) \$ \bigseleft\{ \bigseleft\} \bigseleft\} \bigseleft\{ \bigseleft\} \bigseleft\{ \bigseleft\} \bigs		
	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	
instead	ETANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcate be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		9
Space In Gen receipt		e, to exclude	Computation of Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in must be a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B be cable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
Step 1	Didentify a Subscriber Group for Partially Distant Stations: For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lost the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each Identi Give	I section: fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to al bers in the group.	l of the	
	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it i	n parts 2, 3,	
2) any	portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	olock B,	
•	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is apper SA3 form.	nstructions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 006302 Atlantic Broadband (CT) LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

LEGAL NAME OF OWNE Atlantic Broadbar						S	YSTEM ID# 006302	Name
R	I OCK A· (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SURSCR	IBER GROUP		
		SUBSCRIBER GROU				SUBSCRIBER GROU	JP	_
COMMUNITY/ AREA	New Lo	ndon		COMMUNITY/ AREA	Waterfo	rd		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WGBH	0.25							Base Rate Fe
			*	-				and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
			_					Distant
						-		Stations
	<u></u>							
	<mark></mark>						<u></u>	
	<mark></mark>		 		 		 	
	<u>-</u>		†	-		-	<u> </u>	
					 			
F 4 1 DOE			0.05	T / L DOE	ļ	Ц	0.00	
Total DSEs			0.25	Total DSEs			0.00	
Gross Receipts First G	Group	\$ 3,333	,287.53	Gross Receipts Secon	d Group	\$ 1,60	67,965.86	
3ase Rate Fee First G	roup	\$ 8,	,866.54	Base Rate Fee Secon	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	Р		FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	Montvil	le		COMMUNITY/ AREA	East Ly	me		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					_			
								
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	<u> </u>						<u></u>	
					-		<u></u>	
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	<u>-</u>		†		†		 	
	<u> </u>		†		†		<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	<u></u>	0.00	Gross Receipts Fourth	Group	\$	0.00	
_ ,	- ·/P	·				·		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
			riber group	as shown in the boxes a	bove.	•	8,866.54	
Enter here and in block	κ ૩, iine 1, s	space L (page /;				\$	0,000.54	

Name	YSTEM ID# 006302	S						LEGAL NAME OF OWNE Atlantic Broadban
				TE FEES FOR EACH				Bl
9	JP	SUBSCRIBER GROU		JP	SUBSCRIBER GROU		COMMUNITY/ AREA	
Computation			Piaiiiiei	COMMUNITY/ AREA		····	GIISWO	COMMUNITY AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicate						_		
Exclusivit Surcharge								
for	····					-	•	
Partially						_		
Distant							•	
Stations						_		
	<u></u>							
						_		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GROU	SEVENTH	5
			Putnam	COMMUNITY/ AREA		g 	Sterling	COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						_		
	····							
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						=		
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	<u></u>							
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00							

Name	YSTEM ID# 006302	S						LEGAL NAME OF OWNE Atlantic Broadbar
		IBER GROUP	H SUBSCR	TE FEES FOR EAC	BASE RA	COMPUTATION O	LOCK A: (В
0	JP	SUBSCRIBER GROU	TENTH		UP	SUBSCRIBER GRO	NINTH	
9 Computati	0			COMMUNITY/ AREA		••••••		COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and Syndicate		-	···		<u>.</u>		····	
Exclusivi		-			<mark>-</mark>		•	
Surcharg					-		••••••••	
for						-		
Partially								
Distant					<u>.</u>	 -		
Stations	····	-	···		<u>-</u>		<u>.</u>	
		-	<u></u>		<u>-</u>		······································	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	TWELVTH		UP	SUBSCRIBER GRO	LEVENTH	E
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					<u>.</u>	 -		
	····	 			<u>-</u>		·	
		-	···		·	-	•	
	·····				<u>.</u>	-		
	0.00			Total DSEs	0.00			Fotal DSEs
	0.00	\$	h Group			\$	Group	Fotal DSEs Gross Receipts Third (
		\$	h Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Fotal DSEs

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID# 006302	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	TEENTH	SUBSCRIBER GRO		FC		9		
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	_		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0,122 0.0.1	202	0,122 0.0.1	202	07.22 0.0.1	302	07.122.010.1	302	Base Rate Fee
								and
		-			<u></u>			Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
		-						Stations
	 		<u>.</u>		<u></u>		<u></u>	
		-					<u></u>	
	ļ		·				<u></u>	
		•••••••••			····		<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oun	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Orosa Receipta i iist Or	oup	<u>*</u>	0.00	Gross receipts occe	ла Огоар	4	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
FIF	TEENTH	SUBSCRIBER GRO	UP		SIXTEENTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
					<u></u>		<u></u>	
			-					
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	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 OWNER Atlantic Broadbane						S	YSTEM ID# 006302	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
	ITEENTH	SUBSCRIBER GROU		li		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
••••••								Syndicated
								Exclusivity
								Surcharge for
								Partially
		-						Distant
		-						Stations
••••••					···		<u></u>	
					···		<u> </u>	
••••••								
Total DSEs	•		0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NIN	ITEENTH	SUBSCRIBER GROU	JP	Т	WENTIETH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-					<u></u>	
••••••								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourti	h Group	\$	0.00	
	17	i.	3.00			i.		
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	TEM ID# 006302	NI
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP		
NTY-FIRST SUBSCRIBER GROUP TWENTY-SECOND SUBSCRIBER GROUP		9
COMMUNITY/ AREA	0	Computa
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	of
		Base Rate
		and
		Syndica Exclusiv
		Surcha
		for
		Partial
		Distar
		Station
	0.00	
Group \$ 0.00 Gross Receipts Second Group \$	0.00	
Group \$ 0.00 Base Rate Fee Second Group \$	0.00	
NTY-THIRD SUBSCRIBER GROUP TWENTY-FOURTH SUBSCRIBER GROUP		
COMMUNITY/ AREA	0	
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	
<u> </u>		
<u> </u>		
<u> </u>		
0.00 Total DSEs	0.00	
	0.00	
	_	

	YSTEM ID# 006302	•					NER OF CAB and (CT) L	Atlantic Broadba
				TE FEES FOR EACH				
9		SUBSCRIBER GRO		ii		SUBSCRIBER GRO		
Comput	0			COMMUNITY/ AREA	0		Α	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and								
Syndica Exclusi								
Surcha								
for								
Partia								
Dista					<mark></mark>			
Statio	<u></u>						·····	
			···		···		•••••	
		-	···		···	_	•••••	
					<mark></mark>			
	0.00			Total DSEs	0.00	_		otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	t Group	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G
	JP	SUBSCRIBER GRO	TY-EIGHTH	TWEN	UP	SUBSCRIBER GRO	Y-SEVENTH	TWENTY-
	0			COMMUNITY/ AREA	0		Α	OMMUNITY/ AREA
						CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGIN	DOL	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE GIGIT	DOL	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	BOL	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE SIGN	562	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE SIGN	502	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE SIGN	502	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE GIGIN	502	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE SIGN	502	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE GIGIN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALL SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE SIGN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE GIGIN		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	OALE SIGN		
	DSE	CALL SIGN	DSE	Total DSEs	0.00	OALE SIGN		otal DSEs
		CALL SIGN				\$		otal DSEs

LEGAL NAME OF OW Atlantic Broadba						S	YSTEM ID# 006302	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA	······		0	COMMUNITY/ ARE	Α		0	Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
								Syndicat Exclusiv
	•••••		••••		•••••			Surchar
								for
								Partiall
								Distan
			<mark>.</mark>					Station
				1				
otal DSEs			0.00	Total DSEs			0.00	
Bross 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	
TH	IRTY-FIRST	SUBSCRIBER GRO	OUP	THIF	RTY-SECONE	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
				1				
		-						
		-						
			····	1				
		-	····			•		
			<mark>.</mark>					
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth 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	006302	Name
				TE FEES FOR EAC				
		SUBSCRIBER GRO		H		SUBSCRIBER GRO		9
COMMUNITY/ AREA	••••••		0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
			<u></u>					and Syndicated
			···	·	·····			Exclusivity
								Surcharge
						<u> </u>		for
								Partially Distant
			<u></u>		·····		<u></u>	Stations
			···		·····			
	•••••				•••••		<u></u>	
Total DSEs	•	-	0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00	
Gioss Neceipis i list	Gloup	4	0.00	Gross Receipts Sec	John Group	4	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IRTY-FIFTH	SUBSCRIBER GRO	DUP	Ħ		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	:A		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
				1				
			···	1	······		<u></u>	
		_						
			<u></u>	·	·····		<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	ırth Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

Name	906302	J					ER OF CABL nd (CT) L	Atlantic Broadbar
				ATE FEES FOR EAC				
9		SUBSCRIBER GROU		II		SUBSCRIBER GRO	SEVENTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate				.			<u></u>	
and								
Syndicate Exclusive	····				<u></u>	_		
Surcharg					···			
for								
Partially								
Distant						_		
Stations	<u></u>				····	_	<u></u>	
						_		
						=		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	iroup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	FORTIETH)UP	SUBSCRIBER GRO	TY-NINTH	THIR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	<u></u>				····	_	<u></u>	
							 	
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	h Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Total DSEs

	906302						ER OF CABI nd (CT) L	Atlantic Broadbar
				TE FEES FOR EACH	F BASE RA	COMPUTATION O	LOCK A: (BI
9		SUBSCRIBER GROU	Y-SECOND	İ		SUBSCRIBER GRO	TY-FIRST	
Computa	0			COMMUNITY/ AREA	0		•••••	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and		-			<mark></mark>		<u></u>	
Syndicat Exclusiv	<u></u>				<u></u>		<u></u>	
Surchar		-						
for		-		•	•	-		
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Distan					<u></u>			
Station	<u></u>				<u> </u>		<u>-</u>	
	····				<u></u>		····	
	····	-			<u></u>			•••••
					<u> </u>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	iroup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
	JP	SUBSCRIBER GROU	Y-FOURTH	FORT	UP	SUBSCRIBER GRO	TY-THIRD	FOR
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					<u> </u>		<u>-</u>	
	••••	-						
						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Fotal DSEs Gross Receipts Third C

LEGAL NAME OF OWN Atlantic Broadba						S	006302	Name
E	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO		H		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				.				Base Rate Fe
	<mark>.</mark>	_						and
	<u>.</u>	-						Syndicated Exclusivity
			••••		•••••			Surcharge
								for
								Partially
	.	 -						Distant
	<mark></mark>	_	····				<u></u>	Stations
	····			·				
	••••	-				•		
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	
FORTY	-SEVENTH	SUBSCRIBER GRO	OUP	FO	RTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	••••••		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<mark></mark>		····				<u></u>	
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 bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID# 006302	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GROU				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
		-			<u>.</u>			and
					<u></u>			Syndicated
					<u></u>		<u></u>	Exclusivity Surcharge
					<u></u>			for
								Partially
		-						Distant
					<u></u>			Stations
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••••••					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	Y-FIRST	SUBSCRIBER GROU		Ti .	Y-SECOND	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-			<u></u>			
								
		-			<u>-</u>			
		-			<u> </u>			
		 -						
					<u></u>	 		
					-			
					<u></u>			
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	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 OWNER Atlantic Broadband						S	YSTEM ID# 006302	Name
				TE FEES FOR EAC				
	/-THIRD	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	_
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
07.22 0.011	202	0,122 0.0.1	202	07.22 0.0.1	302	07.122.01011	302	Base Rate Fee
								and
								Syndicated
								Exclusivity
					<u></u>			Surcharge
					<mark></mark>	 		for
			<u> </u>			-		Partially Distant
						-	<u></u>	Stations
					····	+		Otations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
0.000 r 1000.pto r 1101 0.10	- ~ P	<u> </u>			5.14 O.04p	<u>-</u>		
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
FIFT	Y-FIFTH	SUBSCRIBER GRO	UP	F	FIFTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	4		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
					<u></u>			
								
			···		····	 		
			······································		···			
		-						
					<u></u>	 	<u></u>	
		-			<u></u>	-		
								
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
		_						
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			criber group	as shown in the boxes	s above.	\$		

Name	906302	8					ER OF CABL	Atlantic Broadbar
				ATE FEES FOR EAC				
9		SUBSCRIBER GROU	TY-EIGHTH	Ti .		SUBSCRIBER GRO	SEVENTH	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and		 	<u></u>					
Syndicate Exclusivi		H	······································			_		
Surcharg		H						
for						_		
Partially								
Distant						_		
Stations		-	<u></u>		<u></u>		<u></u>	
		-	<u></u>					
						=		
		<u> </u>		+				
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	∂roup	Gross Receipts First G
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	3roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	SIXTIETH	1	UP	SUBSCRIBER GRO	TY-NINTH	FIF
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
			<u></u>			_	<u></u>	
		+						
			•••••••••••				••••	
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	n Group	Total DSEs Gross Receipts Four	0.00	\$	Group	otal DSEs

LEGAL NAME OF OWNER Atlantic Broadband						S	YSTEM ID# 006302	Name
BLC	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
	/-FIRST	SUBSCRIBER GRO				SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\ 		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
5,122 51511	202	07.22 0.0.1	302	07.122 0.0.1	332	07.22 07011	302	Base Rate Fee
								and
		-						Syndicated
								Exclusivity
								Surcharge
							<u></u>	for
								Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Grou	up	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
SIXTY	'-THIRD	SUBSCRIBER GRO	UP	SIX	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٨		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>		····		<u></u>	
			-		<mark>.</mark>			
			·				<u> </u>	
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			·					
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			criber group	as shown in the boxes	s above.	\$		

NI	YSTEM ID# 006302	S						LEGAL NAME OF OWNE Atlantic Broadban
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9	UP	SUBSCRIBER GROU	KTY-SIXTH			SUBSCRIBER GRO	TY-FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and						-		
Syndicate Exclusivit				•				
Surcharge							·	
for								
Partially				•••••				
Distant							·····	
Stations							·····	
·•						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	oup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	UP	SUBSCRIBER GROU	Y-EIGHTH	SIX	JP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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						-		
1	0.00			Total DSEs	0.00			Fotal DSEs
1		\$	Group	Gross Receipts Fourth	0.00	\$	roup	Gross Receipts Third G
	0.00							
	0.00							

	EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC 006302										
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROUI	5				
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			
							<u> </u>	Surcharge			
		-			<u> </u>			for			
		-						Partially			
					<u></u>		<u> </u>	Distant			
					<u></u>			Stations			
••••••		-			<u></u>						
	ļ						<u> </u>				
Total DSEs	<u> </u>		0.00	Total DSEs		<u> </u>	0.00				
Gross Receipts First Gr	าดเมต	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00				
	oup			l cood i toodipto oodo.	.a c.oup						
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00				
	ΓY-FIRST	SUBSCRIBER GROU		11		SUBSCRIBER GROUI	>				
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
		-			<u></u>						
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					<u> </u>						
		-									
											
					<u>-</u>		<u> </u>				
Total DSEs			0.00	Total DSEs			0.00				
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00				
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00				
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes	above.	\$					

	EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC 006302										
В	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP					
	TY-THIRD	SUBSCRIBER GROU		III		SUBSCRIBER GROU		9			
COMMUNITY/ AREA	•••••		0	COMMUNITY/ AREA			0	_			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of			
07.22 070.1	202	0,122 0.011	202	07.122.01011	302	07.22 0.0.1	302	Base Rate Fee			
								and			
								Syndicated			
				-				Exclusivity			
					····			Surcharge for			
	····				····		<u></u>	Partially			
								Distant			
								Stations			
				-	<u>.</u>			l			
	·····							l			
	······································				••••		····	l			
								l			
								l			
Total DSEs			0.00	Total DSEs			0.00	İ			
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	1			
								l			
Base Rate Fee First G		\$	0.00	Base Rate Fee Seco		\$	0.00	1			
	ITY-FIFTH	SUBSCRIBER GROU		iii —		I SUBSCRIBER GROU		l			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	İ			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l			
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Total DSEs			0.00	Total DSEs			0.00	1			
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	1			
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00				
								l			
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		1			

	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC 006302									
				TE FEES FOR EACH						
9		SUBSCRIBER GROU		11		SUBSCRIBER GRO	SEVENTH			
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate			<u> </u>			<u> </u>	<u>-</u>			
and Syndicate	<u></u>	<u> </u>	<u></u>		<u></u>		<u></u>			
Exclusivi			<u></u>	·	<u></u>					
Surcharg							1			
for										
Partially						<u> </u>				
Distant			<u></u>							
Stations		<u> </u>	<u> </u>			<u> </u>	<u>-</u>			
	····	<u> </u>	. 		<u>-</u>		-			
						}	4			
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	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G		
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G		
	JP	SUBSCRIBER GROU	EIGHTIETH		UP	SUBSCRIBER GRO	TY-NINTH	SEVEN [*]		
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
	<u></u>	<u> </u>	<u></u>		<u></u>		<u></u>			
		 								
	····			1	····					
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	n Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	otal DSEs Gross Receipts Third C		

	EGAL NAME OF OWNER OF CABLE SYSTEM: tlantic Broadband (CT) LLC SYSTEM ID# 006302									
BLC	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP				
EIGHT	Y-FIRST	SUBSCRIBER GRO		H		SUBSCRIBER GROU	JP	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		
								Partially		
								Distant		
		-						Stations		
					····		<u></u>			
		-								
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	and Group	\$	0.00			
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00			
EIGHTY	/-THIRD	SUBSCRIBER GRO	JP	EIGH ⁻	TY-FOURTH	SUBSCRIBER GROU	JP			
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
										
		-								
		-								
							<u></u>			
Total DSEs			0.00	Total DSEs			0.00			
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00			
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00			
Base Rate Fee: Add the Enter here and in block 3			criber group	as shown in the boxes	s above.	\$				

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC SYSTEM ID# 006302									
OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP									
Y-FIFTH SUBSCRIBER GROUP EIGHTY-SIXTH SUBSCRIBER GROUP		9							
COMMUNITY/ AREA	0	Comput							
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE	of							
	B	Base Rat							
		and							
		Syndica Exclusi							
		Surcha							
		for							
		Partia							
		Distar							
		Statio							
	0.00								
up \$ 0.00 Gross Receipts Second Group \$	0.00								
up \$ 0.00 Base Rate Fee Second Group \$	0.00								
EVENTH SUBSCRIBER GROUP EIGHTY-EIGHTH SUBSCRIBER GROUP									
O COMMUNITY/ AREA	0								
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN	DSE								
0.00 Total DSEs	0.00								
O.00 Total DSEs O.00 Gross Receipts Fourth Group \$	0.00								
	_								

	EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC 006302									
				TE FEES FOR EAC	CH SUBSCE	RIBER GROUP				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9		
COMMUNITY/ AREA	·······		0	COMMUNITY/ ARE	Α		0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of		
								Base Rate Fe		
								and		
							<u></u>	Syndicated Exclusivity		
								Surcharge		
								for		
								Partially		
								Distant Stations		
	•••••	H				•	····	Otations		
				·						
Total DSEs	· ·	! !	0.00	Total DSEs	· ·	+	0.00			
	Croup	¢	0.00		ond Croun	•	0.00			
Gross Receipts First	Gloup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00			
NIN	IETY-FIRST	SUBSCRIBER GRO	DUP	ii –		SUBSCRIBER GRO	UP			
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	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00			
Base Rate Fee Third	l 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 OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC 006302									
	COMPUTATION C									
	O SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9			
COMMUNITY/ AREA		0	COMMUNITY/ ARE	A		0	Comput			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of			
							Base Rat			
						<u></u>	and			
						<u> </u>	Syndica Exclusi			
		•••		•••••			Surcha			
							for			
							Partia			
							Distar			
			·				Statio			
		0.00	T		Ц	0.00				
otal DSEs		0.00	Total DSEs			0.00				
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	cond Group	\$	0.00				
dase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00				
NINETY-FIFT	H SUBSCRIBER GRO)UP	N	INETY-SIXTH	SUBSCRIBER GROU	JP				
OMMUNITY/ AREA		0	COMMUNITY/ AREA 0							
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE				
······										
otal DSEs		0.00	Total DSEs			0.00				
	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00				
Total DSEs Gross Receipts Third Group Base Rate Fee Third Group	\$				\$					

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC 006302									
				TE FEES FOR EACH						
9		SUBSCRIBER GROU	ΓΥ-EIGHTH			SUBSCRIBER GRO	SEVENTH			
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA		
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
Base Rate							<u></u>			
and Syndicate							···			
Exclusivi							···			
Surcharg							···			
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Distant										
Stations	<u></u>				<u> </u>		····			
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	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G		
	0.00	\$	nd Group	Base Rate Fee Secon	0.00	\$	iroup	Base Rate Fee First G		
	JP	SUBSCRIBER GROU	INDREDTH	ONE HI	UP	SUBSCRIBER GRO	TY-NINTH	NINE		
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA		
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN		
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				•••••						
	0.00			Total DSEs	0.00			otal DSEs		
	0.00	\$	n Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	otal DSEs Gross Receipts Third C		

Atlantic Broadband (CT) LLC SYSTEM ID# 006302									
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH					
	D FIRST	SUBSCRIBER GROU		Ti .	D SECOND	SUBSCRIBER GROU	JP	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	
					<u> </u>			for	
								Partially	
		-						Distant	
								Stations	
		-			<u> </u>				
					<u></u>				
					<u> </u>				
••••••									
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00		
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	JP	ONE HUNDRE	D FOURTH	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 G	roup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00		
Base Rate Fee Third G	roup	\$	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 OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC O06302										
				TE FEES FOR EAC							
9	JP	SUBSCRIBER GROU		H		SUBSCRIBER GRO	ED FIFTH				
Computat	0			COMMUNITY/ AREA	0		•••••	COMMUNITY/ AREA			
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
Base Rate	<u></u>				<u> </u>						
and Syndicate		-	···				·····				
Exclusivi		-	···				·····				
Surcharg											
for											
Partially											
Distant	<u>.</u>										
Stations	····	-	···		. 		<u> </u>				
			···		. 						
	0.00			Total DSEs	0.00			otal DSEs			
	0.00	\$	nd Group	Gross Receipts Seco	0.00	\$	roup	iross Receipts First G			
	0.00	\$	nd Group	Base Rate Fee Seco	0.00	\$	roup	Base Rate Fee First G			
	JP	SUBSCRIBER GROU	ED EIGHTH	ONE HUNDR	UP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED			
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN			
	DSE	CALL SIGN	DSE	Total DSEs	0.00	CALL SIGN	DSE				
		CALL SIGN				CALL SIGN		CALL SIGN			

LEGAL NAME OF OWNER Atlantic Broadband						S	YSTEM ID# 006302	Name
BLC	OCK A: C	COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED	HTMIN C	SUBSCRIBER GRO	JP	ONE HUNDI	RED TENTH	SUBSCRIBER GROU	JP	•
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
								for Partially
						H	<u> </u>	Distant
		-					•	Stations
			ļ					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED ELE	VENTH	SUBSCRIBER GROU	JP	ONE HUNDREI) TWELVTH	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 Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Atlantic Broadband						S	YSTEM ID# 006302	Name
BLC	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED THIRT	TEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED FO	URTEENTH	SUBSCRIBER GROU	JP	0
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
							<u></u>	Syndicated Exclusivity
					····	H		Surcharge
								for
		-			<u></u>			Partially
					<u></u>			Distant
								Stations
					····	H	<u> </u>	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	up	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gro	up	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FIFT	TEENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					<u></u>			
			ļ		<u></u>		<u> </u>	
			·					
Total DSEs	I		0.00	Total DSEs			0.00	
Gross Receipts Third Gro	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third Gro	oup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			riber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 006302	Name
В	SLOCK A: (COMPUTATION O	BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GRO	UP	٥
COMMUNITY/ AREA	••••••	••••••	0	COMMUNITY/ AREA	***************************************		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		 	<u> </u>		<u></u>			Base Rate Fee
			<u></u>					and Syndicated
					·····			Exclusivity
								Surcharge
								for
								Partially
		_						Distant
			<u> </u>	·				Stations
	 		<u></u>		·····		····	
					<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Second	ond Group	\$	0.00	
ONE HUNDRED N	NTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	TWENTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>	_						
			<u> </u>	·			<u> </u>	
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	<u></u>	_	<u></u>		<u></u>			
	<u></u>							
	<u></u>							
		_						
		_						
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
C. 555 Receipts Tilliu	Croup	<u>*</u>		C1000 Receipts 1 out	Group		3.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

` ,	BLE SYSTEM: LLC				S	YSTEM ID# 006302
	: COMPUTATION C		TI .			
ONE HUNDRED TWENTY-FIRS	T SUBSCRIBER GRO		 		SUBSCRIBER GROUP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						I
						····
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		<u></u>				
		···				
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
ONE HUNDRED TWENTY-THIR	D SUBSCRIBER GROU	JP .	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
				·····		
		<u></u>	4	•••••		····
Total DSEs		0.00	Total DSEs			0.00
	\$	0.00	Total DSEs Gross Receipts Fou	irth Group	\$	0.00
Total DSEs Gross Receipts Third Group	\$			irth Group	\$	_

LEGAL NAME OF OWN Atlantic Broadba						S	006302	Name
[BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU		††		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	•••••		0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-	·····		<u></u>	Base Rate Fe
		H				•		Syndicated
		=						Exclusivity
								Surcharge
								for
	····							Partially Distant
	·····	-						Stations
		=						
	·····				·····			
Total DSEs		<u> </u>	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Gloss Receipts Filst	Gloup	Ψ	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	IP	ONE HUNDRED TW	ENTY-EIGHTH	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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	····		···				<u></u>	
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth 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 bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNER Atlantic Broadband						S	O06302	Name
BLO	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
ONE HUNDRED TWENT	Y-NINTH	SUBSCRIBER GROUP		ONE HUNDREI	D THIRTIETH	SUBSCRIBER GROUP		0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
07.22 0.011	502	07.122 0.011	302	57.EE 57511	202	07.22 0.011	302	Base Rate Fee
								and
		-						Syndicated
		-						Exclusivity
					<u></u>		<u></u>	Surcharge
					<u></u>			for Partially
								Distant
		-				-		Stations
					···			
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							_	
					<u></u>		<u></u>	
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED THIR	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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							<u> </u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Atlantic Broadban						S	YSTEM ID# 006302	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
	TY-THIRD	SUBSCRIBER GROUP		TI .		SUBSCRIBER GROUP		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
					···	-	<u></u>	Surcharge for
		-				-		Partially
								Distant
		-						Stations
						 		
						 		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	RTY-FIFTH	SUBSCRIBER GROUP		11		SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	l l		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h 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 Atlantic Broadba						S	YSTEM ID# 006302	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THIRT	Y-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TH	IIRTY-EIGHTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA	•••••		0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
								and
			···		·····		<u> </u>	Syndicated
								Exclusivity
		 			<u></u>			Surcharge
	<u>.</u>							for
	····	_	····		·····		<u></u>	Partially Distant
	····		···		····			Stations
					<u></u>			
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	····			·			<u></u>	
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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	
		SUBSCRIBER GROU		11		SUBSCRIBER GRO		
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	
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	s above.	\$		

LEGAL NAME OF OWI Atlantic Broadba						S	006302	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU	IP	††		SUBSCRIBER GROUP)	9
COMMUNITY/ AREA	••••••		0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
				-				Base Rate Fe
			···				····	Syndicated
								Exclusivity
								Surcharge
				.	·····			for
								Partially Distant
		H				•		Stations
				.	·····			
Total DSEs		Ш	0.00	Total DSEs		Ц	0.00	
	Croup	<u> </u>			and Croup	•	0.00	
Gross Receipts First	Group	<u>\$</u>	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FO	ORTY-THIRD	SUBSCRIBER GROU	IP	ONE HUNDRED FO	ORTY-FOURTH	H SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>			.	·····			
	·····		<u></u>	·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	ırth 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	es above.	\$		

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID# 006302	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	IBER GROUP		
	TY-FIFTH	SUBSCRIBER GROUP		ti -		SUBSCRIBER GROUP		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
								Syndicated
								Exclusivity
					···			Surcharge for
••••••								Partially
								Distant
								Stations
		-						
		-						
••••••					···			
Total DSEs	<u> </u>		0.00	Total DSEs	_		0.00	
Gross Receipts First Gr	oun	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Cross receipts rilet Cr	oup			Oroso recorpto occor	na Group	•	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FORTY-	SEVENTH	SUBSCRIBER GROUP		ii		SUBSCRIBER GROUP		
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	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC 906302								
				TE FEES FOR EAC				
ONE HUNDRED FOR		SUBSCRIBER GRO		1		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
			<u></u>		·····			Syndicated Exclusivity
	••••			1				Surcharge
								for
								Partially
			<u></u>					Distant
	····		···					Stations
Total DSEs	1	Ш	0.00	Total DSEs			0.00	
	_						-	
Gross Receipts First	Group	<u>\$</u>	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTY-FIRST	SUBSCRIBER GRO)UP	1		SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····		····	1				
				-	······			
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			<u></u>					
	····		····	1				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	irth 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 bloo			scriber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Atlantic Broadbar						S	YSTEM ID# 006302	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIF	TY-THIRD	SUBSCRIBER GRO	UP	1		SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	•••••		0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							<u> </u>	Base Rate Fee
	···	_	···	·	·····	·	<u></u>	Syndicated
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								Surcharge
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								Distant Stations
		_		1				Stations
		_			•••••			
					<u></u>			
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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	iroup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIF	TY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
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	
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	' T	ļ.	3.30		- · 	L.		
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	006302	Name
	BLOCK A:	COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
		SUBSCRIBER GROU		††		SUBSCRIBER GROUP		9
COMMUNITY/ AREA	••••••		0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fe
			····					and Syndicated
		H						Exclusivity
								Surcharge
								for
								Partially
						.		Distant Stations
	·····		···			·		Stations
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	
ONE HUNDRED I	FIFTY-NINTH	SUBSCRIBER GROU	IP	ONE HUNDI	RED SIXTIETI	H 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	
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	es above.	\$		

LEGAL NAME OF OWNE Atlantic Broadbar			•			SY	STEM ID# 006302	Name
В		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EACH		IBER GROUP SUBSCRIBER GROU	P	
COMMUNITY/ AREA	New Lo	ndon		COMMUNITY/ AREA	Waterfo	rd		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
					ļ	-	<u> </u>	Exclusivity
								Surcharge
								for
	······						<u>-</u>	Partially Distant
								Stations
	<mark></mark>				 		<u> </u>	
						-	-	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$ 3,333,	287.53	Gross Receipts Second	d Group	\$ 1,66	7,965.86	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA	Montvi	le		COMMUNITY/ AREA	East Ly	me		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
							<u>.</u>	
						-	<u></u>	
	<u> </u>					<u> </u>		
						-	-	
	<mark></mark>				 		<u>-</u>	
	<u> </u>						-	
Total DSEs			0.00	Total DSEs	ı		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	
Base Rate Fee: Add th	ne base rat	e fees for each subsc	riber aroun	as shown in the boxes a	bove.			
Enter here and in block			g.oup			\$	0.00	

Name	YSTEM ID# 006302	S						LEGAL NAME OF OWNE Atlantic Broadban
				TE FEES FOR EACH				Bl
9	JP	SUBSCRIBER GROU			JP	SUBSCRIBER GROU		
Computation		ld	Plainfiel	COMMUNITY/ AREA		ld	Griswo	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated							. <mark>.</mark>	
Exclusivity							<mark></mark>	
Surcharge for								
Partially							<u>-</u>	
Distant				••••••			-	
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	0.00			T / I DOE	0.00			T / LD05
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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Name	YSTEM ID# 006302	s						LEGAL NAME OF OWNE Atlantic Broadbar
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Name	YSTEM ID# 006302						R OF CABL	Atlantic Broadbar	
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Name	YSTEM ID# 006302					_C	R OF CABL	Atlantic Broadban
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Name	YSTEM ID# 006302							LEGAL NAME OF OWNE Atlantic Broadbar
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Name	YSTEM ID# 006302	S					R OF CABL	Atlantic Broadbar
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LEGAL NAME OF OWNE Atlantic Broadbar						S	YSTEM ID# 006302	Name
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LEGAL NAME OF OWNE Atlantic Broadbar						S	YSTEM ID# 006302	Name
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	YSTEM ID# 006302							LEGAL NAME OF OWNE Atlantic Broadbar
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	YSTEM ID# 006302	S						LEGAL NAME OF OWNE Atlantic Broadbar
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9 Computatio	YSTEM ID# 006302	S					er of Cabl nd (CT) L	Atlantic Broadbar
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9 Computation of	YSTEM ID# 006302	S						LEGAL NAME OF OWNE Atlantic Broadbar
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Name	YSTEM ID# 006302					LC		LEGAL NAME OF OWNE Atlantic Broadbar
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Name	YSTEM ID# 006302							LEGAL NAME OF OWNE Atlantic Broadbar
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Name	YSTEM ID# 006302	S						LEGAL NAME OF OWNE Atlantic Broadban
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				TE FEES FOR EACH				
	HTY-FIRST	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fe
								and
		-						Syndicated
						<u> </u>		Exclusivity Surcharge
	···		<u></u>		···	+		for
			-		···	†	····	Partially
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								Stations
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	<mark></mark>		<u></u>					
T-4-1 DOE-			0.00	T-4-1 DOF-			0.00	
Total DSEs	>	•	0.00	Total DSEs	and Canalia		0.00	
Gross Receipts First 0	eroup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
EIGH	ITY-THIRD	SUBSCRIBER GRO	UP	EIGHT	Y-FOURTH	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u> </u>		<u></u>	<u> </u>		
			<mark></mark>			<u> </u>		
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					···	+		
	···		-			H		
	···		<u> </u>			†		
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 Fourt	h Group	\$	0.00	
Base Rate Fee: Add t			criber group	as shown in the boxes	above.	\$		

	YSTEM ID# 006302						ER OF CABL	Atlantic Broadbar
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	HTY-SIXTH			SUBSCRIBER GRO	ITY-FIFTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
Syndicated		-				-	<mark></mark>	
Exclusivity Surcharge					-			
for	····				·		<u></u>	
Partially								
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		-	·		·			
	0.00	<u> </u>	<u> </u>	Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	EIGHTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
				 				
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
- - - -	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
-	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	0.00	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		Total DSEs
	0.00	\$		Total DSEs	0.00			Total DSEs Gross Receipts Third (

Name	YSTEM ID# 006302	S'						LEGAL NAME OF OWNE Atlantic Broadbar
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	NINTIETH			SUBSCRIBER GRO	TY-NINTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and						-		
Syndicated Exclusivity					<u>-</u>	-		
Surcharge	····				-			
for								
Partially								
Distant								
Stations	<u></u>		ļ		<u></u>	-		
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	-SECOND	NINETY	UP	SUBSCRIBER GRO	TY-FIRST	NINE
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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						-		
	0.00			Total DSEs	0.00			Total DSEs
	0.00			Total DSEs	0.00			
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third C

# 2 Name	006302							Atlantic Broadbar
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	/-FOURTH			SUBSCRIBER GROU	TY-THIRD	
Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat Exclusiv							<u></u>	
Surchar								
for								
Partiall								
Distant								
Station							<u></u>	
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	0.00			Total DSEs	0.00			Total DSEs
-	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	Group	Gross Receipts First G
- T								
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First G
		SUBSCRIBER GROU			'	\$ SUBSCRIBER GROU		
					'			NINE
	JP			NIN	JP			NINE
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	ETY-SIXTH	NIN COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ETY-FIFTH	NINE COMMUNITY/ AREA CALL SIGN
	JP 0 DSE	SUBSCRIBER GROU	DSE	NIN COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	NINE COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE DSE O.00	SUBSCRIBER GROU	DSE	NIN COMMUNITY/ AREA CALL SIGN Total DSEs	JP O DSE O O O O O O O O O O O O O O O O O O	CALL SIGN	DSE	NINE COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE DSE O.00	SUBSCRIBER GROU	DSE Group	NIN COMMUNITY/ AREA CALL SIGN Total DSEs	JP O DSE O O O O O O O O O O O O O O O O O O	CALL SIGN	DSE OF OTHER DESIGNATION OF THE PROPERTY OF TH	NINE COMMUNITY/ AREA

LEGAL NAME OF OWNE Atlantic Broadbar						S	YSTEM ID# 006302	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
		-						and
	<u></u>					-		Syndicated
			<u></u>			H	<u></u>	Exclusivity Surcharge
			···		···	+		for
			<u></u>		···	†	<u> </u>	Partially
		-						Distant
								Stations
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	<mark></mark>							
	<u></u>		<u></u>		<mark></mark>			
T-4-1 DOE-			0.00	T-4-L DOF-			0.00	
Total DSEs		•	0.00	Total DSEs	and Canalia		0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	na Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE HI	JNDREDTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
		-				<u> </u>		
	<u></u>					-		
			<u> </u>			H	<u></u>	
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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 Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

	YSTEM ID# 006302	S`						LEGAL NAME OF OWNE Atlantic Broadban
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	Bl
0	JP	SUBSCRIBER GROU	SECOND	ONE HUNDRED	JP	SUBSCRIBER GROU	ED FIRST	ONE HUNDR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge							·	
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	0.00			Total DSEs	0.00		'	Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	UP	SUBSCRIBER GROU	FOURTH	ONE HUNDREI	JP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE
	UP 0	SUBSCRIBER GROU	FOURTH	ONE HUNDREI COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	ED THIRD	
	_	SUBSCRIBER GROU	DSE			SUBSCRIBER GROU	DSE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			CALL SIGN
	DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Atlantic Broadbane			•			SY	STEM ID# 006302	Name
				TE FEES FOR EACH				
	D FIFTH	SUBSCRIBER GROU			ED SIXTH	SUBSCRIBER GROUP		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
								Partially
								Distant
							ļ	Stations
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	l							
		••••••						
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	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED S	EVENTH	SUBSCRIBER GROU	IP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROUP	ס	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		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	Group	\$	0.00	
, <u>, , , , , , , , , , , , , , , , , , </u>	e fees for ead		<u>-</u>	Base Rate Fee Fourth as shown in the boxes a		\$	0.00	

LEGAL NAME OF OWN Atlantic Broadba							006302	Name
				TE FEES FOR EAC				
	ED NINTH	SUBSCRIBER GRO		İ		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicate
								Exclusivity
	<u></u>	_	<u></u>					Surcharge
		_						for Partially
	····							Distant
		_	 			+		Stations
		_	••••	•				
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	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	DUP	ONE HUNDRE	D TWELVTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_	<u></u>					
			<u></u>					
								
			<u></u>			<u> </u>		
	<u></u>		<u></u>					
	<u></u>							
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 t								

+	006302	S					R OF CABL d (CT) L	Atlantic Broadban
				TE FEES FOR EACH				
	JP	SUBSCRIBER GROU	RTEENTH			SUBSCRIBER GROU	RTEENTH	ONE HUNDRED THIS
9 Computation	0			COMMUNITY/ AREA	0		•••••	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
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	0.00		ļ	Total DSEs	0.00		<u> </u>	Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First G
1	ID	SUBSCRIBER GROU	IYTEENTH	ONE HI INDRED 9	ID	SUBSCRIBER GROU	TEENTH	ONE HINDRED EII
_		SUBSCRIBER GRUC			UP	SUBSURIDER GROU		ONE HUNDRED FIL
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	_				0			COMMUNITY/ AREA
	_	CALL SIGN	DSE		DSE	CALL SIGN	DSE	COMMUNITY/ AREA
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN		
	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN		
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	0	CALL SIGN		COMMUNITY/ AREA		CALL SIGN		
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	DSE	CALL SIGN		CALL SIGN	DSE	CALL SIGN		CALL SIGN
	0	CALL SIGN		COMMUNITY/ AREA	DSE	CALL SIGN		CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

	006302	S						LEGAL NAME OF OWNE Atlantic Broadban
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: C	Bl
)	SUBSCRIBER GROUP	GHTEENTH	ONE HUNDRED E	1	SUBSCRIBER GROUP	ENTEENTH	ONE HUNDRED SEVE
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
Surcharge				••••••			<mark></mark>	
for			ļ				<mark></mark>	
Partially							<mark></mark>	
Distant	<u> </u>	H	ļ			-	<mark></mark>	
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1	0.00	<u> </u>		Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	iroup	Gross Receipts First G
_	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		\$ SUBSCRIBER GROU				SUBSCRIBER GROU		
								ONE HUNDRED NII
	UP .			ONE HUNDRED TO	JP 0	SUBSCRIBER GROL		ONE HUNDRED NII COMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP		NTEENTH	ONE HUNDRED NII
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	COMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII COMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII COMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII COMMUNITY/ AREA
	UP 0	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NII
	DSE	SUBSCRIBER GROU	VENTIETH	ONE HUNDRED TO COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROL	NTEENTH	ONE HUNDRED NIN
	DSE DSE O.00	SUBSCRIBER GROU	DSE	ONE HUNDRED TO COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	SUBSCRIBER GROL	DSE	ONE HUNDRED NIN
	DSE	SUBSCRIBER GROU	DSE	ONE HUNDRED TO COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROL	DSE	ONE HUNDRED NII

LEGAL NAME OF OWNER Atlantic Broadbane						S	006302	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP	1	ONE HUNDRED TWE	NTY-SECOND	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	9 Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
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F-4-1 DOF-			0.00	T-4-1 DOE-		II.	0.00	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED TWEN	ΓY-THIRD	SUBSCRIBER GROUP	ı	ONE HUNDRED TWE	NTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		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	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
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Atlantic Broadbane		LE SYSTEM: LC				S	906302	Name
BL	OCK A: (OMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIFTH	SUBSCRIBER GROUP				I SUBSCRIBER GROUF	•	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		<u> </u>	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA	••••••		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
OF IEE OF OTT	DOL	CALL CICIT	DOL	O/ IEE O/O/Y	DOL	O/ ILL OIOIT	BOL	
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Total DSEs			0.00	Total DSEs			0.00	
	TOUD	S S			h Group	S S		
	roup	\$	0.00	Total DSEs Gross Receipts Fourtl	h Group	\$	0.00	
Total DSEs Gross Receipts Third G	·	\$ \$				\$ \$		

LEGAL NAME OF OWNE Atlantic Broadban						S	YSTEM ID# 006302	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWEN	TY-NINTH	SUBSCRIBER GROUP	1	ONE HUNDRED	THIRTIETH	SUBSCRIBER GROUP)	0
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
								for
								Partially
								Distant
								Stations
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First G	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED THIS	RTY-FIRST	SUBSCRIBER GROUP	1	ONE HUNDRED THIR	TY-SECOND	SUBSCRIBER GROUP	•	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
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Total DSEs	<u>, l</u>		0.00	Total DSEs	1		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	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Atlantic Broadbane			•			S	YSTEM ID# 006302	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
ONE HUNDRED THIR	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED THIR	TY-FOURTH	SUBSCRIBER GROUP		•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 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 Gr	oup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED THIRT	Y-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED THI	RTY-SIXTH	I 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 G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
					*			
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

Name	YSTEM ID# 006302	8						LEGAL NAME OF OWNE Atlantic Broadban
		RIBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
9		I SUBSCRIBER GROUP	TY-EIGHTH			SUBSCRIBER GROUP	SEVENTH	ONE HUNDRED THIRTY-
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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and								
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	-	**		Total DSEs	0.00			otal DSEs
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	_	\$		Gross Receipts Secon	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00	\$	oup	ase Rate Fee First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	Y-NINTH	Base Rate Fee First Gr INE HUNDRED THIRT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	Y-NINTH	Base Rate Fee First Gr INE HUNDRED THIRT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	Y-NINTH	Sase Rate Fee First Gr NE HUNDRED THIRT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00	\$ SUBSCRIBER GROU	Y-NINTH	iase Rate Fee First Gr NE HUNDRED THIRT OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	iase Rate Fee First Gr NE HUNDRED THIRT OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	iase Rate Fee First Gr NE HUNDRED THIRT OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	iase Rate Fee First Gr NE HUNDRED THIRT OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	Sase Rate Fee First Gr NE HUNDRED THIRT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	Base Rate Fee First Gr INE HUNDRED THIRT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	iase Rate Fee First Gr NE HUNDRED THIRT OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	Base Rate Fee First Gr BASE RATE FEE FIRST GR
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	Base Rate Fee First Gr INE HUNDRED THIRT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	Sase Rate Fee First Gr NE HUNDRED THIRT COMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	ase Rate Fee First Gr NE HUNDRED THIRT OMMUNITY/ AREA
	0.00 0.00	\$ SUBSCRIBER GROU	d Group FORTIETH	ONE HUNDRED COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GROU	Y-NINTH	NE HUNDRED THIRT COMMUNITY/ AREA CALL SIGN
	0.00 UP	\$ SUBSCRIBER GROU	DSE	Base Rate Fee Secon ONE HUNDRED COMMUNITY/ AREA CALL SIGN	DSE	\$ SUBSCRIBER GROU	DSE	iase Rate Fee First Gr NE HUNDRED THIRT OMMUNITY/ AREA

	YSTEM ID# 006302						R OF CABL	Atlantic Broadban
		IBER GROUP	SUBSCR	TE FEES FOR EACH				
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9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
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		SUBSCRIBER CROUD			,			
	<u>, </u>	ONE HUNDRED FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY AREA		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED FOR		
_	0	SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR	0	SUBSCRIBER GROUP	RTY-THIRD	
-	_	CALL SIGN	DSE			CALL SIGN	DSE	
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (BL
_		SUBSCRIBER GROUP	ONE HUNDRED FO	,	SUBSCRIBER GROUF	RTY-FIFTH	ONE HUNDRED FOR	
9 Computation	COMMUNITY/ AREA 0				0		COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	<u> </u>		Total DSEs	0.00		-	Total DSEs
	Gross Receipts Second Group \$ 0.00			0.00	\$	roup	Gross Receipts First G	
							•	•
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED FOR	1	SUBSCRIBER GROUP	-SEVENTH	ONE HUNDRED FORTY
	COMMUNITY/ AREA0				0			COMMUNITY/ AREA
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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
<u> </u>	JP	SUBSCRIBER GROU	FIFTIETH	ONE HUNDRE		SUBSCRIBER GRO	TY-NINTH	ONE HUNDRED FOR
9 Computation	COMMUNITY/ AREA 0				0		COMMUNITY/ AREA	
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	JP	SUBSCRIBER GROU	'-SECOND	ONE HUNDRED FIFT	UP	SUBSCRIBER GRO	TY-FIRST	ONE HUNDRED FIF
	COMMUNITY/ AREA 0				0			COMMUNITY/ AREA
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourt	0.00	\$	Group	Total DSEs Gross Receipts Third G

RTH SUBSCRIBER	D FIFTY-FOUR	ONE HUNDRED			OCK A: (LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP							
			UP	CLIDSCOUDED CDOL	BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP ONE HUNDRED FIFTY-FOURTH SUBSCRIBER GROUP								
11	AREA	LICONANALINITY/A	DNE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP DMMUNITY/ AREA 0										
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ıp \$	e Second Group	Base Rate Fee S	0.00	\$	roup	Base Rate Fee First G							
ONE HUNDRED FIFTY-SIXTH SUBSCRIBER GROUP				E HUNDRED FIFTY-FIFTH SUBSCRIBER GROUP									
COMMUNITY/ AREA0					••••••	COMMUNITY/ AREA							
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN							
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\$	s Fourth Group	Gross Receipts I	0.00	\$	Group	Gross Receipts Third (
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	TH SUBSCRIBE	Second Group \$ ED FIFTY-SIXTH SUBSCRIBE REA DSE CALL SIG	Base Rate Fee Second Group ONE HUNDRED FIFTY-SIXTH SUBSCRIBE COMMUNITY/ AREA CALL SIGN DSE CALL SIGN Total DSEs Gross Receipts Fourth Group \$	0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ ONE HUNDRED FIFTY-SIXTH SUBSCRIBE COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN O.00 Total DSEs Gross Receipts Fourth Group \$	\$ 0.00 Some state for the second Group Some state for the second Grou	Stroup \$ 0.00 Base Rate Fee Second Group \$ STY-FIFTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-SIXTH SUBSCRIBE COMMUNITY/ AREA DSE CALL SIGN DSE CAL							

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (CT) LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (CT) LLC 006302 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 Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (CT) LLC 006302 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. ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP ONE HUNDRED FIFTIETH 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 ONE HUNDRED FIFTY-FIRST SUBSCRIBER GROUP ONE HUNDRED FIFTY-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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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