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

SA1-2E Short Form

STATEM	ENT OF ACCOUNT	FOR COPYRIGH	T OFFICE USE ONLY	Return completed workbook by email to:
-	ry Transmissions by	DATE RECEIVED	AMOUNT	andiaran Qlas ray
Cable Syste	ms (Short Form)		\$	coplicsoa@loc.gov For additional information,
	ctions are located	3/1/2019		contact the U.S. Copyright Office Licensing Division at:
in the first tab	of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY)	YY/(Period))	
	2018/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		-		
	20182	Barcode Data Filing Period (optional -	see instructions)	
Accounting		_		
Period				
В	÷	-	ary of another corporation, give the full corp	orate title
В	of the subsidiary, not that of the parent c			
Owner	List any other name or names under whic	h the owner conducts the business of the	e cable system.	
	If there were different owners during the single statement of account and royalty for		e last day of the accounting period should sund generiod.	bmit a
	Check here if this is the system's first filin	g. If not, enter the system's ID number as	signed by the Licensing Division.	15231
	LEGAL NAME OF OWNER/MAILIN	G ADDRESS OF CABLE SYSTEM		
	Atlantic Broadband (Penn) LLC			
	BUSINESS NAME(S) OF OWNER OF	F CABLE SYSTEM (IF DIFFERENT)		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

Number, street, rural route, apartment, or suite number)

Quincy, MA 02169

INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these

names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

MAILING ADDRESS OF OWNER OF CABLE SYSTEM

2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)

IDENTIFICATION OF CABLE SYSTEM:

Atlantic Broadband MAILING ADDRESS OF CABLE SYSTEM: 120 Southmont Blvd.

Johnstown, PA 15905 (City, town, state, zip code)

С

System

1

2

Name LEGAL NAME OF OWNER OF CARLE SYSTEM: S Itanic Broadband (Penn) LLC Itanics Broadband (Penn) LLC Itanics Broadband (Penn) LLC Itanics Broadband (Penn) LLC Itanis Broadband (Penn)	01/0722
D Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and inclu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification her as the "first community." Please use it as the first community on all future filings. Area Served Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be identified city. First Community CITY OR TOWN Served StatE Mifflinburg PA Buffalo PA Hartleton PA Laurelton (Union Co.) PA Lewis (Swengal Area) PA Limestone PA Union PA	SYSTEM
D"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and inclu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification her as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses be identified city.First CommunityCITY OR TOWNSTATEMifflinburg BuffaloPAHartletonPALaurelton (Union Co.)PALewis Lewis (Swengal Area)PALimestonePAUnion (Glen Iron Area)PAUnionPA	152
Area Served identified city. First CITY OR TOWN STATE First Mifflinburg PA Community Buffalo PA Hartleton PA Laurelton (Union Co.) PA Lewis (Swengal Area) PA Limestone PA Union (Glen Iron Area) PA Union PA	nd including singl tion hereafter kn
Served Identified city. First Mifflinburg PA Community Buffalo PA Hartleton PA Laurelton (Union Co.) PA Lewis PA Lewis (Swengal Area) PA Limestone PA Union (Glen Iron Area) PA Union PA	eses below the
First CommunityMifflinburgPABuffaloPAHartletonPALaurelton (Union Co.)PALewisPALewis (Swengal Area)PALimestonePAUnion (Glen Iron Area)PAUnionPA	
CommunityBuffaloPAHartletonPAHartletonPALaurelton (Union Co.)PALewisPALewis (Swengal Area)PALimestonePAUnion (Glen Iron Area)PAUnionPA	
Hartleton PA Laurelton (Union Co.) PA Lewis (Swengal Area) PA Limestone PA Union (Glen Iron Area) PA Union (Sien Iron Area) PA	
Laurelton (Union Co.) PA Lewis PA Lewis (Swengal Area) PA Limestone PA Union (Gien Iron Area) PA Union PA	
LewisPALewis (Swengal Area)PALimestonePAUnion (Glen Iron Area)PAUnionPA	
LewisPALewis (Swengal Area)PALimestonePAUnion (Glen Iron Area)PAUnionPA	
Lewis (Swengal Area)PALimestonePAUnion (Glen Iron Area)PAUnionPA	
LimestonePAUnion (Glen Iron Area)PAUnionPA	
Union (Glen Iron Area) PA Union PA	
Union	
InstrumentInstrumen	
Index <tr< td=""><td></td></tr<>	
Image: set of the	

	LEGAL NAME OF OWNER OF C							FORM SA1-	TEM ID
Name	Atlantic Broadband (Pe							010	1523
E	SECONDARY TRANSMISSION In General: The information in s					y transmission	service of t	he cable	
	system, that is, the retransmissi								
Secondary	about other services (including p						those exist	ing on the	
Transmission	last day of the accounting period	`				,	hla avatam	brokon	
Service: Sub- scribers and	Number of Subscribers: Bot down by categories of secondar	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv	vice at the rate i	indicated	-not the nu	mber of set	s receiving service	vice).	-	
	Rate: Give the standard rate of								
	unit in which it is generally billed category, but do not include disc					rd rate variatior	s within a p	particular rate	
	Block 1: In the left-hand block					ondarv transmis	ssion servio	e that cable	
	systems most commonly provide			-		•			
	that applies to your system. Not	t e: Where an in	dividual	or organizatio	on is receiv	ing service that	falls under	different	
	categories, that person or entity						•		
	subscriber who pays extra for ca first set" and would be counted of					in the count ur	nder "Servi	ce to the	
	Block 2: If your cable system					service that are	e different f	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a	and rates, in the	e right-ha	ind block. A t	wo- or thre	e-word descript	ion of the s	ervice is	
	sufficient.	OCK 1					BLOCK	2	
		NO. OF		D.475				NO. OF	
	CATEGORY OF SERVICE	SUBSCRIBE	ERS	RATE	CATE	EGORY OF SEI	RVICE	SUBSCRIBERS	RATE
	Residential:		420	40.02	Evnond	lad Pasia		369	49.1
	Service to first set		420	40.63		led Basic	andad)		49.1 89.8
	Service to additional set(s)				Digital	Basic + Exp Value	anded)	789 65	ە9.ە 71.1
	• FM radio (if separate rate)		~	40.02	Digital	value		00	/ 1.1
	Motel, hotel		2	40.63					
	Commercial Converter		14	40.63					
	Residential		6	\$4.99					
	Non-residential			44.33					
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATE	S				
F	In General: Space F calls for ra								
•	not covered in space E, that is, t service for a single fee. There a								
Services	furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the								
ransmissions:	Block 1: Give the standard ra Block 2: List any services tha							were not	
Pates		t your ouble by			-	and addodunting			
Rates	-	separate chard	ie was m	ade or estab	ished. List	these other ser	vices in the		
Rates	listed in block 1 and for which a brief (two- or three-word) descri				ished. List	these other ser	vices in the		
Rates	listed in block 1 and for which a	ption and includ	le the rat		ished. List	these other ser	vices in the		
Rates	listed in block 1 and for which a	ption and inclue	le the rat CK 1			these other ser		BLOCK 2 DRY OF SERVICE	RATE
Rates	listed in block 1 and for which a brief (two- or three-word) descri	ption and inclue BLOC RATE	le the rat CK 1 CATEGO	e for each.	VICE			BLOCK 2	RATE
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE	ption and inclue BLOC RATE	de the rat CK 1 CATEGO Installat	e for each. DRY OF SEF	VICE			BLOCK 2	
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	ption and includ BLOC RATE	de the rat CK 1 CATEGO Installat • Mote	e for each. DRY OF SEF ion: Non-res	VICE		CATEGO HBO Cinema	BLOCK 2 DRY OF SERVICE	19.9
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	ption and includ BLOC RATE	de the rat CK 1 CATEGO Installat • Mote	e for each. DRY OF SEF ion: Non-res I, hotel mercial	VICE		CATEGO HBO Cinema Showtin	BLOCK 2 DRY OF SERVICE	19.9 19.9 19.9
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	ption and includ BLOC RATE	de the rat CK 1 CATEGO Installat • Mote • Com • Pay	e for each. DRY OF SEF ion: Non-res I, hotel mercial	VICE sidential		CATEGO HBO Cinema	BLOCK 2 DRY OF SERVICE	RATE 19.9 19.9 19.9 9.0
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	ption and includ BLOC RATE	de the rat CK 1 CATEGO Installat • Mote • Com • Pay • Pay	e for each. DRY OF SEF ion: Non-res I, hotel mercial cable	VICE sidential		CATEGO HBO Cinema Showtin MovieP 2 Prem	BLOCK 2 DRY OF SERVICE	19.9 19.9 19.9 9.0 34.9
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection • Burglar protection	ption and includ BLOC RATE	CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	e for each. DRY OF SEF ion: Non-res I, hotel mercial cable cable	NICE sidential		CATEGO HBO Cinema Showtin MovieP	BLOCK 2 DRY OF SERVICE	19.9 19.9 19.9 9.0
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential	50.00	CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire	e for each. DRY OF SEF ion: Non-res I, hotel mercial cable cable-add'l c protection lar protectior	NICE sidential		CATEGO HBO Cinema Showtin MovieP 2 Prem	BLOCK 2 DRY OF SERVICE	19.9 19.9 19.9 9.0 34.9
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	50.00	le the rat CK 1 CATEG(Installat • Mote • Com • Pay • Pay • Fire • Burg Other so	e for each. DRY OF SEF ion: Non-res I, hotel mercial cable cable-add'l c protection lar protectior	NICE sidential		CATEGO HBO Cinema Showtin MovieP 2 Prem	BLOCK 2 DRY OF SERVICE	19.9 19.9 19.9 9.0 34.9
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	50.00	le the rat CK 1 CATEG(Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco	e for each. DRY OF SEF ion: Non-res il, hotel mercial cable cable-add'l c protection lar protectior ervices:	NICE sidential	RATE	CATEGO HBO Cinema Showtin MovieP 2 Prem	BLOCK 2 DRY OF SERVICE	19.9 19.9 19.9 9.0 34.9
Rates	listed in block 1 and for which a brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	50.00	Le the rad CK 1 CATEGO Installat • Mote • Com • Pay • Pay • Fire • Burg Other so • Reco • Disc	e for each. DRY OF SEF ion: Non-res il, hotel mercial cable cable-add'l c protection lar protection ervices: onnect	NICE sidential	RATE	CATEGO HBO Cinema Showtin MovieP 2 Prem	BLOCK 2 DRY OF SERVICE	19.9 19.9 19.9 9.0 34.9

ccounting Period: 2	2018/2			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Atlantic Broadband (P	Penn) LLC		15231
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, as Substitute Basis Stations: basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further informatio Column 1: List each station multicast stream associated "WETA-2" as the same on th Column 2: Give the channel of license. For example, WI Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these te Column 4: Give the location	n during the accounting period, except n effect on June 24, 1981, permitting to)(2) and (4), or 76.63 (referring to 76.15 explained in the next paragraph. With respect to any distant stations of les, regulations, or authorizations: in space G—but do list it in space I (if a substitute basis. Ilso in space I, if the station was carried in concerning substitute basis stations 's call sign. <i>Do not</i> report origination with a station according to its over-the form. I number the FCC assigned to the tell RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational), rms, see page (iv) of the general instri-	a translator stations and low power tele of (1) stations carried only on a part-tin the carriage of certain network program 61(e)(2) and (4))]; and (2) certain stati earried by your cable system on a sub- the Special Statement and Program L ed both on a substitute basis and also , see page (v) of the general instruction program services such as HBO, ESPI e-air designation. For example, report evision station for broadcasting over the station, an independent station, or a (for network multicast), "I" (for independent er "E-M" (for noncommercial education uctions in the paper SA1-2 form. t the community to which the station is the community with which the station is	me basis under ms [sections ons carried on a stitute program og)—if the on some other ons. N, etc. Identify each t multistream he air in its community noncommercial ndent), "I-M" nal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WBRE	4	N	WILKES-BARRE, PA
	WGAL	8	N	LANCASTER, PA
ows as Necessary	WITF	11	E	HARRISBURG, PA
	WNEP	3	N	WILKES-BARRE, PA
	WOLF	5	Ν	HAZELTON, PA
	WQMY	13	<u> </u>	WILLIAMSPORT, PA
	WSWB	9	I	SCRANTON, PA
	WVIA	7	E	PITTSTON, PA
	WYOU	2	N	SCRANTON, PA

LEGAL NAME C								SYSTEM II 152
	st every radio s	station ca	arried on a separate and discr nerally receivable by your cab					Н
eceivable if (1 on the basis of For detailed inf paper SA1-2 fc Column 1: I Column 2: S Column 3: I signal, indicate) it is carried b monitoring, to formation about orm. dentify the call State whether f the radio state this by placing	y the sys be recein at the Co l sign of the static tion's sig g a check	II-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	It the system's he system's FM ante this point, see pa this point, see pa sed by the cable s	adend, and (2 enna, during co ge (v) of the g system as a se) it can ertain st eneral ii parate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
Mexican or Ca	nadian station		on (the community to which the the community with which the	e station is identifi		C or, in		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
NGRC	FM		Lewisburg, PA					
WITF	FM		Harrisburg, PA					
VQKX	FM		Sunbury, PA					
VWBE	FM	1	Selinsgrove, PA					
]						
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	+							
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Accounting Perio	od: 2018/2						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Atlantic Broadband (P	enn) LLC	;					15231
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
	In General: In space I, ident	-	-			ition, that you	r cable sys	tem carried on a
	substitute basis during the a	iccounting p	eriod, under sp	pecific present and former F	CC rules, reg	julations, or a	uthorizatio	ns. For a further
Substitute	explanation of the programm	ning that mu	st be included	in this log, see page (v) of t	he general in	structions in t	he paper S	A1-2 form.
Carriage: Special	1. SPECIAL STATEMEN	-						
Statement and	 During the accounting per 	-	ur cable syster	m carry, on a substitute ba	isis, any noni	network telev	ision prog	
Program Log	broadcast by a distant sta	tion?					YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI							
	In General: List each subs clear. If you need more spa				s wherever p	ossible, if the	eir meaning	g is
	· ·			vision program ("substitute	e program") t	hat, during th	ne account	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general categor							
	"NBA Basketball: 76ers vs.						Love Lucy	
				er "Yes." Otherwise enter				
				casting the substitute prog the community to which th		censed by th	e FCC or	in
	the case of Mexican or Car	nadian stati	ons, if any, the	e community with which the	e station is id	lentified).		
			when your sy	stem carried the substitute	e program. U	se numerals	, with the n	nonth
	first. Example: for May 7 gi Column 6: State the tim		e substitute pr	ogram was carried by you	r cable syste	m I ist the ti	mes accur	atelv
	to the nearest five minutes.							
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	n waa aubatitutad far nrag	remains the	t vour ovotor		vira d
	to delete under FCC rules			n was substituted for prog luring the accounting perio				
	was substituted for program	nming that						-9.4
	effect on October 19, 1976							
					WHF	N SUBSTIT	UTF	
	S	UBSTITUT	E PROGRAM	1		AGE OCCL		7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TII		DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM -	- то	
							-	
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Accounting Period:	2018/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	S	YSTEM ID# 15231
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transm (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	ission service amount, see	7,187.45 ss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, <i>or</i> block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula \$ 263,800.00		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Foc and			
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2018/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 15231
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations on which the cable system carried television broadcast stations and nonbroadcast services	9 175
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Patrick Bratton Telephone	617-786-8800
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip) Fax (optional)	
O Certification	 I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)] X /s/ Patrick Bratton Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith) Typed or printed name: Patrick Bratton Title: Chief Financial Officer (Title of official position held in corporation or partnership) 	system as identified /ner of the cable system
	Date: February 28, 2019	

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

ounting Period: 2018/2	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
antic Broadband (Penn) LLC	1523
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below. 	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
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For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
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Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.