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						
08/31/2018	\$ 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 STATE	EMENT:							
Accounting	2018/1								
Period									
B Owner	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corpo rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the business of the cable system If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period X Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.								
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE S	YSTEM							
	Atlantic Broadband (NH-ME), LLC								
	, , , ,								
				2018/1					
	2 Batterymarch Park, Suite 205								
	Quincy, MA 02169								
С	INSTRUCTIONS: In line 1, give any business or trade name								
	names already appear in space B. In line 2, give the mailing	address of the system, if diff	erent from the address give	п п ѕрасе в.					
System	IDENTIFICATION OF CABLE SYSTEM:								
	Atlantic Broadband								
	MAILING ADDRESS OF CABLE SYSTEM:								
	24 Main Street (Number, street, rural route, apartment, or suite number)								
	Bradford, PA 16701								
	(City, town, state, zip code)								
D	Instructions: For complete space D instructions, see page	1b. Identify only the frst comr	munity served below and rel	ist on page 1b					
Area	with all communities.	, ,	,	. 0					
Served	CITY OR TOWN	STATE							
First	ROCHESTER	NH							
Community									
	Below is a sample for reporting communities if you report CITY OR TOWN (SAMPLE)	Multiple channel line-ups in S	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.

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (NH-ME), LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D in FCC rules: "a separate and distinct community or municipal 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 Area of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Served 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., one channel line-up for all), then either associate all communities with the channel line-up "A" in the appropriate column below or leave the column blank. If you report any stations on a partially distant or partially permitted basis in the DSE Schedule, associate each relevant community with a subscriber group, designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CITY OR TOWN STATE CH LINE UP SUB GRP# **ROCHESTER** NH **First BARRINGTON** NH Α Community **FARMINGTON** NH Α **MILTON** NH **STRAFFORD** NH Α 1 See instructions for В **ACTON** ME additional information on alphabetization. 2 **EAST LEBANON** ME В **LEBANON** В ME **NEWFIELD** В ME 2 **SANFORD** В ME Add rows as necessary. В 2 SHAPLEIGH ME **DEERFIELD** NH 3 C 3 **NORTHWOOD** NH **ALTON** NΗ 4 С **BANSTEAD** NH 4 BELMONT NH C **CENTER HARBOR** NH С **GILFORD** NH C **GILMANTON** NH 4 C **LACONIA** NH 4 **MEREDITH** C NH 4 NH **NEW DURHAM** C 4 **NEW HAMPTON** NH С 4 SANBORNTON NH C **TILTON** NH 4 **EPSOM** NH **FRANKLIN** NH D 5 D **NORTHFIELD** 5 NH 5 **PITTSFIELD** D NH **ALEXANDRIA** NH E 6 **BRIDGEWATER** NH 6 **BRISTOL** NH 6 **HEBRON** NH Ε 6

NH

D

WOLFEBORO

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (NH-ME), LLC

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.

OCK 1		BLOCK 2					
NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE			
41,852	\$ 35.95	Broadcast TV Fee	41,852	\$ 10.50			
		HD Converters	14,754	\$ 8.95			
		HD/DVR Converters	13,600	\$ 16.95			
270	\$ 35.95	HD DTA	47,443	\$ 1.95			
2,129	\$ 35.95	Digital Converters	5,496	\$ 8.95			
		DTA Converters	35,808	\$ 1.95			
	NO. OF SUBSCRIBERS 41,852 270	NO. OF SUBSCRIBERS RATE 41,852 \$ 35.95 270 \$ 35.95	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE	NO. OF SUBSCRIBERS RATE CATEGORY OF SERVICE NO. OF SUBSCRIBERS 41,852 \$ 35.95 Broadcast TV Fee 41,852 HD Converters 14,754 HD/DVR Converters 13,600 HD DTA 47,443 Digital Converters 5,496			

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 1							BLOCK 2		
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	F	RATE		CATEGORY OF SERVICE	F	RATE
Continuing Services:			Installation: Non-residential						
Pay cable	10.9	5-17.95	Motel, hotel				Digital Basic	\$	15.95
 Pay cable—add'l channel 			Commercial				Digital Plus	\$	7.95
Fire protection			Pay cable				Expanded Service	\$	53.00
Burglar protection			Pay cable-add'l channel				HD Ultra	\$	9.95
Installation: Residential			Fire protection						
First set	\$	49.95	Burglar protection						
Additional set(s)	\$	20.00	Other services:						
• FM radio (if separate rate)			Reconnect	\$	40.00				
Converter			Disconnect						
			Outlet relocation	\$	20.00				
			 Move to new address 	\$	40.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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 A 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) **WBIN** 35 No DERRY, NH ı WBIN.2 35.2 No DERRY, NH See instructions for additional information WBIN.3 35.3 ı No DERRY, NH on alphabetization. **WBTS** No 46 Ν **BOSTON, MA** WBTS.2 1 No 46 **BOSTON, MA** WBZ 30 Ν No **BOSTON, MA** No WBZ.2 46 **BOSTON, MA** ı WCSH 44 Ν No PORTLAND, ME WCSH.2 44.2 ı No PORTLAND, ME WCSH.3 44.3 ı No PORTLAND, ME Ν **WCVB** 20 No **BOSTON, MA** WCVB.2 20.2 No **BOSTON, MA** ı WENH 11 Ε No **DURHAM, NH** WENH.2 11.2 Ε No DURHAM, NH Ε WENH.3 11.3 No DURHAM, NH WENH.4 Ε 11.4 No **DURHAM, NH** WFXT 31 Ν No **BOSTON, MA** WFXT.2 31.2 1 No **BOSTON, MA**

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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.

		CHANN	EL LINE-UP	Α	
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
WFXT.3	31.3	I	No		BOSTON, MA
WGBH	19	E	Yes	0	BOSTON, MA
WGME	38	N	No		PORTLAND, ME
WHDH	42	ı	No		BOSTON, MA
WHDH.2	42.2	ı	No		BOSTON, MA
WLVI	41	ı	No		CAMBRIDGE, MA
WLVI.2	41.2	ı	No		CAMBRIDGE, MA
WMEA	45	E	No		BIDDEFORD, ME
WMEA.4	45.4	E	No		BIDDEFORD, ME
WMUR	9	N	No		MANCHESTER, NH
WMUR.2	9.2	ı	No		MANCHESTER, NH
WPXG	33	ı	No		CONCORD, NH
WSBK	39	ı	No		BOSTON, MA

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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 B										
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					
СКЅН	9.1	ı	Yes	0	QUEBEC, CANADA					
WCSH	44	N	No		PORTLAND, ME					
WCSH.2	44.2	I	No		PORTLAND, ME					
WCSH.3	44.3	I	No		PORTLAND, ME					
WENH	11	E	No		DURHAM, NH					
WENH.2	11.2	E	No		DURHAM, NH					
WENH.3	11.3	E	No		DURHAM, NH					
WENH.4	11.4	E	No		DURHAM, NH					
WGBH	19	E	Yes	0	BOSTON, MA					
WGME	38	N	No		PORTLAND, ME					
WGME.2	38.2	I	No		PORTLAND, ME					
WGME.3	38.3	I	No		PORTLAND, ME					
WHDH	42	l	No		BOSTON, MA					
WHDH.2	42.2	I	No		BOSTON, MA					
WMEA	45	Е	No		BIDDEFORD, ME					
WMEA.3	45.3	E	No		BIDDEFORD, ME					
WMEA.4	45.4	E	No		BIDDEFORD, ME					
WMTW	8	N	No		POLAND SPRING, ME					

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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 B 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF CARRIAGE SIGN (Yes or No) NUMBER STATION (If Distant) WMTW.2 8.2 No POLAND SPRING, ME ı **WPFO** 23 Ν No WATERVILLE, ME WPFO.2 23.2 ı No WATERVILLE, ME 23.3 WPFO.3 No WATERVILLE, ME ı **WPME** 35 No WATERVILLE, ME WPME.2 35.2 I No WATERVILLE, ME **WPXT** 43 No PORTLAND, ME WPXT.2 PORTLAND, ME 43.2 1 No

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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.

		CHANN	EL LINE-UP	С	
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
WBIN	35	I	No		DERRY, NH
WBIN.2	35.2	I	No		DERRY, NH
WBIN.3	35.3	I	No		DERRY, NH
WBTS	46	N	No		BOSTON, MA
WBTS.2	46	I	No		BOSTON, MA
WBZ	30	N	No		BOSTON, MA
WBZ.2	46	I	No		BOSTON, MA
WCSH	44	N	No		PORTLAND, ME
WCSH.2	44.2	I	No		PORTLAND, ME
WCSH.3	44.3	I	No		PORTLAND, ME
WCVB	20	N	No		BOSTON, MA
WCVB.2	20.2	I	No		BOSTON, MA
WENH	11	E	No		DURHAM, NH
WENH.2	11.2	E	No		DURHAM, NH
WENH.3	11.3	E	No		DURHAM, NH
WENH.4	11.4	E	No		DURHAM, NH
WFXT	31	N	No		BOSTON, MA
WFXT.2	31.2	I	No		BOSTON, MA

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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 C 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION CHANNEL OF (Yes or No) CARRIAGE SIGN NUMBER STATION (If Distant) WFXT.3 No **BOSTON, MA** 31.3 ı **WGBH** 19 Ε Yes 0 **BOSTON, MA WGME** 38 Ν Yes 0 PORTLAND, ME **WHDH** 42 ı No **BOSTON, MA** WHDH.2 42.2 1 No **BOSTON, MA** WLVI 41 I No CAMBRIDGE, MA WLVI.2 41.2 No CAMBRIDGE, MA **WMUR** 9 Ν No MANCHESTER, NH WMUR.2 9.2 ı No MANCHESTER, NH **WPXG** 33 ı No CONCORD, NH

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

BOSTON, MA

No

WSBK

39

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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 D 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) **WBIN** 35 No DERRY, NH ı WBIN.2 35.2 No DERRY, NH WBIN.3 35.3 ı No DERRY, NH **WBTS** No 46 Ν **BOSTON, MA** WBTS.2 1 No 46 **BOSTON, MA** WBZ 30 Ν No **BOSTON, MA** WBZ.2 No 46 **BOSTON, MA** ı WCSH 44 Ν No PORTLAND, ME WCSH.2 44.2 ı No PORTLAND, ME WCSH.3 44.3 ı No PORTLAND, ME Ν **WCVB** 20 No **BOSTON, MA** WCVB.2 20.2 No **BOSTON, MA** ı WENH 11 Ε No **DURHAM, NH**

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

DURHAM, NH

DURHAM, NH

DURHAM, NH BOSTON, MA

BOSTON, MA

WENH.2

WENH.3

WENH.4

WFXT

WFXT.2

11.2

11.3

11.4

31

31.2

Ε

Ε

Ε

Ν

1

No

No

No

No

No

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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 D 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) WFXT.3 No **BOSTON, MA** 31.3 ı **WGBH** 19 Ε Yes 0 **BOSTON, MA WGME** 38 Ν Yes 0 PORTLAND, ME 42 **WHDH** ı No **BOSTON, MA** WHDH.2 42.2 1 No **BOSTON, MA** WLVI 41 I No CAMBRIDGE, MA WLVI.2 41.2 No CAMBRIDGE, MA **WMUR** 9 Ν No MANCHESTER, NH WMUR.2 9.2 ı No MANCHESTER, NH **WPXG** 33 ı No CONCORD, NH **WSBK** 39 No **BOSTON, MA**

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (NH-ME), 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

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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:

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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.

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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.

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CHANNEL LINE-UP E										
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					
WBTS	46	N	Yes	0	BOSTON, MA					
WBTS.2	46	I	Yes	0	BOSTON, MA					
WBZ	30	N	Yes	0	BOSTON, MA					
WBZ.2	46	I	Yes	0	BOSTON, MA					
WCSH	44	N	No		PORTLAND, ME					
WCSH.2	44.2	I	No		PORTLAND, ME					
WCSH.3	44.3	I	No		PORTLAND, ME					
WCVB	20	N	Yes	0	BOSTON, MA					
WCVB.2	20.2	I	Yes	0	BOSTON, MA					
WENH	11	E	No		DURHAM, NH					
WENH.2	11.2	E	No		DURHAM, NH					
WENH.3	11.3	E	No		DURHAM, NH					
WENH.4	11.4	E	No		DURHAM, NH					
WFXT	31	N	Yes	0	BOSTON, MA					
WFXT.2	31.2	I	Yes	0	BOSTON, MA					
WFXT.3	31.3	<u> </u>	Yes	0	BOSTON, MA					
WGBH	19	E	Yes	0	BOSTON, MA					

Primary Transmitters: Television

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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 E 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN CHANNEL OF CARRIAGE (Yes or No) NUMBER **STATION** (If Distant) **WGME** 38 Ν 0 PORTLAND, ME Yes **WHDH** 42 Yes 0 **BOSTON, MA** WHDH.2 42.2 ı Yes 0 **BOSTON, MA** WLVI 41 ı Yes 0 CAMBRIDGE, MA WLVI.2 41.2 ı 0 Yes CAMBRIDGE, MA **WMUR** 9 Ν No MANCHESTER, NH WMUR.2 9.2 No MANCHESTER, NH ı **WPXG** CONCORD, NH 33 ı No **WSBK** 39 **BOSTON, MA** Yes 0

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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 multi-

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.

cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example

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.

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
WBTS	46	N	Yes	0	BOSTON, MA
WBTS.2	46	I	Yes	0	BOSTON, MA
WBZ	30	N	Yes	0	BOSTON, MA
WBZ.2	46	I	Yes	0	BOSTON, MA
WCSH	44	N	No		PORTLAND, ME
WCSH.2	44.2	I	No		PORTLAND, ME
WCSH.3	44.3	ı	No		PORTLAND, ME
WCVB	20	N	Yes	0	BOSTON, MA
WCVB.2	20.2	I	Yes	0	BOSTON, MA
WENH	11	Е	No		DURHAM, NH
WENH.2	11.2	E	No		DURHAM, NH
WENH.3	11.3	E	No		DURHAM, NH
WENH.4	11.4	E	No		DURHAM, NH
WFXT	31	N	Yes	0	BOSTON, MA
WFXT.2	31.2	I	Yes	0	BOSTON, MA
WFXT.3	31.3	l	Yes	0	BOSTON, MA
WGBH	19	Е	Yes	0	BOSTON, MA
WGME	38	N	Yes	0	PORTLAND, ME

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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 F 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) WHDH 42 0 **BOSTON, MA** ı Yes WHDH.2 42.2 Yes 0 **BOSTON, MA** WLVI 41 ı Yes 0 CAMBRIDGE, MA WLVI.2 41.2 Yes 0 CAMBRIDGE, MA **WMUR** 9 Ν No MANCHESTER, NH WMUR.2 9.2 ı No MANCHESTER, NH **WPXG** 33 No CONCORD, NH **WSBK** Yes 39 ı 0 **BOSTON, MA WYCI** SARANAC LAKE, NY 40 No

ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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

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		CHANN	EL LINE-UP	G			
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		
WBTS	46	N	Yes	0	BOSTON, MA		
WBTS.2	46	I	Yes	0	BOSTON, MA		
WBZ	30	N	Yes	0	BOSTON, MA		
WBZ.2	46	I	Yes	0	BOSTON, MA		
WCSH	44	N	No		PORTLAND, ME		
WCSH.2	44.2	I	No		PORTLAND, ME		
WCSH.3	44.3	I	No		PORTLAND, ME		
WCVB	20	N	Yes	0	BOSTON, MA		
WCVB.2	20.2	I	Yes	0	BOSTON, MA		
WENH	11	E	No		DURHAM, NH		
WENH.2	11.2	Е	No		DURHAM, NH		
WENH.3	11.3	E	No		DURHAM, NH		
WENH.4	11.4	E	No		DURHAM, NH		
WFXT	31	N	Yes	0	BOSTON, MA		
WFXT.2	31.2	ı	Yes	0	BOSTON, MA		
WFXT.3	31.3	I	Yes	0	BOSTON, MA		
WGBH	19	E	Yes	0	BOSTON, MA		
WGMF	38	N	Yes	0	PORTLAND ME		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broadl	•					
PRIMARY TRANSMITTE						
In General: In space of carried by your cable so FCC rules and regulation 76.59(d)(2) and (4), 76 substitute Basis For further in the paper SA3 for Column 1: List each multicast stream as "WETA WETA-simulcast). Column 2: Give the substitute Column 3: Indicate Educational station, by (for independent multicate Educational Station, by (for independent multicate Education of local service Column 5: If you have been carried the distant stat For the retransmission of a written agreement the cable system and station of cable system and station of substitute agreement the cable system and station of substitute agreement the cable system and station and substitute agreement the cable system and station of substitute agreement the cable system and station and substitute agreement the cable system and station and substitute agreement the cable system and station of substitute agreement the cable system and substitute agreement substitute agre	G, identify ever system during to ions in effect on 6.61(e)(2) and (sis, as explaine stations: With a CC rules, regular here in space only on a substand also in spatformation concurn. The station's call associated with a channel number of the cast, "E" (for neach case we entering the lecast), "E" (for neach case the care, see ation is outside ce area, see ation on a part-tipion of a distant the entered into of a primary trans	y television sty the accounting in June 24, 19 4), or 76.63 (in the next respect to any ations, or authors, or authors, or authors, or authors, or authors, in June 24, 19 in the stations, or authors, or authors	g period, except 81, permitting the referring to 76.6 paragraph. It distant stations to receive the station was carried tute basis station report origination coording to its owned to the reported in the station is a network), "N-M" (I educational), control of the reported in the station is a network), "N-M" (I educational), control of the reported in structure area, (i.e. "or general instructure, you must contact of accounting perional control of the station is an etwork), successive the station is an etwo responsibility of the station is an etwo responsibility of the station is an etwo responsibility of the station of the station is an etwo responsibility of the station o	in (1) stations carried to carriage of cert (1(e)(2) and (4))]; as a carried by your of the Special Statement of the Special Specia	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Primary Transmitters Television
explanation of these the Column 6: Give the	nree categories e location of ea Canadian statio	, see page (vinch station. For ons, if any, giv	of the general or U.S. stations, e the name of the	instructions locate list the community ne community with	ed in the paper SA3 form. y to which the station is licensed by the n which the station is identifed.	
		CHANN	EL LINE-UP	G		
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	
WHDH	42	I	No		BOSTON, MA	
WHDH.2	42.2	I	No		BOSTON, MA	
WLVI	41	I	Yes	0	CAMBRIDGE, MA	
WLVI.2	41.2	I	Yes	0	CAMBRIDGE, MA	
WMUR	9	N	No		MANCHESTER, NH	
WMUR.2	9.2	l	No		MANCHESTER, NH	
WPXG	33	I	No		CONCORD, NH	
WSBK	39	I	Yes	0	BOSTON, MA	
		. .		· 4		

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (NH-ME), 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2018/1				
LEGAL NAME OF OWNER OF Atlantic Broadband (N						SYSTEM ID#	Name				
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	IT AND PROGRAM LOG				•				
In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form.											
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? 											
Note: If your answer is "No		rest of this pag	ge blank. If your answer is '	Yes," you mu	—	-	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 ice, please a of every nor distant stati gulations, o tion. Do no Lucy" or "NE in 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 additionannetwork televion and that your authorization the use general of the additional that your authorization that your and the additional that your and the additional that your shall be added to the additional that your systems are substitute program carrillisted program ons in effect du	al pages. ision program (substitute pour cable system substitute solutions. See page (vi) of the generategories like "movies", or 76ers vs. Bulls." refes." Otherwise enter "Nasting the substitute programe community to which the community with which the substitute program was carried by your ged by a system from 6:01:	rogram) that, d for the progeral instructio "basketball". o." m. station is licenstation is idenorogram. Use cable system. 5 p.m. to 6:2 mming that yes enter the letter	during the accounting ramming of another st ns located in the paper List specific program the paper of the pa	ation or onth ely					
	el IBSTITI IT	E PROGRAM	1		EN SUBSTITUTE	7. REASON					
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION					
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ACCOUNTING PERIOD: 2018/1 FORM SA3E. PAGE 6.

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

	SAJE. PAGE 7. L NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#				
Atla	ntic Broadband (NH-ME), LLC				Name			
all a (as pag	COSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount mounts (gross receipts) paid to your cable system by subscribers for the system's secundentifed in space E) during the accounting period. For a further explanation of how to de (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	transmi: e this an	ssion service	K Gross Receipts			
CorCorIf youIf you	RIGHT ROYALTY FEE ctions: Use the blocks in this space L to determine the royalty fee you owe: uplete block 1, showing your minimum fee. uplete block 2, showing whether your system carried any distant television stations. For system did not carry any distant television stations, leave block 3 blank. Enter the air from block 1 on line 1 of block 4, and calculate the total royalty fee. For 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			
	rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b k 3 below.	e enter	red on lir	ne 1 of				
-	rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be low.	entered	d on line	2 in block				
	rt 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. 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.		Ψ	13,100,230.01				
	This is your minimum fee.	\$		139,386.54				
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 control of the control	nn 4, y od?	ou must	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		\$	123,284.48				
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero			12,978.18				
	Line 3. Add lines 1 and 2 and enter here	\$		136,262.66				
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		\$	139,386.54	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.							
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)							
	Line 4. FILING FEE							
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		140,119.22	appropriate form for submitting the additional fees.			
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) of	the	addidona 1665.			

Name	LEGAL NAME OF OWNER OF C		SYSTEM ID#								
	Atlantic Broadband (NH-ME), LLC									
M Channels		give (1) the number of channels on which the cable system carried television broadc) the cable system's total number of activated channels, during the accounting period									
onaioio	1. Enter the total number of channels on which the cable system carried television broadcast stations										
	•	r of activated channels tem carried television broadcast stations rices	265+								
N Individual to Be Contacted											
for Further Information	Name Patrick B	atton Telephor	ne 617-786-8800								
	Address 2 Batteryr (Number, street,	narch Park, Suite 205 rural route, apartment, or suite number)									
	Quincy, N (City, town, state										
	Email pl	pratton@atlanticbb.com Fax (optional)									
0	CERTIFICATION (This st	atement of account must be certifed and signed in accordance with Copyright Office	regulations.								
Certifcation	• I, the undersigned, here	by certify that (Check one, but only one, of the boxes.)									
	(Owner other than co	rporation or partnership) I am the owner of the cable system as identifed in line 1 of sp	ace B; or								
		r than corporation or partnership) I am the duly authorized agent of the owner of the cast and that the owner is not a corporation or partnership; or	able system as identified								
	(Officer or partner) I in line 1 of space I	am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as 3.	s owner of the cable system								
		tement of account and hereby declare under penalty of law that all statements of fact cont content to the best of my knowledge, information, and belief, and are made in good faith. 1986)]	ained herein								
		/s/ Patrick Bratton									
	(e.	ter an electronic signature on the line above using an "/s/" signature to certify this statement. g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cur:" button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lo									
	Ту	ped or printed name: Patrick Bratton									
	Tir	le: Chief Financial Officer (Title of official position held in corporation or partnership)									
	Da	te: August 31, 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 fling, a determination that would be made by a court of law

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name
Atlantic Broadband (NH-ME), LLC	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	Special Statement Concerning
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?	Gross Receipts Exclusion
X NO YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address 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	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, 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.

ACCOUNTING PERIOD: 2018/1

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.	

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 of 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

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:

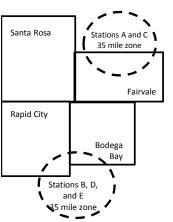
- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

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: SYSTEM											
Т	Atlantic Broadband (NH-ME), LLC											
	SUM OF DSEs OF CATEGORY "O" STATIONS:											
	Add the DSEs of each station											
	Enter the sum here and in line		schedule.		1.50							
						1						
2	Instructions: In the column headed "Call :	Sian": list the call	I sinns of all distant stations	identified by t	he letter "∩" in column 5							
_	of space G (page 3).	Jigii . list tile call	i signis or all distant stations	dentined by t	ne letter O in column 5							
Computation	In the column headed "DSE"			as "1.0"; for	each network or noncom-							
of DSEs for	mercial educational station, given	ve the DSE as ".2										
Category "O"			CATEGORY "O" STATION									
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE						
	WGBH	0.250										
	CKSH	1.000										
	WGME	0.250										
Add rows as												
necessary.		 										
Remember to copy												
all formula into new												
rows.						 						
						<u></u>						
												

Name		ther of Cable System: dband (NH-ME), LLC					;	SYSTEM ID#	
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should co Column 3: Column 4: be carried out a Column 5: give the type-va Column 6:	the call sign of all distant For each station, give the prespond with the inform For each station, give the Divide the figure in colunt at least to the third decimal For each independent states.	e number of hours ation given in space total number of h an 2 by the figure in al point. This is the ation, give the "typ mn 4 by the figure	your cable system ce J. Calculate on lours that the stati n column 3, and g e "basis of carriage e-value" as "1.0."	n carried the stat ly one DSE for element of the control of the result in the evalue" for the state of the carried of the state of the carried of the carrie	ion during the accounti ach station. er the air during the acc decimals in column 4. Tation. k or noncommercial eduction of the column 6. Round to no account to accoun	counting period. This figure must ucational station, oless than the		
Capacity		CA	TEGORY LAC	STATIONS:	COMPUTATION	ON OF DSEs			
	1. CALL SIGN	2. NUMBER OF HOUF CARRIED SYSTEM	3. N RS O BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAG VALUE	5. TYPE VALU	JE		
						x			
	***************************************		÷	=		X	<u>=</u>		
						x x			
						x			
			÷ ÷	=		<u>x</u>	= =		
	SUM OF DSEs OF CATEGORY LAC STATIONS: Add the DSEs of each station. Enter the sum here and in line 2 of part 5 of this schedule, 0.00								
Computation of DSEs for Substitute-Basis Stations	Was carried bettions in effect Broadcast on space I). Column 2: Foat your option. Ti Column 3: Ei Column 4: Di	the call sign of each state by your system in substitut on October 19, 1976 (as e or more live, nonnetwork each station give the nis figure should corresponder the number of days it invide the figure in columnis is the station's DSE (F	ution for a program s shown by the let k programs during umber of live, non ond with the inform the calendar yea 2 by the figure in	n that your system ter "P" in column 7 that optional carris network programs mation in space I. ar: 365, except in a column 3, and giv	was permitted to of space I); and age (as shown by a carried in substance a leap year. the the result in co	o delete under FCC rule the word "Yes" in column itution for programs tha	at were deleted	orm).	
			STITUTE-BAS	IS STATIONS	: COMPUTA	TION OF DSEs	1	1	
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE	
		÷		=			÷	=	
		÷		=			÷		
		÷		= <mark></mark>			÷ -	=	
		÷		=			÷	=	
	Add the DSEs of	DF SUBSTITUTE-BASIS each station. here and in line 3 of par		e,	.	0.0	0		
5 Total Number of DSEs	number of DSEs at 1. Number of I	R OF DSEs: Give the amore applicable to your system. DSEs from part 2 ● DSEs from part 3 ● DSEs from part 4 ●	unts from the boxes	s in parts 2, 3, and	4 of this schedule	and add them to provid	1.50 0.00 0.00		
	TOTAL NUMBER	OF DSEs					<u> </u>	1.50	

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

	OWNER OF CABLE						S	YSTEM ID#	Name
Instructions: Blo In block A:	ck A must be comp	oleted.							
,	"Yes," leave the re	emainder of	part 6 and part	t 7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
schedule. • If your answer if "No," complete blocks B and C below.									
								Computation of	
Is the cable systel effect on June 24,		utside of all	major and sma	aller markets as de	fined under s	ection 76.5 of	FCC rules and req	gulations in	3.75 Fee
			DO NOT COM	PLETE THE REMA	AINDER OF I	PART 6 AND 7	7		
X No—Comp	olete blocks B and	C below.							
		BLO	CK B: CARF	RIAGE OF PERM	MITTED DS	SEs			
Column 1: CALL SIGN	under FCC rules	and regulati e DSE Sche	ons prior to Ju edule. (Note: T	n part 2, 3, and 4 of ne 25, 1981. For fu he letter M below re Act of 2010.)	ırther explana	ation of permit	ted stations, see th	ne	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)]	lles and regued pursuant	lations cited b to the FCC ma	asis on which you obelow pertain to thosarket quota rules [70	se in effect o 6.57, 76.59(b	n June 24, 198), 76.61(b)(c),	76.63(a) referring	tc	
	C Noncommeric D Grandfathered instructions fo	al education I station (76. r DSE sched	al station [76.5 65) (see paraç dule).	76.59(d)(1), 76.61(e 59(c), 76.61(d), 76.6 graph regarding sub	63(a) referrin	g to 76.61(d)			
		viously carri IHF station v	ed on a part-tir vithin grade-B	ne or substitute ba contour, [76.59(d)(ferring to 76.61(e)	(5)	
Column 3:	List the DSE for	ach distant	station listed i	n parts 2, 3, and 4 (of the schod	ulo.			
Column 5.	*(Note: For those this schedule to o	e stations ide	entified by the	letter "F" in column	2, you must	complete the v	worksheet on page	e 14 of	
1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	
SIGN WGBH	BASIS	0.25	SIGN WCVB.2	BASIS	1.00	SIGN WHDH	BASIS	1.00	-
CKSH	В	1.00	WFXT		0.25	WHDH.2	M	1.00	
WGME	G		WFXT.2	M M	1.00	WLVI	A A	1.00	
WBZ	A/G		WFXT.3	M		WLVI.2	M	1.00	
WBZ.2	M	1.00	WI A1.3	IAI	1.00	WSBK	A A	1.00	
WCVB	A/G	0.25				WBTS.2	<u> М</u>	1.00	
			•			•	•		
								12.25	
		Е	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs fro	m block B ab	ove			•		
				er of DSEs subjec t 7 of this schedul		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 I	line 4 by 0.0375 a	and enter s	um here						permited/ partially nonpermitted
Line 6: Enter tot	al number of DSI	Es from line	3				x		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 ar	nd enter he	re and on line	e 2, block 3, space	e L (page 7))		0.00	

	ME OF OWNER Broadband							S\	/STEM ID#	Name
BLOCK A: TELEVISION MARKETS (CONTINUED)										
1. CA		RMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	1. CALL	2. PERMITTED	3. DSE	6
SIG	N E	BASIS		SIGN	BASIS		SIGN	BASIS		Computation of 3.75 Fee
<u></u>										0.10100
<mark></mark>										
<u></u>										
····										
<u>.</u>										

Name	LEGAL NAME OF OWN Atlantic Broadle								S	YSTEM ID#	
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1) Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters										
		1		TIONS CARRI	ED		ID SUBSTI	TUTE BASIS			
	1. CALL SIGN	2. PRIC		COUNTING ERIOD		4. BASIS OF CARRIAGE		RESENT DSE	6. P	ERMITTED DSE	
	SIGN	DSE	P	ERIOD		CARRIAGE	·	JSE		DSE	
										••••••	
7 Computation of the Syndicated	-	"Yes," comple	ete blocks B and C ocks B and C blan	k and complete		art 8 of the DSE schedi ELEVISION MARK					
Exclusivity	la anumantian af tha		ithin - ton 100 mai				0 F -4 F00		04	40040	
Surcharge	l <u> </u>	•	, ,	or television mar	кет	t as defined by section 7		rules in eπect J	une 24,	1981?	
	Yes—Complete	DIOCKS B and	C.			No—Proceed to	рап в				
	BLOCK B: C	arriage of VHF	Grade B Contour	Stations		BLOCK	(C: Compu	itation of Exem	pt DSE	3	
	Is any station listed in commercial VHF stati or in part, over the ca	n block B of par ion that places	rt 6 the primary str	ream of a		Was any station listed nity served by the cab to former FCC rule 76	in block B	of part 7 carrie	d in any	commu-	
	Yes—List each s X No—Enter zero a		h its appropriate per part 8.	mitted DSE		Yes—List each st X No—Enter zero a			ate permi	itted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	SN	DSE	
	CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN										
		 									
		 		<u> </u>							
			TOTAL DSEs	0.00				TOTAL DS	SEs	0.00	
	İ				- 11	Ī					

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

Name		ME OF OWNER OF CABLE SYSTEM: SYSTE	M ID#
	,	Atlantic Broadband (NH-ME), LLC	
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$	
of the Syndicated		B. Enter 0.00189 of gross receipts (the amount in section 1)	
Exclusivity Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1)	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge. ▶ \$	
8	You me 6 was e	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.	
Computation of	_	ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. ur answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
		ocated 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	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶\$	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(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
		Dase rate ree	<u> '</u> .

OSE SCH	EDU	LE. PAGE 17.				ACCOUNTING	PERIOD: 2018/1
		OF OWNER OF CABLE SYSTEM:			S	YSTEM ID#	Name
Atlant	ic E	Broadband (NH-ME), LLC					
Section 4	If the	e figure in section 2 is more than 4.000, compute your base	rate fee here a	nd leave section 3 blank.			0
	A.	Enter 0.01064 of gross receipts					8
		(the amount in section 1)		▶ \$			
	В.	Enter 0.00701 of gross receipts					Computation
		(the amount in section 1)	<u>\$</u>		<u>-</u>		of
	C.	Multiply line B by 3.000 and enter here		<u>\$</u>			Base Rate Fee
	D.	Enter 0.00330 of gross receipts					
		(the amount in section 1)	<u>\$</u>		-		
	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		<u>▶</u>			
	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	
IMPOR	T A A	T-16:		wide basis Camia v SS	ala dalam kanada a d	-ill"	
	be r	IT: It is no longer necessary to report television signals reported on a community-by-community basis (subscrib teleported on a community-by-commu	•	•		•	9
		If any of the stations you carried were partially distant in subscribers located within the station's local service			•		Computation of

exclusion, you must:

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or,
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- · Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Base Rate Fee and Syndicated **Exclusivity** Surcharge for Partially Distant Stations, and for Partially Permitted Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), 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.

CALL SIGN DSE CALL SIGN DSE WGBH 0.25	CALL SIGN WGBH CKSH	SECOND SECOND	SUBSCRIBER GROU	JP
COMMUNITY/ AREA Strafford County CALL SIGN DSE CALL SIGN DSE WGBH 0.25	CALL SIGN WGBH	DSE DSE	unty	JP
CALL SIGN DSE CALL SIGN DSE WGBH 0.25	CALL SIGN WGBH	DSE		
CALL SIGN DSE CALL SIGN DSE WGBH 0.25	CALL SIGN WGBH	DSE	CALLOION	
······································		0.25	CALL SIGN	DSE
	CKSH			
		1.00		
		·····		
······································				
				••••
otal DSEs	Total DSEs			1.25
Gross Receipts First Group \$ 3,295,604.10	Gross Receipts Sec	cond Group	\$ 1,79	93,234.43
Base Rate Fee First Group \$ 8,766.31	Base Rate Fee Sec	cond Group	\$	22,222.66
THIRD SUBSCRIBER GROUP		FOURTH	SUBSCRIBER GROU	JP
COMMUNITY/ AREA Rockingham County	COMMUNITY/ ARE	A Belknap	County	
CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE
VGME 0.25	WGBH	0.25		
······································				
		·····		
				<u> </u>
				<u> </u>
otal DSEs 0.25	Total DSEs			0.25
		" 0		
Gross Receipts Third Group \$ 514,292.06	Gross Receipts Fou	ırth Group	\$ 4,9	78,090.98
Base Rate Fee Third Group \$ 1,368.02	Base Rate Fee Foo	ırth Group	\$	13,241.72

CALL SIGN DSE CALL SIGN		nd (NH-M	-						Nam
COMMUNITY/ AREA Merrimack County COMMUNITY/ AREA Grafton County COMPUNITY/ AREA Grafton County COMPUNITY/ AREA CALL SIGN DSE CALL SIGN	В				ATE FEES FOR EAC			ID	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA			<u>JP</u>	COMMUNITY/ ARE				9 Compute
WGBH	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WBZ									Base Rate
WBZ 2				<u> </u>		0.25			and
WCVB						1.00			Syndica
WCWB 2					1	0.25			Exclusiv
WFXT 0.25 Part Dist State Part Dist State Part Dist State Dist State Dist Dis				<u> </u>	WCVB.2	1.00			Surcha
WFXT.2				*		•••••	-		for
WFXT.3 1.00 Statistics Statistics WFXT.3 1.00 WFXT.3 Statistics WFXT.3 1.00 WFXT.3 Statistics WFXT.3				1		•••••			Partial
WOME 0.25 WHDH 1.00 WHDH 2.00 WHU 1.00 WLVI 1.00 WSBK 1.00 Secretary S						·····			Distan
WOME 0.25 WHDH 1.00 WHDH 2.00 WHU 1.00 WLVI 1.00 WSBK 1.00 Secretary S				*	WGBH	0.25	-		Station
WHDH				*	,	•••••	-		
WHDH 2				*					
WLVI 1.00 WLVI.2 1.00 WLVI.2 1.00 WLVI.2 1.00 WSBK 1.00 Seventh Subscriber Group \$ 668,775.88 Seventh Subscriber Group \$ 668,775.88 Seventh Subscriber Group \$ 37,180.60 Seventh Subscriber Group EIGHTH Subscriber Group COMMUNITY/ AREA Carroll County COMMUNITY/ AREA 0 COMMUNITY/ AREA COMMUNITY/ AR		·		·					
WLVI.2		·		·		·····			
WSBK 1.00		<u>-</u>						····	
Seventh Subscriber Group Seventh Subscriber		·		·		<mark></mark>			
SEVENTH SUBSCRIBER GROUP S 37,180.60	otal DSEs			0.50		1100		11.25	
SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP	Gross Receipts First G	roup	\$ 1,134	,677.86	Gross Receipts Sec	cond Group	\$ 6	68,775.88	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE VBTS.2 1.00	ase Rate Fee First G	iroun	¢	000 40			_		
VBTS.2 1.00		•			Base Rate Fee Sec	•			
WBZ 0.25		SEVENTH	SUBSCRIBER GRO			EIGHTH			
WBZ.2 1.00	COMMUNITY/ AREA	SEVENTH:	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
NCVB 0.25 NCVB.2 1.00 NFXT 0.25 VFXT.2 1.00 NFXT.3 1.00 NGBH 0.25 WLVI 1.00 NVLVI.2 1.00 NSBK 1.00 Total DSEs 9.00 Total DSEs 0.00	COMMUNITY/ AREA CALL SIGN VBTS.2	SEVENTH : Carroll	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
VEXT 0.25	COMMUNITY/ AREA CALL SIGN VBTS.2	Carroll DSE 1.00	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
NCVB.2 1.00	COMMUNITY/ AREA CALL SIGN NBTS.2 VBZ	Carroll DSE 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
NFXT.2 1.00	COMMUNITY/ AREA CALL SIGN WBTS.2 WBZ WBZ.2	DSE 1.00 0.25 1.00	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
NFXT.3 1.00	CALL SIGN NBTS.2 NBZ NBZ.2 NCVB	DSE 1.00 0.25 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
NGBH	CALL SIGN VBTS.2 VBZ VBZ.2 VCVB	DSE 1.00 0.25 1.00 0.25 1.00	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
VI_VI	CALL SIGN WBTS.2 WBZ WBZ.2 WCVB	DSE 1.00 0.25 1.00 0.25 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
NLVI.2 1.00	COMMUNITY/ AREA CALL SIGN WBTS.2 WBZ WBZ.2 WCVB WCVB.2 WFXT	DSE 1.00 0.25 1.00 0.25 1.00 0.25 1.00	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
WSBK 1.00	COMMUNITY/ AREA CALL SIGN WBTS.2 WBZ WBZ WCVB WCVB WCVB.2 WFXT WFXT.2 WFXT.3	DSE 1.00 0.25 1.00 0.25 1.00 0.25 1.00 1.00 1.00	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
Total DSEs	COMMUNITY/ AREA CALL SIGN WBTS.2 WBZ WBZ.2 WCVB WCVB.2 WFXT WFXT.2 WFXT.3 WGBH	DSE 1.00 0.25 1.00 0.25 1.00 1.00 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
	CALL SIGN NBTS.2 NBZ NBZ NCVB NCVB.2 NFXT NFXT.2 NFXT.3 NGBH NLVI	DSE 1.00 0.25 1.00 0.25 1.00 1.00 0.25 1.00 1.00 0.25 1.00 1.00 0.25 1.00 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25 1.00 0.25	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
	CALL SIGN WBTS.2 WBZ WBZ.2 WCVB WCVB.2 WFXT WFXT.2 WFXT.3 WGBH WLVI	DSE 1.00 0.25 1.00 1.00 1.00 0.25 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
	CALL SIGN WBTS.2 WBZ WBZ.2 WCVB WCVB.2 WFXT WFXT.2 WFXT.3 WGBH WLVI	DSE 1.00 0.25 1.00 1.00 1.00 0.25 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
	CALL SIGN VBTS.2 VBZ VBZ.2 VCVB VCVB.2 VFXT VFXT.2 VFXT.3 VGBH VLVI	DSE 1.00 0.25 1.00 1.00 1.00 0.25 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
Gross Receipts Third Group \$ 715,563.50 Gross Receipts Fourth Group \$ 0.00	CALL SIGN VBTS.2 VBZ VBZ.2 VCVB VCVB.2 VFXT VFXT.2 VFXT.3 VGBH VLVI	DSE 1.00 0.25 1.00 1.00 1.00 0.25 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SUBSCRIBER GRO	UP	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	UP 0	
	CALL SIGN VBTS.2 VBZ VBZ VCVB VCVB.2 VFXT VFXT.2 VFXT.3 VGBH VLVI VLVI.2 VSBK	DSE 1.00 0.25 1.00 1.00 1.00 0.25 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	SUBSCRIBER GRO	DSE	COMMUNITY/ ARE	EIGHTH	SUBSCRIBER GROI	DSE	
ase Rate Fee Third Group \$ 34,468.69 Base Rate Fee Fourth Group \$ 0.00	CALL SIGN VBTS.2 VBZ VBZ.2 VCVB VCVB.2 VFXT VFXT.3 VGBH VLVI VLVI.2 VSBK	DSE 1.00 0.25 1.00 0.25 1.00 1.00 1.00 1.00	COUNTY CALL SIGN	DSE	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE DSE	CALL SIGN	DSE O.00	

Exclusivi Surcharge for partially Distant Stations Total DSEs Gross Receipts First Group \$ 3,295,604.10 Base Rate Fee First Group \$ 1,793,234.43 THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA Rockingham County CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	_		00MDUTATION -	- DAGE - :	TE EEEO EO = - : - :		IDED ODOU'E		
CALL SIGN DSE CALL SIGN	В				TE FEES FOR EAC			ID	
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					\$ 6	68,775.88	
	\$ 1,13	4,677.86	Gross Receipts Seco	ond Group	3	000,775.00	
Gross Receipts First Group	\$ 1,13 \$	0.00	Gross Receipts Secondary Base Rate Fee Secondary		\$	6,269.77	
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Gross Receipts First Group Base Rate Fee First Group SEVEN COMMUNITY/ AREA Carr	\$ TH SUBSCRIBER GRO	0.00	Base Rate Fee Second COMMUNITY/ AREA	EIGHTH	\$ SUBSCRIBER GRO	6,269.77	
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Gross Receipts First Group Base Rate Fee First Group SEVEN COMMUNITY/ AREA Carr CALL SIGN DSE	\$ TH SUBSCRIBER GROOII County CALL SIGN	0.00	Base Rate Fee Second COMMUNITY/ AREA	EIGHTH	\$ SUBSCRIBER GRO	6,269.77	
Gross Receipts First Group Base Rate Fee First Group SEVEN COMMUNITY/ AREA Carr CALL SIGN DSE	\$ TH SUBSCRIBER GROOII County CALL SIGN	0.00	Base Rate Fee Second COMMUNITY/ AREA	EIGHTH	\$ SUBSCRIBER GRO	6,269.77	
Gross Receipts First Group Base Rate Fee First Group SEVEN COMMUNITY/ AREA Carr CALL SIGN DSE	\$ TH SUBSCRIBER GROOII County CALL SIGN	0.00	Base Rate Fee Second COMMUNITY/ AREA	EIGHTH	\$ SUBSCRIBER GRO	6,269.77	
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Atlantic Broadband (NH-	BLE SYSTEM: ME), LLC					YSTEM ID#	Name
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Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
							
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Data Fan Firet Orang		0.00	B B-4- F 0	d O		0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
	H SUBSCRIBER GRO		i i		SUBSCRIBER GRO		
COMMUNITY/ AREA		0	COMMUNITY/ ARE	4		<u>0</u>	
CALL SIGN DSE	II						
	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	CALL SIGN	0.00	Total DSEs	DSE	CALL SIGN	DSE	
Total DSEs Gross Receipts Third Group	CALL SIGN				CALL SIGN		
		0.00	Total DSEs		\$	0.00	

	ID.	IBER GROUP SUBSCRIBER GROU				COMPUTATION OF SUBSCRIBER GROU		
9	0	SUBSCRIBER GROU	-SECOND	COMMUNITY/ AREA	0	SUBSCRIBER GROC		COMMUNITY/ AREA
Computa of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rat								
and								
Syndica	<u></u>							
Exclusi Surcha	<u></u>						·	
for	<u></u>						·	
Partial	···	_		•••••			·	
Distar								
Station		_				-		
							·	
							···	
							·	
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$		Base Rate Fee Secon	0.00	\$		
	IP	\$ SUBSCRIBER GROU		TWENT	JP	\$ SUBSCRIBER GROU		TWENT
					'	<u> </u>		TWENT
	IP			TWENT	JP	<u> </u>		TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	COMMUNITY/ AREA
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT
	0 0	SUBSCRIBER GROU	/-FOURTH	TWENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ry-third	TWENT COMMUNITY/ AREA CALL SIGN
	DSE O.00	CALL SIGN	DSE	TWENT 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	TWENT COMMUNITY/ AREA CALL SIGN Fotal DSEs
	DSE	SUBSCRIBER GROU	DSE	TWENT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	TWENT COMMUNITY/ AREA CALL SIGN Fotal DSEs
	DSE O.00	CALL SIGN	DSE Service of the control of the co	TWENT 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	TWENT

Atlantic Broadband (NH-	ME), LLC						Name
			TE FEES FOR EACH				
	H SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fo
					-		and
							Syndicated
······					-		Exclusivity Surcharge
					-		for
							Partially
							Distant
					-		Stations
				···	-		
					-		
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
•	\$ H SUBSCRIBER GRO				\$ SUBSCRIBER GRO	•	
TWENTY-SEVENT				TY-EIGHTH	1	•	
TWENTY-SEVENT		DUP	TWEN	TY-EIGHTH	1	UP	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT	H SUBSCRIBER GRO	0 0	TWENT	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
TWENTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP	TWENT COMMUNITY/ AREA CALL SIGN	TY-EIGHTH	SUBSCRIBER GRO	DSE	
TWENTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP DSE DOUB DO	TWENT COMMUNITY/ AREA CALL SIGN Total DSEs	TY-EIGHTH DSE	SUBSCRIBER GRO	DSE O.00	
TWENTY-SEVENT	H SUBSCRIBER GRO	DUP	TWENT COMMUNITY/ AREA CALL SIGN	TY-EIGHTH DSE	SUBSCRIBER GRO	DSE	

Atlantic Broadband (NH-ME), LLC	SYSTEM ID#	Name
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSC		
	TH SUBSCRIBER GROUP	9
		Computation
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE	of
		Base Rate Fe
<u> </u>	<u>.</u>	and
	<u>.</u>	Syndicated Exclusivity
	···	Surcharge
		for
		Partially
		Distant Stations
		Jianons
Total DSEs 0.00 Total DSEs	0.00	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group	\$ 0.00	
Gross Receipts First Group	* 0.00	
Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group	\$ 0.00	
THIRTY-FIRST SUBSCRIBER GROUP THIRTY-SECON	D SUBSCRIBER GROUP	
COMMUNITY/ AREA COMMUNITY/ AREA	0	
CALL SIGN DSE CALL SIGN DSE	CALL SIGN DSE	
	 	
Total DSEs 0.00 Total DSEs	0.00	
Total DSEs O.00 Total DSEs O.00 Gross Receipts Third Group Total DSEs Gross Receipts Third Group	0.00 s 0.00	

Atlantic Broadband (NH	ABLE SYSTEM: -ME), LLC				S	SYSTEM ID#	Name
	A: COMPUTATION C						
	RD SUBSCRIBER GRO		i i		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE			0	Computation
CALL SIGN DSE		DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fe
							and
		····					Syndicated
······		····					Exclusivity Surcharge
		••••					for
							Partially
					 		Distant
							Stations
					-		
		••••			H		
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 Second	ond Group	\$	0.00	
THIRTY-FIF	TH SUBSCRIBER GRO	OUP	Th	IIRTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	4		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					+		
	····-	····					
Total DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	th Group	\$	0.00	

THIRTY-SEVENTH S COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN			DSE DSE DOMESTICATION OF THE PROPERTY OF THE P	SUBSCRIBER GROU	0.00 0.00
CALL SIGN DSE CALL SIGN DSE Total DSEs Gross Receipts First Group THIRTY-NINTH S	CALL SIGN	0.00 0.00	CALL SIGN CALL SIGN Total DSEs Gross Receipts Second	DSE	CALL SIGN	0.00 0.00
Total DSEs Gross Receipts First Group THIRTY-NINTH S	\$	DSE	Total DSEs Gross Receipts Second	DSE	\$	DSE
Total DSEs Gross Receipts First Group Base Rate Fee First Group THIRTY-NINTH S	\$	0.00	Total DSEs Gross Receipts Seco	ond Group	\$	0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Base Rate Fee First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Gross Receipts First Group		0.00	Gross Receipts Seco			0.00
Base Rate Fee First Group						
THIRTY-NINTH S	\$	0.00	Base Rate Fee Seco			0.00
			230 1446 1 66 0600	ond Group	\$	0.00
	SUBSCRIBER GROUP)		FORTIETH	SUBSCRIBER GROU	JP
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
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					-	
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Total DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00
· · · · · · · · · · · · · · · · · · ·				•		
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00

Atlantic Broadband (NH-	BLE SYSTEM: ME), LLC				S	YSTEM ID#	Name
			TE FEES FOR EAC				
	T SUBSCRIBER GRO)UP 0	FORT		SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA		U					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
					-		
				<u></u>			
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FORTY-THIR	D SUBSCRIBER GRO	DUP	FOR ⁻	ΓY-FOURTH	SUBSCRIBER GRO	UP	
	D SUBSCRIBER GRO	OUP 0	FOR COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	
FORTY-THIR COMMUNITY/ AREA CALL SIGN DSE	D SUBSCRIBER GRO		İ		SUBSCRIBER GRO		
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			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE		DSE	CALL SIGN			DSE	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE		DSE	CALL SIGN	DSE		DSE	

Atlantic Broadband (NH-	ME), LLC					YSTEM ID#	Name
			TE FEES FOR EAC				
	H SUBSCRIBER GRO				I SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated
					<u> </u>		Exclusivity
							Surcharge
							for Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
•	\$ H SUBSCRIBER GRO				\$ I SUBSCRIBER GRO	•	
FORTY-SEVENT				TY-EIGHTH		•	
FORTY-SEVENT		DUP	FOR	TY-EIGHTH		UP	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT	H SUBSCRIBER GRO	0 0	FOR COMMUNITY/ AREA	TY-EIGHTH	I SUBSCRIBER GRO	UP 0	
FORTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP	CALL SIGN	TY-EIGHTH	I SUBSCRIBER GRO	DSE	
FORTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DUP DSE DOUB DO	CALL SIGN CALL SIGN Total DSEs	DSE	I SUBSCRIBER GRO	DSE O.00	
FORTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP	CALL SIGN	DSE	I SUBSCRIBER GRO	DSE	

	(NH-ME	E SYSTEM: E), LLC					YSTEM ID#	Name
				TE FEES FOR EAC				
FORTY- COMMUNITY/ AREA	NINTH S	SUBSCRIBER GRO	<u>UP</u> 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	UP 0	9
								Computa
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate
			<u> </u>					and
			·					Syndicate
								Exclusiv
								Surchar
								for
								Partially Distant
								Stations
			<u> </u>					
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Grou	p	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
	1							
Base Rate Fee First Grou	р	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFTY-	FIRST	SUBSCRIBER GRO	UP	FIF	TY-SECONE	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN [DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<mark></mark>					
Total DSEs			0.00	Total DSEs			0.00	
	ID	\$	0.00		rth Group			
Fotal DSEs Gross Receipts Third Grou	ıþ	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

	id (NH-M	E), LLC						Name
				TE FEES FOR EAC			LID	
FIF COMMUNITY/ AREA	ı Y-THIRD	SUBSCRIBER GRO	0 0	FIF COMMUNITY/ ARE		I SUBSCRIBER GRO	<u>UP</u>	9
COMMONT IT AILA				COMMONT IT AIRE	······································			Computa
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate
								and
	···				·····			Syndicate Exclusivi
								Surcharg
								for
	<mark>.</mark>		<u></u>		<u>.</u>			Partially
			<u></u>					Distant Stations
••••••	·		<u></u>		•••••			Otationic
	··				·····			
Total DSEs	-	.!	0.00	Total DSEs		-11	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIE								
	TY-FIFTH	SUBSCRIBER GRO		iii —		I SUBSCRIBER GRO	UP	
	TY-FIFTH	SUBSCRIBER GRO	0 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	UP 0	
	TY-FIFTH	SUBSCRIBER GRO		iii —		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
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COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN			0	COMMUNITY/ ARE	Α		0	
CALL SIGN CALL SIGN Total DSEs	DSE		DSE	CALL SIGN	DSE		DSE	
COMMUNITY/ AREA	DSE	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
CALL SIGN CALL SIGN Total DSEs	DSE	CALL SIGN	0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	

	BLE SYSTEM: ME), LLC					SYSTEM ID#	Name
	: COMPUTATION C						
	H SUBSCRIBER GRO				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
							and
							Syndicated
					-		Exclusivity Surcharge
		····			-		for
				••••	+		Partially
							Distant
							Stations
					-		
					<u> </u>		
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 Seco	ond Group	\$	0.00	
FIFTY-NINT	H SUBSCRIBER GRO	OUP		SIXTIETH	SUBSCRIBER GRO	UP	
001414111111111111111111111111111111111							
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DSE	COMMUNITY/ AREA		CALL SIGN	_	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
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	CALL SIGN			Α		0	
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	CALL SIGN			Α		0	
	CALL SIGN			Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	Α		DSE	
CALL SIGN DSE		0.00	CALL SIGN	DSE		0.00	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE	

Atlantic Broadband (NH-	ABLE SYSTEM: -ME), LLC				S	YSTEM ID#	Name
			TE FEES FOR EACI				
	ST SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fe
				<u></u>	-		and
		····					Syndicated Exclusivity
		····			+		Surcharge
							for
					-		Partially
				<u></u>	-		Distant Stations
					-		Stations
				<u></u>			
Total DCFa	!!	0.00	Total DCFa		Į.Į.	0.00	
Total DSEs		0.00	Total DSEs			-	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
SIXTY-THIR	D SUBSCRIBER GRO	DUP			SUBSCRIBER GRO	•	
SIXTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	OUP 0		Y-FOURTH		•	
	D SUBSCRIBER GRO		SIXT	Y-FOURTH		UP	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA		0	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	UP 0	
CALL SIGN DSE		DSE	SIXT COMMUNITY/ AREA	TY-FOURTH	SUBSCRIBER GRO	DSE	
CALL SIGN DSE	CALL SIGN	0.00	CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DSE O.00	
CALL SIGN DSE		DSE	SIXT COMMUNITY/ AREA	DSE	SUBSCRIBER GRO	DSE	

Atlantic Broadband (NH-	ME), LLC						Name
			TE FEES FOR EAC				
	H SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate F
							and
							Syndicated
					<u> </u>		Exclusivity
							Surcharge
					-		for Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
·	\$ H SUBSCRIBER GRO				\$ I SUBSCRIBER GRO	•	
SIXTY-SEVENT				TY-EIGHTH		•	
SIXTY-SEVENT		DUP	SIX	TY-EIGHTH		UP	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0	
SIXTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	DUP	CALL SIGN	TY-EIGHTH	SUBSCRIBER GRO	DSE	
SIXTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DUP DSE DSE 0.00	CALL SIGN CALL SIGN Total DSEs	DSE	SUBSCRIBER GRO	DSE O.00	
SIXTY-SEVENT	H SUBSCRIBER GRO	DUP	CALL SIGN	DSE	SUBSCRIBER GRO	DSE	

Name	YSTEM ID#	8						LEGAL NAME OF OWNE Atlantic Broadban
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	VENTIETH			SUBSCRIBER GROU	Y-NINTH	
Computa	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicat								
Exclusiv							ļ	
for		-						
Partially								
Distant								
Stations								
-		-						
"								
	0.00			Total DSEs	0.00			otal DSEs
				Cross Dessints Coss	0.00	\$	roup	Bross Receipts First G
	0.00	\$	d Group	Gross Receipts Secor				
	0.00	\$	d Group	Gross Receipts Secon		<u>·</u>		
	0.00	\$		Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
=	0.00		d Group	Base Rate Fee Secon				
=	0.00	\$	d Group	Base Rate Fee Secon		\$		SEVEN'
=	0.00	\$	d Group	Base Rate Fee Secon	JP	\$		SEVEN'
=	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
-	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
= - - - 	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
= - - - - - -	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
-	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
- - - - - - - -	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
-	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	COMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN'
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA	JP 0	\$ SUBSCRIBER GROU	TY-FIRST	SEVEN' COMMUNITY/ AREA CALL SIGN
-	0.00	SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE O.00	SUBSCRIBER GROU	DSE DSE	SEVEN' COMMUNITY/ AREA CALL SIGN Cotal DSEs
	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon SEVENT COMMUNITY/ AREA CALL SIGN	JP 0	\$ SUBSCRIBER GROU	DSE DSE	SEVEN'

-tiantic Broadband (ivi	I-ME), LLC					SYSTEM ID#	Name
			ATE FEES FOR EAC				
	RD SUBSCRIBER GF		11		H SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	Computati
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate I
							and
							Syndicate
			_				Exclusivit
							Surcharg
							for Partially
							Distant
							Stations
Γotal 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	
SEVENTY-FIF	TH SUBSCRIBER GF	ROUP	SEV	ENTY-SIXTH	H SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
······							
	П	0.00	Total DSEs		11	0.00	
Γotal DSEs					•	0.00	
	\$	0.00	Gross Receipts For	rth Group	\$	0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	

	YSTEM ID#						R OF CABL	Atlantic Broadban
				TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	Y-EIGHTH			SUBSCRIBER GRO	SEVENTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe		-						
and		<u> </u>						
Syndicated		-						
Exclusivity Surcharge		H						
for		-					·	
Partially	····	<u> </u>						
Distant	•••••							
Stations						_		
							.	
							. <mark> </mark>	
		<u> </u>	<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	Base Rate Fee First G
	ID.	SUBSCRIBER GROU	IOUTIET!	_	LID	OLIDOODIDED ODO		SEVEN.
-	JP	000001110011100	IGHTIETH	E	UP	SUBSCRIBER GRO	TY-NINTH	SEVEN
	<u>0</u>		:IGHTIETH	COMMUNITY/ AREA	<u>0</u>	SUBSCRIBER GRO	TY-NINTH	
- - -	_	CALL SIGN	DSE	li		CALL SIGN	TY-NINTH	
	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
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	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE			CALL SIGN	DSE			CALL SIGN
	0 DSE		DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	0 DSE	CALL SIGN	DSE	CALL SIGN CALL SIGN Total DSEs
	DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

Atlantic Broadband (NH-	BLE SYSTEM: ME), LLC					SYSTEM ID#	Name
			TE FEES FOR EAC				
	T SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fo
					-		and
							Syndicated Exclusivity
							Surcharge
							for
				<u></u>	-		Partially
					-		Distant Stations
		···		<u></u>	+		Otations
				<u></u>			
Total DSEs	Щ	0.00	Total DSEs		11	0.00	
Total DSEs		_	Total DSEs		·	-	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
·	\$ D SUBSCRIBER GRO				\$ SUBSCRIBER GRO	•	
EIGHTY-THIR				TY-FOURTH		•	
EIGHTY-THIR		DUP	EIGHT	TY-FOURTH		UP	
EIGHTY-THIR	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA CALL SIGN DSE	D SUBSCRIBER GRO	0 0	EIGHT COMMUNITY/ AREA	ry-fourth	SUBSCRIBER GRO	UP 0	
EIGHTY-THIR COMMUNITY/ AREA	D SUBSCRIBER GRO	DUP	EIGHT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	

)# Name	YSTEM ID#					E), LLC	nd (NH-M	Atlantic Broadban
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROU	ITY-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						_		
Syndicated							<u></u>	
Exclusivity Surcharge								
for				•••••		-	<u>"</u>	
Partially								
Distant								
Stations								
							<u></u>	
		-		•••••			<u> </u>	
							<u>-</u>	
_	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	iroup	Gross Receipts First G
_	0.00		•	•				
- 7	0.00		•	·				
- 	0.00	\$		Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
- 	0.00	\$ SUBSCRIBER GROU	d Group	Base Rate Fee Secon	JP	\$ SUBSCRIBER GROU		
	0.00		d Group	Base Rate Fee Secon				EIGHTY-S
- - - - - - - - - - - - - -	0.00		d Group	Base Rate Fee Secon	JP			EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	COMMUNITY/ AREA
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
- - - - - - - - - - - - - -	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH	Base Rate Fee Secon EIGHT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S
	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH DSE	Base Rate Fee Secon EIGHT COMMUNITY/ AREA CALL SIGN	JP 0	SUBSCRIBER GROU	DSE	EIGHTY-S COMMUNITY/ AREA CALL SIGN Total DSEs
	0.00	SUBSCRIBER GROU	d Group Y-EIGHTH DSE Group	EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	SUBSCRIBER GROU	SEVENTH	EIGHTY-S

	BLE SYSTEM: ME), LLC				S	YSTEM ID#	Name
			TE FEES FOR EACH			LID	
EIGHTY-NINT COMMUNITY/ AREA	H SUBSCRIBER GRO	0 0	COMMUNITY/ AREA		SUBSCRIBER GRO	UP 0	9
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation
CALL GIGIT BULL	OALE GIGIT	DOL	OALE GIGIN	DOL	OALL GIGIT	DOL	Base Rate Fe
							and
							Syndicated
					-		Exclusivity
					-		Surcharge for
				<u></u>	-		Partially
							Distant
							Stations
					-		
					-		
					H		
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINETY-FIRS	T SUBSCRIBER GRO	DUP	NINET	Y-SECOND	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			_	
						0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
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CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
CALL SIGN DSE	CALL SIGN				CALL SIGN		
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

	ABLE SYSTEM: -ME), LLC				S	YSTEM ID#	Name
	A: COMPUTATION C						
	RD SUBSCRIBER GRO				SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA		0	COMMUNITY/ AREA				Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fe
							and
		····		····			Syndicated Exclusivity
							Surcharge
							for
				<u></u>			Partially
					-		Distant Stations
					-		Jianons
Total DSEs		0.00	Total DSEs		H	0.00	
	•	0.00		and Croup	•	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ли Стоир	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
NINETY-FIFT	H SUBSCRIBER GRO	OUP	NII	NETY-SIXTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
CALL SIGN DSE	CALL SIGN		CALL SIGN		CALL SIGN		
	CALL SIGN		CALL SIGN Total DSEs		CALL SIGN		
CALL SIGN DSE	CALL SIGN	DSE		DSE	CALL SIGN	DSE	

Atlantic Broadband (NH	ABLE SYSTEM: -ME), LLC				S	YSTEM ID#	Name
	: COMPUTATION C						<u> </u>
	H SUBSCRIBER GRO				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
							and
		<mark>.</mark>					Syndicated
							Exclusivity
				<mark></mark>		<u></u>	Surcharge
				·····		<u> </u>	for Partially
						·····	Partially Distant
					-		Stations
		····		·····			GIGUUIS
					-	<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	
NINETY-NIN	H SUBSCRIBER GRO	DUP	ONE H	IUNDREDTH	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>	
				<mark></mark>			
						<u></u>	
Fotal DSEs		0.00	Total DSEs			0.00	
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	

LEGAL NAME OF OWNER Atlantic Broadbane			•			S	YSTEM ID#	Name
				TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRE	D FIRST	SUBSCRIBER GRO	JP	ONE HUNDRED	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
						<u> </u>		and
						<u> </u>		Syndicated
						<u> </u>	<u></u>	Exclusivity
						-		Surcharge
						<u> </u>		for
						-	<u></u>	Partially Distant
							<u> </u>	Stations
					ļ	-	<u></u>	Jianons
						H		
						H		
						H	<u> </u>	
						††·····		
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 Secon	d Group	\$	0.00	
ONE HUNDRE	D THIRD	SUBSCRIBER GROU	JP	ONE HUNDRED	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	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
		to food for each cubor	oribor group	as shown in the boxes a	hovo			

LEGAL NAME OF OWNE Atlantic Broadban						S	YSTEM ID#	Name
				TE FEES FOR EACH				
ONE HUNDRE	ED FIFTH	SUBSCRIBER GRO	UP	ONE HUNDS	RED SIXTH	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
								Syndicated
						<u> </u>		Exclusivity
						<u> </u>		Surcharge
					.	-		for
					<u>.</u>			Partially
	 				<u>.</u>		<u> </u>	Distant
	 				·	-		Stations
						H		
	 		·		 	-	<u></u>	
	 		······································		·	-	<u> </u>	
						<u> </u>		
			······································				····	
Total DSEs	<u> </u>		0.00	Total DSEs	<u> </u>		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 Secon	d Group	\$	0.00	
ONE HUNDRED S	SEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
07.22 0.0.1	202	07.22 0.0.1	202	07.22 0.0.1	202	07.22 0.0.1	302	
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	ļ						<u> </u>	
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	
Base Rate Fee: Add th Enter here and in block			criber group	as shown in the boxes	above.	\$		

Name	STEM ID#					E), LLC	d (NH-M	Atlantic Broadban
				TE FEES FOR EACH				
n	IP	SUBSCRIBER GROU	ED TENTH			SUBSCRIBER GROU	D NINTH	
9 Computat	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate								
and								
Syndicate				***************************************		-		
Exclusivi		<u> </u>						
Surcharg		-						
for	<u></u>		<u>.</u>			-	·	
Partially Distant		-						
Stations		-						
Stations	····	-	<u>-</u>				·	
	····	-	<u>.</u>					
	···	-	<u>.</u>					
		H						
	<u> </u>		·					
			 					
	0.00		1	Total DSEs	0.00	!	 	otal DSEs
					0.00	\$		Gross Receipts First G
	0.00	\$	d Group	Gross Receipts Seco		Ψ	oup	noss neceipis i nsi Gi
	0.00	\$	d Group	Gross Receipts Seco		*	oup	noss Receipts i list G
	0.00	\$		Base Rate Fee Second	0.00	\$		
	0.00		d Group	Base Rate Fee Secon	0.00		-oup	ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	-oup	Base Rate Fee First G
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	-oup	one Hundred El
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED ELCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED ELCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED ELCOMMUNITY/ AREA
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00 JP	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EL
	0.00	\$ SUBSCRIBER GROU	d Group	ONE HUNDRED	0.00	\$ SUBSCRIBER GROU	EVENTH	ONE HUNDRED EI COMMUNITY/ AREA CALL SIGN
	0.00	SUBSCRIBER GROU	d Group TWELVTH DSE	Dase Rate Fee Second ONE HUNDRED COMMUNITY/ AREA CALL SIGN	0.00 JP	SUBSCRIBER GROUND CALL SIGN	DSE	ONE HUNDRED EI OMMUNITY/ AREA CALL SIGN otal DSEs
	0.00	\$ SUBSCRIBER GROU	d Group TWELVTH DSE	Base Rate Fee Second ONE HUNDRED COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROU	DSE	ONE HUNDRED ELCOMMUNITY/ AREA

LEGAL NAME OF OWNER Atlantic Broadband						S'	YSTEM ID#	Name
				TE FEES FOR EACH				
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GRO			IRTEENTH	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
						<u> </u>		Exclusivity
						-		Surcharge
						-	<u> </u>	for
						-	<u></u>	Partially Distant
						-	-	Stations
			· ·····			-	<u></u>	Stations
			······					
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						H		
			 				<u> </u>	
						†		
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GRO	JP	ONE HUNDRED S	IXTEENTH	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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							<u> </u>	
Total DSEs	<u> </u>		0.00	Total DSEs	1	П	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third Gi	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
	1*	<u>ı.</u>	3.00			I.s.		
Base Rate Fee: Add the		e fees for each subso space L (page 7)	criber group	as shown in the boxes a	above.	\$		

	LE SYSTEM: I E), LLC				S	YSTEM ID#	Name
		BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED SEVENTEENTH	SUBSCRIBER GROUP		ONE HUNDRED EI	GHTEENTH	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 Fe
	-				_		and
							Syndicated
							Exclusivity
							Surcharge
		ļ					for
							Partially
		l		ļ			Distant
		l					Stations
		l					
		l			H		
					H		
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Total DSEs	LI.	0.00	Total DSEs	<u> </u>	<u> </u>	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
		•					
ONE HUNDRED NINTEENTH	SUBSCRIBER GROU	JP	ONE HUNDRED TV		SUBSCRIBER GROU	JP	
ONE HUNDRED NINTEENTH COMMUNITY/ AREA	SUBSCRIBER GROL	JP 0	ONE HUNDRED TV		SUBSCRIBER GROU	JP 0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
	SUBSCRIBER GROU				SUBSCRIBER GROU		
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	VENTIETH		0	
CALL SIGN DSE		DSE	CALL SIGN	VENTIETH		DSE	
CALL SIGN DSE		0 DSE	CALL SIGN CALL SIGN Total DSEs	DSE		0 DSE	
COMMUNITY/ AREA		DSE	CALL SIGN	DSE		DSE	

LEGAL NAME OF OWNER Atlantic Broadbane			•			S	YSTEM ID#	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-SECONE	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
					<u>.</u>		<u> </u>	Exclusivity Surcharge
					·			for
		-						Partially
								Distant
		-						Stations
		<u> </u>						
							·····	
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 Gro	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-FOURTH	SUBSCRIBER GROUP	_	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
					•		····	
							·····	
Total DSEs			0.00	Total DSEs		I	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 the Enter here and in block			riber group	as shown in the boxes	above.	\$		

	ABLE SYSTEM: -ME), LLC				S	YSTEM ID#	Name
BLOCK A	x: COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
ONE HUNDRED TWENTY-FIFT	TH SUBSCRIBER GROU	Р	ONE HUNDRED TW	ENTY-SIXTH	SUBSCRIBER GROUP)	0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			<u>0</u>	9 Computation
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fe
							and
				<u></u>	<u> </u>		Syndicated
							Exclusivity
		<u></u>		<u></u>			Surcharge
						····	for
		<u></u>		 	-	<u> </u>	Partially Distant
					-		Stations
		<u></u>		 			Stations
				 			
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		····			† †	••••	
Total DSEs		0.00	Total DSEs	!	···	0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
NE HUNDRED TWENTY-SEVENT	TH SUBSCRIBER GROU	Р	ONE HUNDRED TWE	NTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	D0E	CALL SIGN	DOE	T CALL CICAL		
	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
	CALL SIGN	DSE		DSE	CALL SIGN	DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE		DSE		DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE				DSE	
	CALL SIGN	DSE				DSE	
Total DSEs	CALL SIGN	0.00	Total DSEs			DSE	
Total DSEs Gross Receipts Third Group	\$						

	LE SYSTEM: I E), LLC				SY	STEM ID#	Name
BLOCK A: (COMPUTATION OF E	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED TWENTY-NINTH	SUBSCRIBER GROUP		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 Fe
							and
							Syndicated
							Exclusivity
						<u></u>	Surcharge
					-	<u>-</u>	for
							Partially Distant
					-		Stations
					-	<u> </u>	Glations
						-	
						+	
Total DSEs		0.00	Total DSEs	•		0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED THIRTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THIRT	Y-SECOND	SUBSCRIBER GROUP		
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u></u>	
						<u>-</u>	
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						<u> </u>	
Total DSEs		0.00	Total DSEs	1		0.00	
	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Gross Receipts Third Group	•						

Atlantic Broadband (NH-	BLE SYSTEM: ME), LLC					YSTEM ID#	Name
			TE FEES FOR EACH	H SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-THIR	O SUBSCRIBER GROU	Р	ONE HUNDRED THIR	TY-FOURTH	SUBSCRIBER GROUP	•	0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	9 Computatio
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Rate Fo
							and
							Syndicated
							Exclusivity
					-		Surcharge
							for
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		<u></u>			-		Distant Stations
		<u></u>		•••••••••••••••••••••••••••••••••••••••			Stations
					-		
		<u></u>		<u></u>	-		
		<u> </u>					
Fotal DSEs		0.00	Total DSEs	· !		0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
·					\$ SUBSCRIBER GRO	•	
ONE HUNDRED THIRTY-FIFTI				RTY-SIXTH	1	•	
ONE HUNDRED THIRTY-FIFTI		UP	ONE HUNDRED THI	RTY-SIXTH	1	UP	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
DNE HUNDRED THIRTY-FIFTI COMMUNITY/ AREA CALL SIGN DSE	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
CALL SIGN DSE	1 SUBSCRIBER GRO	0 0	ONE HUNDRED THI COMMUNITY/ AREA	RTY-SIXTH	SUBSCRIBER GRO	UP 0	
ONE HUNDRED THIRTY-FIFTI	1 SUBSCRIBER GRO	DSE	ONE HUNDRED THI COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE	

Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Atlantic Broadbane			ро			SY	STEM ID#	Name
			BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIRTY-	SEVENTH	SUBSCRIBER GROUP			TY-EIGHTH	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
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						<u> </u>		
T / 1005			0.00	T / LD05		Ц	0.00	
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 THIRT	Y-NINTH	SUBSCRIBER GROU	IP	ONE HUNDRED I	FORTIETH	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	
					0	_		
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	
ase Rate Fee: Add the			riber group	as shown in the boxes a	bove.	\$		

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID#	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FOR	TY-FIRST	SUBSCRIBER GROUP	1	ONE HUNDRED FORT	Y-SECOND	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
								and
								Syndicated
								Exclusivity
								Surcharge
								for
					.			Partially
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						-		Stations
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					·	-	<u></u>	
					·		<u> </u>	
						 		
Total DSEs			0.00	Total DSEs	1	II.	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Secon		\$	0.00	
	TY-THIRD	SUBSCRIBER GROUP			ry-fourth	SUBSCRIBER GROUP		
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>	
Total DSEs	1		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	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes a	above.	\$		

	ABLE SYSTEM: -ME), LLC					SYSTEM ID#	Name
BLOCK A	A: COMPUTATION C	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
ONE HUNDRED FORTY-FIF	TH SUBSCRIBER GROU	JP	ONE HUNDRED I	ORTY-SIXTH	I SUBSCRIBER GROUF		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
							Syndicated
							Exclusivity
							Surcharge
							for
							Partially
							Distant
							Stations
Total DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED FORTY-SEVEN	TH SUBSCRIBER GROU	JP	ONE HUNDRED FO	ORTY-EIGHTH	SUBSCRIBER GROUP	D	
COMMUNITY/ AREA	0	COMMUNITY/ AREA 0					
CALL SIGN DSF	CALL SIGN	DSF	CALL SIGN	DSF	CALL SIGN	DSF	
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	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	CALL SIGN		Total DSEs	DSE	CALL SIGN		
Total DSEs		0.00	Total DSEs		CALL SIGN	0.00	
Total DSEs Gross Receipts Third Group	\$				CALL SIGN		

LEGAL NAME OF OWNER Atlantic Broadbane			•			SY	STEM ID#	Name
				TE FEES FOR EACH				
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		ONE HUNDRED	FIFTIETH	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
							<u></u>	Exclusivity
								Surcharge
		-					-	for
						-		Partially Distant
						-		Stations
						-	-	Stations
						+	<u> </u>	
						H	<u> </u>	
						H	+	
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••••••								
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFTY	-SECOND	SUBSCRIBER GROU	Р	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
							<u></u>	
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						+	<u> </u>	
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Total DSEs		1	0.00	Total DSEs	1		0.00	
		-					,	
0 5		<u> </u>	0.00	110		<u> </u>		
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Gross Receipts Third G Base Rate Fee Third G	·	\$	0.00	Gross Receipts Fourth Base Rate Fee Fourth	•	\$	0.00	

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID#	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED FIFT	Y-THIRD	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-FOURTH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
		-						Syndicated
								Exclusivity
		-						Surcharge for
		-						Partially
								Distant
								Stations
	ļ							
	 							
	 							
					•••••			
Total DSEs 0.00			0.00	Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FIFT	ΓY-FIFTH	SUBSCRIBER GRO	UP	ONE HUNDRED	FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		-			•••••			
	 							
	 							
Total DSEs	1		0.00	Total DSEs			0.00	
Gross Receipts Third Group \$ 0.00		0.00	Gross Receipts Fou	rth 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 boxe	s above.	\$		

LEGAL NAME OF OWNER Atlantic Broadbane			•			S	YSTEM ID#	Name	
				TE FEES FOR EACH	SUBSCR	RIBER GROUP			
ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP								9	
COMMUNITY/ AREA	OMMUNITY/ AREA 0				COMMUNITY/ AREA 0				
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 Second Group \$ 0.00					
Base Rate Fee First Group \$ 0.00				Base Rate Fee Secon					
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRED	SIXTIETH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA0					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
							····		
		-							
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
							<u></u>		
							<u> </u>		
Total DSEs			0.00	Total DSEs			0.00		
_									
Gioss Receipts Tilifa G	loup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00		
		i .		11		1	[]		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00		

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

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

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

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

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