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 | | | | | | | |
|-------------------------------|--|--|--|--|--|--|--|
| AMOUNT | | | | | | | |
| \$ | | | | | | | |
| ALLOCATION NUMBER | | | | | | | |
| | | | | | | | |
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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 | MENT: | | |
|----------------------|--|---|-------------------------------------|----------------|
| Accounting Period | 2019/1 | | | |
| B Owner | Instructions: Give the full legal name of the owner of the cable system. If the rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts If there were different owners during the accounting period, on a single statement of account and royalty fee payment covering the Check here if this is the system's first filling. If not, enter the statement of December 1.00 CABLE SYSTEM CAB | s the business of the cable systems the owner on the last day of the entire accounting period system's ID number assigned between the cable system's ID number assigned between the cable system. | em he accounting period should s | • |
| | Atlantic Broadband (Penn) LLC | | | |
| | | | | 01063120191 |
| | | | | 010631 2019/1 |
| | 2 Batterymarch Park, Suite 205 Quincy, MA 02169 | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names | | | |
| | names already appear in space B. In line 2, give the mailing a | address of the system, if diffe | erent from the address give | n in space B. |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: Atlantic Broadband | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: 120 Southmont Blvd. (Number, street, rural route, apartment, or suite number) Johnstown, PA 15905 (City, town, state, zip code) | | | |
| D | Instructions: For complete space D instructions, see page 1 | b. Identify only the frst comm | nunity served below and rel | ist on page 1b |
| Area | with all communities. | | | |
| Served | CITY OR TOWN | STATE | | |
| First Community | Altoona | PA | | |
| Community | Below is a sample for reporting communities if you report m | | | OUR ORD# |
| | CITY OR TOWN (SAMPLE) Alda | STATE MD | CH LINE UP A | SUB 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 sufficiency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 010631 Atlantic Broadband (Penn) 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# PA Altoona **First Allegheny Township** PA Community Antis Township PA **Bellwood** PA Birmingham Borough PA 1 Blair Township PA See instructions for **Bloomfield Township** PA additional information on alphabetization. 2 **Broadtop, Bedford County** PA Cass PA Cassville PA **Catherine Township** PA Add rows as necessary. Clay PA **Duncansville** PA Frankstown Township PA Freedom PA Gallitzin PA 3 Greenfield PA Hollidaysburgh PA **Huston Township** PA Juniata, Blair County PA Kimmel Township PA Logan PA Mapleton PA Martinsburg PA Newry PA North Woodbury PA Pavia PA **Roaring Springs** PA Saltillo PA **Snyder Township** PA Spruce Creek PA Taylor PA **Three Springs** PA Todd PA **Tyrone** PA Union PA **Warriors Mark** PA Wells, Huntingdon County PA Wood PA

PA

Woodbury, Blair County

| 1 | |
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| | |
| | |
| | |

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (Penn) LLC

SYSTEM ID#

010631

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Secondary Transmission Service: Subscribers and Rates **In General:** The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

| BL | OCK 1 | | BLOCK 2 | | | | | |
|--|-----------------------|----|---------|--------------------------|-----------------------|-------------|--------|--|
| CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | CATEGORY OF SERVICE | NO. OF SUBSCRIBERS | | RATE | |
| Residential: | | | | | | | | |
| Service to first set | 20,969 | \$ | 41.93 | Expanded | 17,719 | \$ | 60.23 | |
| Service to additional set(s) | | ļ | | Value (Basic + Expanded) | 38,688 | \$ | 102.16 | |
| FM radio (if separate rate) | | ļ | | Digital Value | 1,951 | \$ | 81.99 | |
| Motel, hotel | 75 | \$ | 41.93 | | | | | |
| Commercial | 1,070 | \$ | 41.93 | | | | | |
| Converter | | | | | | · · · · · · | | |
| Residential | 82 | \$ | 6.99 | | | [| | |
| Non-residential | | | | | | | | |
| | 1 | 1 | | | 1 | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

| | BLOCK 2 | | | | | | |
|---|--------------|-------------------------------|----|---------------------|-------------|------|-------|
| CATEGORY OF SERVICE | RATE | CATEGORY OF SERVICE | R | CATEGORY OF SERVICE | F | RATE | |
| Continuing Services: | | Installation: Non-residential | | | | | |
| Pay cable | 7.99 - 19.99 | Motel, hotel | | | НВО | \$ | 19.99 |
| Pay cable—add'l channel | | Commercial | | | Cinemax | \$ | 19.99 |
| Fire protection | | Pay cable | | | Showtime | \$ | 19.99 |
| Burglar protection | | Pay cable-add'l channel | | | MoviePlex | \$ | 9.00 |
| Installation: Residential | | Fire protection | | | 2 Premium | \$ | 34.95 |
| First set | \$ 50.00 | Burglar protection | | | 3 Premium | \$ | 49.95 |
| Additional set(s) | \$ 40.00 | Other services: | | | NFL RedZone | \$ | 49.99 |
| • FM radio (if separate rate) | | Reconnect | \$ | 40.00 | | | |
| Converter | | Disconnect | | | | | |
| | | Outlet relocation | \$ | 40.00 | | | |
| | | Move to new address | \$ | 40.00 | | 1 | |
| | | | | | | 1 | |

| LEGAL NAME OF | | | | | 01/0===== | 1 |
|--|---|--|--|--|--|------------------------------------|
| 1 | OWNER OF CABLE S | | | | SYSTEM ID# | Name |
| Atlantic Bro | adband (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSM | IITTERS: TELEVISIO | ON | | | | |
| In General: In spa carried by your cat FCC rules and reg FC.59(d)(2) and (4) substitute Bas basis under specifi Do not list the sta station was carr List the station he basis. For furth in the paper SA Column 1: List each multicast stre cast stream as "WI WETA-simulcast). Column 2: Give its community of lic on which your cabl Column 3: Indi educational statior (for independent m For the meaning or Column 4: If th planation of local s Column 5: If yo cable system carried the distant For the retransr of a written agreen the cable system a tion "E" (exempt). I | ace G, identify ever ble system during to ulations in effect or or, 76.61(e)(2) and (an basis, as explained is Stations: With a FCC rules, regulation here in space ried only on a subsere, and also in spacer information conductions. For each station's call as associated with ETA-2". Simulcast et he channel numbers. For example le system carried the cate in each case on, by entering the lefulticast), "E" (for note the first of the distant station on a part-timission of a distant enterted into ond a primary transfor simulcasts, also in the first of the service area, see proposition on a part-timission of a distant enterted into ond a primary transfor simulcasts, also in the first of the service area, see proposition on a part-timission of a distant enterted into ond a primary transfor simulcasts, also in the first of the service area, see proposition on a part-timission of a distant enterted into ond a primary transfor simulcasts, also in the first of the | y television st he accounting in June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do list titute basis. ace I, if the stateming substiffs sign. Do not in a station ac streams must ber the FCC in the station. Whether the station. Whether the station accommercial page (v) of the the local sendage (v) of the esi' in column on during the me basis becar multicast stream or before Jumitter or an accenter "E". If | g period, except 81, permitting the referring to 76.6 paragraph. It is distant stations to report origination coording to its own to be reported in the referring to annel 4 in Wash tation is a network), "N-M" (all educational), control of the regeneral instruct 4, you must conaccounting perions of lack of a same that is not sune 30, 2009, be association representations of 76.6 paragraphs. | t (1) stations carried carriage of certife (2) and (4))]; is carried by your one Special Statem of the Special | stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing iny transmitter, enter the designa- | G Primary Transmitters: Television |
| | | | | instructions locate | ther basis, enter "O." For a further ed in the paper SA3 form. | |
| Column 6: Give | e the location of ea | ch station. Fo | or U.S. stations, | instructions locate list the communit | ed in the paper SA3 form. y to which the station is licensed by the | |
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| Column 6: Give FCC. For Mexican Note: If you are ut | e the location of ea or Canadian static ilizing multiple char | ch station. Fo ons, if any, giv nnel line-ups, CHANN | or U.S. stations, re the name of the use a separate | instructions locate list the communit he community wit space G for each | ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed. channel line-up. | |
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| Column 6: Give FCC. For Mexican Note: If you are ut | 2. B'CAST CHANNEL NUMBER 12 6 15 15 16 10 8 2 | ch station. Fo | U.S. stations, re the name of the name of the use a separate EL LINE-UP 4. DISTANT? (Yes or No) No No Yes No Yes No No No No No No No No No N | instructions locate list the communit he community wit space G for each AA 5. BASIS OF CARRIAGE (If Distant) | Altoona, PA Jeanette, PA Clearfield, PA Pittsburgh, PA Altoona, PA Johnstown, PA Johnstown, PA State College, PA State College, PA State College, PA | additional information |

ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (Penn) LLC 010631 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 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 | AB | |
|----|--------------------------------------|--|--|--|
| | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION |
| 12 | N | No | | Altoona, PA |
| 6 | N | No | | Johnstown, PA |
| 5 | I | No | | Altoona, PA |
| 15 | I | Yes | 0 | Jeanette, PA |
| 3 | E | No | | Clearfield, PA |
| 4 | N | Yes | 0 | Pittsburgh, PA |
| 10 | N | No | | Altoona, PA |
| 8 | N | No | | Johnstown, PA |
| 2 | I | Yes | 0 | State College, PA |
| 22 | l | No | | Pittsburgh, PA |
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| | CHANNEL NUMBER 12 6 5 15 3 4 10 8 2 | 2. B'CAST CHANNEL NUMBER STATION 12 N 6 N 5 I 15 I 3 E 4 N 10 N 8 N 2 I | 2. B'CAST CHANNEL NUMBER STATION 12 N NO 6 N NO 5 I NO 15 I Yes 3 E NO 4 N Yes 10 N NO 8 N NO 2 I Yes | CHANNEL NUMBER OF STATION (Yes or No) CARRIAGE (If Distant) 12 N No 6 N No 5 I No 15 I Yes O 3 E No 4 N Yes O 10 N No 8 N No 2 I Yes O |

| FORM SA3E. PAGE 3. LEGAL NAME OF OWN | IER OF CARLE S | YSTEM [.] | | | SYSTEM ID# | |
|--|--|---|--|--|--|--|
| Atlantic Broad | | | | | 010631 | Name |
| PRIMARY TRANSMITTI | | ' | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List eace each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you hable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these th Column 6: Give the | G, identify ever system during the control of the c | y television st he accounting in June 24, 19 4), or 76.63 (in did in the next respect to any ations, or auth G—but do listitute basis. ace I, if the stateming substitute basis sign. Do not reference in a station active and streams must be the FCC in the station. Whether the station whether the station. Whether the station are get (v) of the the local service in column on during the me basis becar multicast stream or before Jumitter or an acceptage (v) characteristics. If the service in column or during the me basis becar multicast stream or before Jumitter or an acceptage (v) characteristics. For see page (v) characteristics, if any, giving in June 24, 19 19 19 19 19 19 19 19 19 19 19 19 19 | g period, except 81, permitting the referring to 76.6 paragraph. If distant stations to report origination cording to its own to be reported in containing the referring to the station was carried to the report origination cording to its own to be reported in containing periodical station is a network of the reported in containing periodical station in the reported in containing periodical station repressioning the report of the general in the repressional stations, the remaining the reference of the remaining the reference in the remaining the reference in the reference in the remaining the reference in the r | (1) stations carried to carriage of certa 1(e)(2) and (4))]; as carried by your context of both on a substitute, see page (v) on program services the television statification, D.C. This ark station, an indefor network multicute for "E-M" (for noncontions located in the distant"), enter "Yestons located in the implete column 5, so d. Indicate by entictivated channel of subject to a royalty stween a cable system in the primal channel on any of instructions located in the community with the community with the community with | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designa- ther basis, enter "O." For a further d in the paper SA3 form. y to which the station is licensed by the m which the station is identifed. | Primary Transmitters: Television |
| | <u> </u> | CHANN | EL LINE-UP | AC | | |
| 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 | |
| WATM | 12 | N | No | | Altoona, PA | |
| WJAC | 6 | N | No | | Johnstown, PA | |
| WKBS | 5 | I | No | | Altoona, PA | |
| WPCW | 15 | I | Yes | 0 | Jeanette, PA | |
| WPSU | 3 | Е | No | | Clearfield, PA | |
| WTAE | 4 | N | No | | Pittsburgh, PA | |
| WTAJ | 10 | N | No | | Altoona, PA | |
| WWCP | 8 | N | No | | Johnstown, PA | |
| WHVL | 2 | I | Yes | 0 | State College, PA | |
| WINP | 22 | I | No | | Pittsburgh, PA | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|---|--|--|------------------------------------|
| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name |
| Atlantic Broadl | band (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bass. Substitute Basis is basis under specific FC bo not list the station station was carried between List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you he cable system carried the distant stat For the retransmiss of a written agreement the cable system and attion "E" (exempt). For explanation of these the Column 6: Give the | G, identify ever system during the control of the c | y television standard accounting in June 24, 194, or 76.63 (rd in the next) respect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in the local service (v) of the local service (v) | g period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: It it in space I (the referring to station was carried that it in space I (the referring to report origination cording to its over the reported in compart of the reported in compart or the reported in compart or the reported in compart or the reported in compart of the reported in the report or the reported in the report or the reported in the report or the report of the report | (1) stations carried to carriage of certa 1(e)(2) and (4))]; as a carried by your context of the carried by the carr | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your dering "LAC" if your cable system capacity. If payment because it is the subject stem or an association representing the remainder of the remai | G Primary Transmitters: Television |
| | | CHANN | EL LINE-UP | ΔD | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | , |
|--|---|---|--|--|---|---|
| LEGAL NAME OF OWN | NER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| Atlantic Broad | band (Penn) | LLC | | | 010631 | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 fc Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable se Column 3: Indicate educational station, by | ERS: TELEVISIO G, identify even system during ti ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With I CC rules, regula Inhere in space only on a subs and also in spa information conc information conc isth station's call associated with -2". Simulcast the channel numb ise. For example is explained the in each case to | y television standard programme accounting an June 24, 1984, or 76.63 (rd in the next prespect to any attions, or auth G—but do list ittute basis. In the standard programme as tation account of the station account of the station. Whether the state itter "N" (for new television of the station. | period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried ute basis station eport origination cording to its own be reported in contained 4 in Wash ation is a networkly, "N-M" ("N-M" ("N-M | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designation of the television stationington, D.C. This work station, an indefor network multic | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a sable system on a substitute program ent and Program Log)—if the sute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinateram separately; for example ion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial aast), "I" (for independent), "I-M" commercial educational multicast). | G Primary Transmitters: Television |
| For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | ese terms, see ation is outside ice area, see pa ave entered "Ye he distant static ion on a part-tii sion of a distant tentered into o a primary trans simulcasts, also aree categories e location of ea Canadian statio | page (v) of the the local serverse (v) of the es" in column on during the ame basis becamulticast street or before Jumitter or an aspect of enter "E". If the see page (v) ch station. Fo | e general instruct vice area, (i.e. "c general instruct 4, you must cor accounting period ause of lack of a sam that is not some 30, 2009, be association repreyou carried the of the general if r U.S. stations, e the name of the | ctions located in the distant"), enter "Ye ions located in the mplete column 5, so d. Indicate by entertivated channel of subject to a royalty etween a cable system and the primary channel on any of instructions locate list the community with the community wit | ne paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. estating the basis on which your tering "LAC" if your cable system capacity. expanded paper says the subject estem or an association representing ery transmitter, enter the designa- estem or an association representing ery transmitter, enter the designa- estem of a further estem of the paper SA3 form. expect to which the station is licensed by the enter which the station is identified. | |
| | | CHANN | EL LINE-UP | AE | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|--|--|---|--|---|------------------------------------|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| Atlantic Broad | band (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Substitute Pasis Substitute Basis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List each multicast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the | G, identify even- system during to ions in effect on ions in effect conditions: With in ions in space only on a subs and also in space only on a subs and also in space information concurrs. The station's call associated with ions in each case were carried the ions in each case were in each case with | y television standard and accounting and June 24, 1984), or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard are station account as the station account as the station. Whether the station account are station. Whether the station account are station. Whether the station are station. Whether the station are station. Whether the station are station are station. Whether the station are station are basis because and the station are basis because and the station are basis because and the station are station or before Jumitter or an associated are station. The station are stationary stat | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its own be reported in comparation in a network), "N-M" (I educational), on eigeneral instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, (i.e. "cogeneral instructive area, of lack of a sam that is not some 30, 2009, be essociation repression of the general in the of the general in the control of the general of the control of the general of | (1) stations carried to carriage of certain (e)(2) and (4))]; as a carried by your context of the special Statement of both on a substitute, see page (v) on program services the television statification, D.C. This work station, an indefor network multicute "E-M" (for noncontext of the special part of the station of the special part of the speci | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your ering "LAC" if your cable system | G Primary Transmitters: Television |
| | Canadian statio | ns, if any, give | e the name of th | ne community with | which the station is identifed. | |
| Note. Il you are utilizii | ig multiple chai | • | EL LINE-UP | | Criatiliei iirie-up. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
|--|---|--|--|--|--|--|
| LEGAL NAME OF OWN | NER OF CABLE SY | /STEM: | | | SYSTEM ID | Namo |
| Atlantic Broad | band (Penn) | LLC | | | 01063 | 31 |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local serving Column 5: If you he cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For | G, identify even- G, identify even- g, system during tions in effect of ions in space only on a subs and also in space only on a subs and also in space information cond ions. Ch station's call associated with ion-2". Simulcast we channel numble ions in each case to ion on a part-tii ion on a part-tii ion of a distant it entered into o ion primary trans simulcasts, also | y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in a station account in a station. In the local service in a station account in a station account in a station account in a station. In the local service in a station account in a stat | period, except 81, permitting the referring to 76.6 paragraph. It distant stations orizations: tit in space I (the attion was carried ute basis station eport origination cording to its own be reported in the attion is a network), "N-M" (leducational), or egeneral instructive area, (i.e. "or general instructive area, (i.e. "or general instructive area, incompared to a sam that is not some 30, 2009, be a sociation repreyou carried the | (1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your consistency of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statisticity of the television statisticity of the television statisticity of the television of the television statisticity of the television statisticity, and indicated in the television statisticity, once the television statisticity of the tele | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your pering "LAC" if your cable system | Primary Transmitters: Television |
| Column 6: Give the | e location of ea | ch station. Fo | r U.S. stations, | list the community | o in the paper SA3 form. to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | | | | • | | |
| | | CHANN | EL LINE-UP | AG | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | | |
|--|--------------------------------|--|----------------------------|---|------------------------|------|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name | |
| Atlantic Broadl | pand (Penn) | LLC | | | 010631 | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent | | | | | | | |
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| Note: If you are diffizing | | • | EL LINE-UP | | Granner inte-up. | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWNER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | | |
| Atlantic Broadband (Penn) | LLC | | | 010631 | | | |
| PRIMARY TRANSMITTERS: TELEVISION | N | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried only your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4)]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network multicast), "" (for independent), "I-M" (for indepe | | | | | | | |
| FCC. For Mexican or Canadian statio | ns, if any, give | e the name of th | ne community with | which the station is identifed. | | | |
| Note. If you are utilizing multiple char | | EL LINE-UP | | Charmer inte-up. | | | |
| 1. CALL 2. B'CAST CHANNEL NUMBER | | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
|---|---|--------------------------|----------------------------|---|------------------------|------|--|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | | |
| Atlantic Broadl | band (Penn) | LLC | | | 010631 | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. | | | | | | | | |
| Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is 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 | AJ | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | | , | |
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| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name | |
| Atlantic Broad | band (Penn) | LLC | | | 010631 | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in the paper SA3 fo Column 1: List each each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate | ERS: TELEVISIC G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With I CC rules, regula In here in space only on a subs and also in spa information conc orm. In station's call associated with I I associated with I as | y television standard programme accounting an June 24, 1984, or 76.63 (rd in the next prespect to any attions, or auth G—but do list ittute basis. In the standard programme as tation account of a station account of the programme account of the station. | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station eport origination coording to its own be reported in of as assigned to annel 4 in Wash ation is a netwo | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program services er-the-air designation of the television stationington, D.C. This ork station, an indext of the television, and the television of the television of the television, and the television of television of the television of te | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinatem stream separately; for example con for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial aast), "I" (for independent), "I-M" | G Primary Transmitters: Television | |
| (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is 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 | AK | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWN | ER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | |
| Atlantic Broadb | and (Penn) | LLC | | | 010631 | - Tumo | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | |
| carried by your cable signs of the station station was carried or List the station station was carried or List the station here, a basis. For further in in the paper SA3 for Column 1: List each each multicast stream as "WETA-simulcast). | ystem during the consine effect or .61(e)(2) and (.61s, as explaine tations: With r C rules, regular here in space only on a substand also in space formation concomm. In station's call associated with .2". Simulcast stations as second as the consideration of t | ne accounting In June 24, 198 June 24, 198 June 24, 198 June 26, 198 J | period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination pording to its ow- be reported in o | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designation of the column 1 (list each | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in | G Primary Transmitters: Television | |
| 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 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, gi | | | | | | | |
| | | CHANN | EL LINE-UP | AL | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E. PAGE 3. | | | | | | | | |
|---|--------------------------------|--------------------------|----------------------------|---|------------------------|------|--|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | | |
| Atlantic Broadl | band (Penn) | LLC | | | 010631 | | | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | | | |
| In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. | | | | | | | | |
| Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-ups. | | | | | | | | |
| | | CHANN | EL LINE-UP | AM | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | |
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| FORM SA3E. PAGE 3. | | | | | 0/07514 10 // | | |
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| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name | |
| Atlantic Broadl | oand (Penn) | LLC | | | 010631 | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | ON | | | | | |
| 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 (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M | | | | | | | |
| Note: If you are utilizing | ig multiple chai | nnel line-ups, | use a separate | space G for each | channel line-up. | | |
| | | CHANN | EL LINE-UP | AN | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FURM SAJE. PAGE 3. | IED OF OAD! F O | (OTEN | | | SYSTEM ID# | | | | |
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| Atlantic Broad | | | | | 010631 | Name | | | |
| PRIMARY TRANSMITTI | RS: TELEVISIO | ON | | | | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program base | In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program | | | | | | | | |
| basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servic Column 5: If you h cable system carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the | CC rules, regular here in space only on a substand also in spatformation concern. The station's call associated with a channel number of the station's call associated with the ineach case of the station is outsided to the channel number of the station is outsided to the channel number of the station is outsided to the channel number of the station is outsided to the channel number of the channel number of the station is outsided to the channel number of the channel number of the station is outsided to the channel number of the distant station of a distant of the channel number of the channel number of the channel number of the channel number of the station of the station of the station of the channel number of the station of the st | ations, or auth G—but do listitute basis. ace I, if the state that is sign. Do not read that is sign. Do not read that is station acceptable to the RCC has a station. Whether the station. Whether the station. Whether the station apage (v) of the the local servage (v) of the es" in column on during the es" in column on during the es" in or before Ju mitter or an acceptable to enter "E". If , see page (v) ch station. Foons, if any, giv | tit in space I (the ation was carried tute basis station report origination or be reported in the ation is a network), "N-M" (if educational), one general instruction of the seam that is not some sociation repression of the general in the sociation, ethe name of the stations, is the name of the station was carried the sociation, and the sociation repression of the general in the sociation, is the name of the station was carried the sociation of the general in the sociation, is the name of the station was carried the sociation of the general in the sociation of the sociation o | e Special Statemed both on a substitus, see page (v) on program services er-the-air designal column 1 (list each the television statifington, D.C. This limit of the television statification in the modern statification of the television statification of the television statification of the television of the | ent and Program Log)—if the ute basis and also on some other if the general instructions located is such as HBO, ESPN, etc. Identify ion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in imay be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). ise paper SA3 form. s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject istem or an association representing y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed. | Television | | | |
| | | CHANN | EL LINE-UP | AO | | | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | | | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | |
| Atlantic Broadl | pand (Penn) | LLC | | | 010631 | | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). | system during the consine effect or a consistency or a consi | ne accounting In June 24, 198 4), or 76.63 (r d in the next prespect to any attions, or auth G—but do list titute basis. In the sta erning substit sign. Do not r in a station acc streams must | period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination pording to its own be reported in o | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designation of the column 1 (list each | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program and Program Log)—if the stute basis and also on some other af the general instructions located as such as HBO, ESPN, etc. Identify attion. For example, report multi- an stream separately; for example and on for broadcasting over-the-air in | G Primary Transmitters: Television | |
| 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 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, gi | | | | | | | |
| | | CHANN | EL LINE-UP | AP | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | /STEM: | | | SYSTEM ID# | Name |
| Atlantic Broad | band (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTI | ERS: TELEVISIO | ON | | | | |
| In General: In space of carried by your cable is FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Pasis Substitute Pasis Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-Simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local serving Column 5: If you he cable system carried the carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For | G, identify even during tipons in effect on 6.61(e)(2) and (6.51(e)(2) and (6. | y television standard accounting in June 24, 194, or 76.63 (rd d in the next prespect to any ations, or auth G—but do list titute basis. In the standard account in a station account in a station account in a station account in a station account in a station. In the local service in a station account in a station account in a station account in a station. In the local service in a station account in a stat | period, except period, except period, except period, except period, except period, permitting the eferring to 76.6 paragraph. I distant stations orizations: I ti in space I (the stion was carried ute basis station eport origination cording to its own be reported in compart of the effect of the except period in the effect of the effect | (1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your consistency of the Special Statement of both on a substitution, see page (v) on program service er-the-air designation of the television statisticity of the television statisticity of the television statisticity of the television of the television statisticity of the television statisticity, and indicated in the television statisticity, once the television statisticity of the tele | es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system | Primary Transmitters: Television |
| | | | | • | to which the station is licensed by the which the station is identifed. | |
| Note: If you are utilizing | ng multiple char | nnel line-ups, | use a separate | space G for each | channel line-up. | |
| | | CHANN | EL LINE-UP | AQ | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | |
| Atlantic Broadl | oand (Penn) | LLC | | | 010631 | Name | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | |
| carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). | system during the consine effect or a consideration or a consine effect or a consideration or a consine effect or a consistency or a con | ne accounting In June 24, 198 June 24, 198 June 24, 198 June 26, 198 J | period, except 81, permitting the eferring to 76.6 paragraph. distant stations orizations: it in space I (the tition was carried ute basis station eport origination pording to its own be reported in o | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designation of the column 1 (list each | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in | G Primary Transmitters: Television | |
| 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 | | | | | | | |
| | | CHANN | EL LINE-UP | AR | | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| FORM SA3E. PAGE 3. | | | | | | | |
|--|--|---|---|---|---|---|--|
| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name | |
| Atlantic Broadl | pand (Penn) | LLC | | | 010631 | Name | |
| PRIMARY TRANSMITTE | RS: TELEVISIO | N | | | | | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). | system during the consine effect or 6.61(e)(2) and (consis, as explaine stations: With record or consistency or a substant also in space only on a substant also in space or consistency o | ne accounting In June 24, 198 4), or 76.63 (r d in the next r respect to any utions, or auth G—but do list titute basis. uce I, if the sta erning substit sign. Do not r n a station acc streams must | period, except 81, permitting the referring to 76.6 paragraph. distant stations orizations: tit in space I (the attion was carried ute basis station report origination coording to its ow- be reported in o | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitution, see page (v) on program service er-the-air designation of the column 1 (list each | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in | G Primary Transmitters: Television | |
| 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 | | | | | | | |
| | | CHANN | EL LINE-UP | AS | · | | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | | |
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| LEGAL NAME OF OWNER OF O | | | | | | |
|--|--|--|--|--|---|---|
| Atlantia Draadhand | CABLE SYSTE | EM: | | | SYSTEM ID# | Name |
| Atlantic Broadband | (Penn) Ll | LC | | | 010631 | |
| PRIMARY TRANSMITTERS: TE | ELEVISION | | | | | |
| carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e)(substitute program basis, as a Substitute Basis Station: basis under specifc FCC rule: Do not list the station here in station was carried only or List the station here, and als basis. For further informati in the paper SA3 form. Column 1: List each static each multicast stream associcast stream as "WETA-2". Sir WETA-simulcast). Column 2: Give the chanrits community of license. For | during the a effect on Ju (2) and (4), (2) and (4), (2) explained in is: With respis, regulation in space G—in a substitut so in space cion concernion's call significated with a simulcast street in lumber in example, W | accounting une 24, 198 or 76.63 (ron the next pect to any ns, or authonous te basis. I, if the stanning substitute. In. Do not restation acceptains must the FCC have the control of the stanning substitute. | period, except 81, permitting the eferring to 76.6° paragraph. distant stations orizations: it in space I (the tion was carried ute basis station eport origination coording to its over be reported in coassassigned to te | (1) stations carried e carriage of certa 1(e)(2) and (4))]; as a carried by your context of the statement of | and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other f the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example on for broadcasting over-the-air in may be different from the channel | G Primary Transmitters: Television |
| educational station, by enterir (for independent multicast), "E For the meaning of these term Column 4: If the station is planation of local service area Column 5: If you have ent cable system carried the distant station on a For the retransmission of a written agreement entere the cable system and a primation "E" (exempt). For simulca explanation of these three cal | ch case whe ng the letter E" (for noncoms, see page soutside the a, see page tered "Yes" ant station d a part-time I a distant mued into on or ary transmitt asts, also er ttegories, se ion of each s an stations, | ether the start "N" (for ne commercial ge (v) of the commercial ge (v) as a series of the commercial general gener | etwork), "N-M" (feducational), o egeneral instructice area, (i.e. "digeneral instructid, you must con accounting period am that is not some 30, 2009, be association represeyou carried the confidence of the general in U.S. stations, let the name of the | for network multic r "E-M" (for nonco- ctions located in the listant"), enter "Ye ons located in the nplete column 5, d. Indicate by ent ctivated channel or ubject to a royalty tween a cable sys- senting the prima channel on any of nstructions locate list the community e community with | es". If not, enter "No". For an expaper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing y transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form. | |
| | | i iiiic-ups, t | use a separate : | space G for each | | |
| | | | EL LINE-UP | | | |
| | CAST 3. CANNEL | CHANNE | EL LINE-UP | | | |
| SIGN CH/ | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
| SIGN CH/ | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
| SIGN CH/ | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
| SIGN CH/ | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
| SIGN CH/ | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
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| SIGN CH/ | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
| SIGN CH/ | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
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| SIGN CH/ | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
| SIGN CHA | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
| SIGN CHA | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |
| SIGN CHA | CAST 3. CANNEL | CHANNE TYPE OF | EL LINE-UP 4. DISTANT? | AT 5. BASIS OF CARRIAGE | channel line-up. | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# | |
|---|---|
| | Name |
| Atlantic Broadband (Penn) LLC 010631 | - Trainio |
| PRIMARY TRANSMITTERS: TELEVISION | |
| | G Primary ansmitters: Television |
| 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. | |
| CHANNEL LINE-UP AU | |
| 1. CALL SIGN 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE (If Distant) 2. B'CAST CHANNEL OF (Yes or No) CARRIAGE (If Distant) | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | IER OF CABLE SY | STEM: | | | SYSTEM ID# | Name |
| Atlantic Broadl | band (Penn) | LLC | | | 010631 | |
| PRIMARY TRANSMITTE | ERS: TELEVISIO | ON | | | | |
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| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE (If Distant) | 6. LOCATION OF STATION | |
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| FORM SA3E. PAGE 3. | | | | | | |
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| LEGAL NAME OF OWN | | | | | SYSTEM ID# | Name |
| Atlantic Broadl | pand (Penn) | LLC | | | 010631 | |
| carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List ead each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic | ERS: TELEVISIC G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine stations: With r CC rules, regular here in space only on a subs and also in spa formation conc rm. the station's call associated with -2". Simulcast the channel numb see For example system carried the in each case we entering the le cast), "E" (for no | y television standard programmer in June 24, 1964, or 76.63 (rd in the next prespect to any attons, or auth G—but do list titute basis. In the standard programmer is a station and streams must be the FCC has been station. | period, except 81, permitting the referring to 76.6 paragraph. It is in space I (the stion was carried ute basis station cording to its own be reported in coas assigned to annel 4 in Wash ation is a network), "N-M" (I educational), of the reported in (I educational), of the respective period is a session of the reported in the repor | (1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your content of both on a substitution, see page (v) on program services er-the-air designation of the television station of the television station, D.C. This work station, an indefor network multicution "E-M" (for noncontent of the carried of the television o | and low power television stations) and only on a part-time basis under ain network programs [sections and (2) certain stations carried on a stable system on a substitute program ent and Program Log)—if the state basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multinateram separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial aast), "I" (for independent), "I-M" ommercial educational multicast). | G Primary Transmitters: Television |
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| Note. II you are utilizii | ig multiple chai | • | • | • | спапнет ше-ир. | |
| 1. CALL SIGN | 2. B'CAST CHANNEL NUMBER | 3. TYPE OF STATION | 4. DISTANT? (Yes or No) | 5. BASIS OF CARRIAGE | 6. LOCATION OF STATION | |
| | INDIVIDER | STATION | | (If Distant) | | |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010631 Atlantic Broadband (Penn) LLC PRIMARY TRANSMITTERS: RADIO Н In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN LOCATION OF STATION AM or FM S/D CALL SIGN AM or FM S/D LOCATION OF STATION **NOAA FM** STATE COLLEGE, PA RIS **FM** ALTOONA, PA WALY **FM** ALTOONA, PA WAMO FM PITTSBURGH, PA WAYC FM BEDFORD, PA **WBVE** FΜ BEDFORD, PA **WBXQ FM** CRESSON, PA **WDBA FM DUBOIS, PA** WDUQ FM PITTSBURGH, PA WDVE FM PITTSBURGH, PA WFGY **FM** ALTOONA, PA WFRJ JOHNSTOWN, PA **FM** WGLU FΜ JOHNSTOWN, PA **WGMR** FΜ TYRONE, PA **WJSM** FΜ MARTINGSBURG, PA WKYE **FM** JOHNSTOWN, PA WLTJ **FM** PITTSBURGH, PA **WMAJ FM** ALTOONA, PA **WMTZ** FM JOHNSTOWN, PA WORD FM PITTSBURGH, PA ALTOONA, PA **WPRR FM WPSU** FΜ STATE COLLEGE, PA **WQED** FΜ PITTSBURGH, PA **WQKK** FΜ EBENSBURGH, PA WRRK FM **BRADDOCK, PA** WSHH **FM** PITTSBURGH, PA **WSRA FM CENTRAL CITY, PA** WTLR **FM** STATE COLLEGE, PA WVTY PITTSBURGH, PA FM wwsw FM PITTSBURGH, PA WXDX FΜ PITTSBURGH, PA

| FORM SA3E. PAGE 5. | | | | | | ACCOUNTING | PERIOD: 2019/1 |
|---|--|---|--|--|---|------------------|---|
| LEGAL NAME OF OWNER OF | | EM: | | | S | YSTEM ID# | Name |
| Atlantic Broadband (P | enn) LLC | | | | | 010631 | Name |
| SUBSTITUTE CARRIAGE In General: In space I, identi | ify every non | nnetwork televis | ion program broadcast by a | distant station | | | ı |
| substitute basis during the ac explanation of the programm | | • | - | - | | | Substitute |
| 1. SPECIAL STATEMENT | | | | general mou | dollorio localed ili lile pap | 01 01 10 101111. | Carriage: |
| During the accounting per broadcast by a distant stat | iod, did you | | | s, any nonnet | | XNo | Special Statement and Program Log |
| Note: If your answer is "No" | ', leave the | rest of this pag | je blank. If your answer is ' | 'Yes," you mu | st complete the program | 1 | Flogram Log |
| period, was broadcast by a under certain FCC rules, re SA3 form for futher informatitles, for example, "I Love L Column 2: If the progran Column 3: Give the call: Column 4: Give the broathe case of Mexican or Can Column 5: Give the monfirst. Example: for May 7 given Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." | citute prograce, please a of every nor distant stati gulations, or tion. Do not ucy" or "NB n was broad sign of the sadcast statio adian statio adian statio at the and day we "5/7." es when the Example: a er "R" if the and regulatic ogramming | am on a separa- attach additiona nnetwork televi ion and that you r authorizations t use general c BA Basketball: dcast live, enter station broadca on's location (th ons, if any, the o when your syst e substitute program ons in effect du | al pages. Ision program (substitute pur cable system substitute pur cable system substitutes. See page (vi) of the genategories like "movies", or 76ers vs. Bulls." r "Yes." Otherwise enter "Nating the substitute programe community to which the community with which the community with which the stem carried the substitute purposed by a system from 6:01:10 was substituted for programing the accounting period | rogram) that, d for the progreral instructio "basketball". lo." m. station is licer station is iden program. Use cable system. 15 p.m. to 6:20 mming that yo; enter the lett | during the accounting ramming of another statins located in the paper List specific program nsed by the FCC or, in tified). numerals, with the mont List the times accurately 8:30 p.m. should be our system was required ter "P" if the listed pro | th / | |
| | | | | WHE | EN SUBSTITUTE | 7. REASON | |
| | UBSTITUT 2. LIVE? | E PROGRAM 3. STATION'S | | 5. MONTH | AGE OCCURRED 6. TIMES | FOR DELETION | |
| TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — TO | DELETION | |
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ACCOUNTING PERIOD: 2019/1 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (Penn) LLC

PART-TIME CARRIAGE LOG

SYSTEM ID#

010631

J

Part-Time Carriage Log

In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages.

Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G.

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

- Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10"
- State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.—3:15 a.m. app."
- You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m."
 12:00 p.m."

| <u> </u> | | DATES | AND HOURS (| OF P | ART-TIME CAF | RRIAGE | | | | | |
|-------------|------|------------------------|-------------|------|--------------|--------|-----------|------------------------|----|--|--|
| CALL SIGN - | WHEN | WHEN CARRIAGE OCCURRED | | | | | CALL SIGN | WHEN CARRIAGE OCCURRED | | | |
| | DATE | HOUR FROM | TO | | | DATE | FROM | OUR | TO | | |
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| | AL NAME OF OWNER OF CABLE SYSTEM: | | | SYSTEM ID# | | | | | | |
|--|--|----------------|-----------------------|---------------|---|--|--|--|--|--|
| | antic Broadband (Penn) LLC | | | 010631 | Name | | | | | |
| Ins all a (as pag | COSS RECEIPTS tructions: The figure you give in this space determines the form you fle and the amount amounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to be equivalent to the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. PORTANT: You must complete a statement in space P concerning gross receipts. | ondary | transmi te this ar | ssion service | K Gross Receipts | | | | | |
| • Cor • Cor • If your fee • If your | COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | | | |
| | art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should b ck 3 below. | e ente | ered on li | ne 1 of | | | | | | |
| - | art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow. | entere | d on line | 2 in block | | | | | | |
| | art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below. | uld be | entered | on line | | | | | | |
| Block 1 | MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period. | | 064 perc | ent of the | | | | | | |
| | Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. | | \$ | 4,415,924.34 | | | | | | |
| | This is your minimum fee. | \$ | | 46,985.43 | | | | | | |
| 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. Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or | nn 4, y od? | you must | t check | | | | | | |
| Block 3 | 4, or part 9, block A of the DSE schedule. If none, enter zero | | \$ | 82,881.73 | | | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | | | 0.00 | | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | | 82,881.73 | | | | | | |
| 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 | | \$ | 82,881.73 | 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 | r | | 0.00 | submitting additional | | | | | |
| | zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | | 0.00 | deposits under Section 111(d)(7) should contact the Licensing | | | | | |
| | Line 4. FILING FEE | | | | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | | 83,606.73 | appropriate form for submitting the additional fees. | | | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.) | See p | age (i) of | f the | | | | | | |

| Name | LEGAL NAME OF OWNER | OF CABLE S | YSTEM: | SYSTEM ID# | | | | | |
|------------------------------------|--|------------------------|--|--------------------------|--|--|--|--|--|
| Name | Atlantic Broadba | nd (Penr |) LLC | 010631 | | | | | |
| M Channels | to its subscribers ar | nd (2) the | (1) the number of channels on which the cable system carried television broadcas cable system's total number of activated channels, during the accounting period. hannels on which the cable cadcast stations | t stations | | | | | |
| | | e system | ctivated channels carried television broadcast stations | 239 | | | | | |
| N Individual to Be Contacted | we can contact about this statement of account.) idual to intacted | | | | | | | | |
| for Further Information | Name Patrick | Bratto | nTelephone | 617-786-8800 | | | | | |
| momation | (Number, s | treet, rural r | ch Park, Suite 205 Dute, apartment, or suite number) | | | | | | |
| | | y, MA 0 state, zip) | 2169 | | | | | | |
| | Email | pbratt | on@atlanticbb.com Fax (optional) | | | | | | |
| | CERTIFICATION (Th | nis statem | ent of account must be certifed and signed in accordance with Copyright Office reg | gulations. | | | | | |
| 0 | (| | | ,·· | | | | | |
| Certifcation | • I, the undersigned, | hereby ce | tify that (Check one, but only one, of the boxes.) | | | | | | |
| | (Owner other tha | n corpor | ntion or partnership) I am the owner of the cable system as identifed in line 1 of space | e B; or | | | | | |
| | | | n corporation or partnership) I am the duly authorized agent of the owner of the cabl that the owner is not a corporation or partnership; or | e system as identified | | | | | |
| | (Officer or partn in line 1 of sp. | - | n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as o | wner of the cable system | | | | | |
| | | nd correct | it of account and hereby declare under penalty of law that all statements of fact contain to the best of my knowledge, information, and belief, and are made in good faith. | ned herein | | | | | |
| | | X | /s/ Patrick Bratton | | | | | | |
| | | (e.g., /s/ | electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your cursor on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu | | | | | | |
| | | Typed | or printed name: Patrick Bratton | | | | | | |
| | | Title: | Chief Financial Officer (Title of official position held in corporation or partnership) | | | | | | |
| | | Date: | August 28, 2019 | | | | | | |

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

| LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|---|-----------------------------|-------------------------------------|
| Atlantic Broadband (Penn) LLC | 010631 | Name |
| SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by add lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for service of providing secondary transmissions of primary broadcast transmitters, the system shall no scribers and amounts collected from subscribers receiving secondary transmissions pursuant to secondary transmissions. | the basic t include sub- | P Special Statement |
| For more information on when to exclude these amounts, see the note on page (vii) of the general instructi paper SA3 form. | ons in the | Concerning Gross Receipts Exclusion |
| During the accounting period did the cable system exclude any amounts of gross receipts for secondary tramade by satellite carriers to satellite dish owners? | ansmissions | |
| X NO | | |
| YES. Enter the total here and list the satellite carrier(s) below | | |
| Name Name Name Mailing Address Mailing Address | | |
| | | |
| | | |
| INTEREST ASSESSMENTS | | |
| You must complete this worksheet for those royalty payments submitted as a result of a late payment or ur 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 |
| x | | |
| Line 2 Multiply line 1 by the interest rate* and enter the sum here | | |
| x | days | |
| Line 3 Multiply line 2 by the number of days late and enter the sum here | - | |
| x (| 0.00274 | |
| Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, | | |
| space L, (page 7) | est charge) | |
| * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assis | stance 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 of please list below the owner, address, first community served, accounting period, and ID number as given in filling. | | |
| 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: 2019/1

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 the electric content of the test of the post- | |

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within ε television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located ir
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE
 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- · If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

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

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



| Distant Stations Carried | | | Identification | of Subscriber Groups | |
|--------------------------|-----------------|-------|----------------|------------------------|------------------|
| | STATION | DSE | CITY | OUTSIDE LOCAL | GROSS RECEIPTS |
| n | A (independent) | 1.0 | | SERVICE AREA OF | FROM SUBSCRIBERS |
| | 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: 2019/1

| DSE SCHEDULE. PAG | E 11. (CONTINUED) | | | | | |
|----------------------|--|------------------------|-------------------------------|-----------------|-----------------------------|---|
| 4 | LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC SUM OF DSEs OF CATEGORY "O" STATIONS: SYSTEM ID# 010631 | | | | | |
| | | | | | | |
| | | | | | | |
| | Add the DSEs of each station. Enter the sum here and in line 1 of part 5 of this schedule. | | | | | |
| | | | | | 2.25 | |
| | | | | | | |
| 2 | Instructions: In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 | | | | | |
| _ | of space G (page 3). | Jigii . list tile call | signs of all distant stations | identified by t | ile letter O ili colullii 3 | |
| Computation | In the column headed "DSE" | : for each indepe | ndent station, give the DSE | as "1.0"; for | each network or noncom- | |
| of DSEs for | mercial educational station, give the DSE as ".25." | | | | | |
| Category "O" | | | CATEGORY "O" STATION | IS: DSEs | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE |
| | WPCW | 1.000 | | | | |
| | WTAE | 0.250 | | | | |
| | WHVL | 1.000 | | | | |
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| Add rows as | | ļ | | | | |
| necessary. | | ļ | | | | |
| Remember to copy | | | | | | |
| all formula into new | | | | | | |
| rows. | | | | | | |
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| Name | | adband (Penn) LLC | | | | | S | 010631 |
|---|--|--|--|---|--|--|--|------------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried out Column 8 give the type- Column 6 | capacity st the call sign of all dista for each station, give the correspond with the inform for each station, give the properties of the column of the colu | he number of hours mation given in space he total number of humn 2 by the figure in mal point. This is the station, give the "typulumn 4 by the figure | your cable system to J. Calculate onlours that the station column 3, and g "basis of carriage e-value" as "1.0." in column 5, and | n carried the station of the station | on during the accounting the station. r the air during the accounting the air during the accounting the accounting the accounting the accounting the air during the accounting to the account of the accounting the acc | unting period. is figure must cational station, ess than the | |
| Capacity | | C | ATEGORY LAC | STATIONS: (| COMPUTATIO | ON OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBE OF HOL CARRIE SYSTEM | IR 3. NI JRS O ED BY S | UMBER F HOURS TATION N AIR | 4. BASIS OF CARRIAGE VALUE | 5. TYPE | 6. DS | E |
| | | | ÷ | = | | x | = | |
| | | | | | | x x | | |
| | | | ÷ | = | | x | = | |
| | | | | | | x x | | |
| | | | ÷ | _ | | v | <u>=</u> | |
| 4 | Add the DSEs Enter the su Instructions: Column 1: Giv | of CATEGORY LAC S of each station. um here and in line 2 of pa | art 5 of this schedule | I (page 5, the Log | of Substitute Pro | ograms) if that station: | | |
| Computation of DSEs for Substitute- Basis Stations | tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: | If by your system in substituted on October 19, 1976 (one or more live, nonnetwoment of the This figure should correst Enter the number of days Divide the figure in column This is the station's DSE | as shown by the lett ork programs during number of live, non- spond with the inform is in the calendar yea in 2 by the figure in a | er "P" in column 7 that optional carria network programs nation in space I. r: 365, except in a column 3, and giv | of space I); and age (as shown by the carried in substitute a leap year. ethe result in color | the word "Yes" in column 2 sution for programs that summ 4. Round to no less | of were deleted | m). |
| | | SUI | BSTITUTE-BAS | IS STATIONS | : COMPUTAT | TION OF DSEs | | |
| | 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 |
| | | ÷ | • | = | | ÷ | | = |
| | | ÷ | | = | | ÷ | | = |
| | | ÷ | | = | | ÷ | | = <u> </u> |
| | | ÷ | - | = | | ÷ | | = |
| | Add the DSEs | of SUBSTITUTE-BASI of each station. Im here and in line 3 of pa | |) , | ▶ | 0.00 | | |
| 5 | | ER OF DSEs: Give the am s applicable to your system | | in parts 2, 3, and | 4 of this schedule | and add them to provide | the tota | |
| Total Number | 1. Number o | f DSEs from part 2● | | | > | | 2.25 | |
| of DSEs | | f DSEs from part 3 ● | | | | | 0.00 | |
| | 3. Number o | f DSEs from part 4 ● | | | > | | 0.00 | |
| | TOTAL NUMBE | ER OF DSEs | | | | | | 2.25 |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/1

| LEGAL NAME OF C | | | | | | | S | YSTEM ID# 010631 | Name |
|--|-------------------------------------|--|---|--|-----------------|-----------------|-----------------------|---------------------|--|
| | | | | | | | | 010031 | |
| Instructions: Bloc In block A: | | | | - (" 505 | | | | | 6 |
| schedule. | | | | 7 of the DSE sche | edule blank ar | nd complete pa | art 8, (page 16) of | the | 6 |
| If your answer if | "No," complete blo | | | ELEVISION M. | ARKETS | | | | Computation of |
| Is the cable system | | | | | | ection 76.5 of | FCC rules and re | gulations in | 3.75 Fee |
| effect on June 24, Yes—Com | | schedule—D | O NOT COM | PLETE THE REMA | AINDER OF F | PART 6 AND 7 | | | |
| | olete blocks B and | | | | | | | | |
| | | BLOC | K B: CARR | IAGE OF PERI | MITTED DS | SEs | | | |
| Column 1: | List the call signs | | | part 2, 3, and 4 of | | | tem was permitte | d to carry | |
| CALL SIGN | | ne DSE Sche | dule. (Note: TI | ne 25, 1981. For for the letter M below r Act of 2010.) | • | • | | | |
| Column 2: BASIS OF PERMITTED CARRIAGE | (Note the FCC ru | ules and regu | lations cited b | usis on which you on the selow pertain to the selow pertain to the selow pertain to the selow pertain to the selow pertain to the selow pertain the selow pertain to the selow pertain to the selow pertain to the selow pertain the selow pertain to the selow pertain the se | se in effect or | n June 24, 198 | | ı tc | |
| | C Noncommeric | al educationa d station (76.6 | al station [76.5 65) (see parag | 76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su | 63(a) referring | to 76.61(d) | | | |
| | E Carried pursuate *F A station pre | ant to individu viously carrie JHF station w | ual waiver of F d on a part-tin ithin grade-B | ne or substitute ba contour, [76.59(d)(| • | | erring to 76.61(e) | (5) | |
| | W Retialismission | on or a distan | i municast sue | zaiii. | | | | | |
| Column 3: | | e stations ide | ntified by the I | n parts 2, 3, and 4 etter "F" in column | | | vorksheet on pag | e 14 of | |
| 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | |
| WPCW WTAE | D D | 1.00 0.25 | | | | | | | |
| WHVL | A | 1.00 | | | | | | | |
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| | | <u>l</u> | | | <u> </u> | 1 | | | |
| | | | | | | | | 2.25 | |
| | | В | LOCK C: CO | MPUTATION OF | F 3.75 FEE | | | | |
| Line 1: Enter the | total number of | DSEs from | part 5 of this | schedule | | | - | | |
| Line 2: Enter the | sum of permitte | ed DSEs fror | n block B ab | ove | | | | | |
| Line 3: Subtract (If zero, I | | | | r of DSEs subjec 7 of this schedu | | rate. | | | |
| Line 4: Enter gro | oss receipts from | ı space K (pa | age 7) | | | | x 0.03 | 375 | Do any of the DSEs represent partially |
| Line 5: Multiply I | ine 4 by 0.0375 | and enter su | ım here | | | | x | | permited/ partially nonpermitted |
| Line 6: Enter tota | al number of DS | Es from line | 3 | | | | | | carriage? If yes, see part 9 instructions. |
| Line 7: Multiply I | ine 6 by line 5 ar | nd enter her | e and on line | 2, block 3, spac | e L (page 7) | | | 0.00 | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010631 | | | | | | | | | | |
|---|----------------|-----------------------|--------|-----------------|-----------------------|-----------|-----------------|-----------------------|--------|-------------------------|
| | | T | BLOCK | A: TELEVIS | SION MARKETS | S (CONTIN | UED) | T | | |
| | . CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 1. CALL SIGN | 2. PERMITTED BASIS | 3. DSE | 6 |
| | | | | | | | | | | Computation of 3.75 Fee |
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| M | LEGAL NAME OF OWN | IER OF CABLE | ESYSTEM: | | | | | | S | YSTEM ID# | F | | |
|---|--|--|--|-------------------|-----|---|----------------------|---|-----------|-----------|---|--|--|
| Name | Atlantic Broadh | lantic Broadband (Penn) LLC 010631 | | | | | | | | | | | |
| Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage | stations carried prior Column 1: List the or Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the FO A—Part-time spe 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Compare in block | Instructions: You must complete this worksheet for those stations identifed by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage. Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981 Column 3: Indicate the 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 (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981. A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S—Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. | | | | | | | | | | | |
| | | PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS | | | | | | | | | | | |
| | 1 CALL | 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED | | | | | | | | | | | |
| | SIGN | DSE | | PERIOD | | CARRIAGE | | DSE | 0.1 | DSE | | | |
| | 0.014 | | | - | | | | - | | DOL | T | | |
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| 7 Computation of the | , | "Yes," comple | ete blocks B and C locks B and C blar | nk and complete | • | art 8 of the DSE sched | | | | | | | |
| Syndicated | | | BLOC | K A: MAJOR | TI | ELEVISION MARK | ET | | | | | | |
| Exclusivity | In a constant of the co | | : 111-1 1 400 1 | | | t an defend by a selfen = | 0 F - 1 F 0 0 | | 0.4 | 10010 | | | |
| Surcharge | l <u> </u> | • | | or television mai | rke | t as defned by section 7 | | ruies in ettect J | une 24, | 1981? | | | |
| | X Yes—Complete | blocks B and | l C . | | | No—Proceed to | part 8 | | | | | | |
| | BLOCK B: Ca | arriage of VHI | F/Grade B Contou | r Stations | _ | BLOCK | C: Compu | tation of Exem | pt DSEs | 3 | | | |
| | Is any station listed in commercial VHF station in part, over the cal | ion that places ble system? | s a grade B contou | ır, in whole | | Was any station listed nity served by the cab to former FCC rule 76 | le system p .159) | rior to March 3 | 31, 1972 | ? (refe | | | |
| | X No—Enter zero a | | th its appropriate pe part 8. | milled DSE | | Yes—List each st | | | ate permi | ileu DSE | | | |
| | CALL SIGN | DSE | CALL SIGN | DSE | | CALL SIGN | DSE | CALL SIG | iN | DSE | | | |
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| | | | TOTAL DSEs | 0.00 | | | | TOTAL DS | Es | 0.00 | | | |

| LEGAL NA | ME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC | SYSTEM ID# 010631 | Name |
|---------------|--|----------------------|-------------------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 4,415,924.34 | 7 |
| Section 2 | A. Enter the total DSEs from block B of part 7 | 0.00 | Computation |
| | B. Enter the total number of exempt DSEs from block C of part 7 | 0.00 | of the Syndicated Exclusivity |
| | C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8. | 0.00 | Surcharge |
| • Is an | y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. | N. | |
| | 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 is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. | DSE | |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section.1) | | |
| | C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here | | |
| | D. Multiply line B by line C and enter here | | |
| | E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge | | |
| | | | |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | | |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$ | | |
| | 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 | | |
| Section 4a | 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 4b blank. NOTE: If the 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) | DSE | |
| | 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 | | | TEM ID# | | | | | | | | |
|---|---|---|------------|--|--|--|--|--|--|--|--|
| | - | Atlantic Broadband (Penn) LLC | 010631 | | | | | | | | |
| 7 | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. | | | | | | | | | |
| Computation of the | | A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ \$ | | | | | | | | | |
| Syndicated Exclusivity | | B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$ | | | | | | | | | |
| Surcharge | | C. Multiply line B by 3.000 and enter here | | | | | | | | | |
| | | D. Enter 0.00089 of gross receipts (the amount in section 1) | | | | | | | | | |
| | | 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. \$ | <u>.</u> . | | | | | | | | |
| 8 Computation of Base Rate Fee | You mu 6 was o In blo If you If you blank What is | structions: u must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part was checked "Yes," use the total number of DSEs from part 5. In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below lank. In at is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers are located within that station's local service area and others were located outside that area. For the definition of a station's "local rivice 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 2 | Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) | | | | | | | | | |
| | Section 3 | If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1) | | | | | | | | | |
| | | B. Enter 0.00701 of gross receipts (the amount in section 1) | | | | | | | | | |
| | | C. Subtract 1.000 from total DSEs (the figure in section 2) and enter here | | | | | | | | | |
| | | D. Multiply line B by line C and enter here | | | | | | | | | |
| | | E. Add lines A, and D. This is your base rate fee. Enter here and in block 3, line 1, space L (page 7) | | | | | | | | | |
| | | Base Rate Fee | 0.00 | | | | | | | | |
| | 1 | | | | | | | | | | |

| | DULE. PAGE 17. | | FERIOD: 2019/ |
|------------------------|---|----------------|-----------------------------------|
| | IE OF OWNER OF CABLE SYSTEM: See Broadband (Penn) LLC | 94 O10631 | Name |
| Section If t | the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank. | | |
| 4 | A. Enter 0.01064 of gross receipts | | 8 |
| ' | (the amount in section 1) \$ | | |
| | 3. Enter 0.00701 of gross receipts | _ | Computation |
| | (the amount in section 1) \$ | | Computation of |
| | C. Multiply line B by 3.000 and enter here > | | Base Rate Fe |
| | | - | |
| | D. Enter 0.00330 of gross receipts (the amount in section 1) | | |
| l E | E. Subtract 4.000 from total DSEs | | |
| | (the figure in section 2) and enter here | | |
| F | F. Multiply line D by line E and enter here > \$ | | |
| | G. Add lines A, C, and F. This is your base rate fee. | | |
| | Enter here and in block 3, line 1, space L (page 7) | 0.00 | |
| | Base Rate Fee | 0.00 | |
| instead be Space G. | ANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadcast e reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channel l | ine-ups in | 9 |
| receipts fi | al: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to subscribers located within the station's local service area, from your system's total gross receipts. To take adver, you must: | | Computation of Base Rate Fe |
| | ide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to t the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine th | | and Syndicated |
| DSEs and | If the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for eadd up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | | Exclusivity Surcharge |
| • | any portion of your cable system is located within the top 100 television market and the station is not exempt in pa | rt 7. vou must | for Partially |
| also comp | bute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B belo ble system is wholly located outside all major television markets, complete block A only. | | Distant Stations, and |
| How to Id | lentify a Subscriber Group for Partially Distant Stations | | for Partially Permitted |
| - | or each community served, determine the local service area of each wholly distant and each partially distant statio that community. | n you | Stations |
| outside th | or each wholly distant and each partially distant station you carried, determine which of your subscribers were locate station's local service area. A subscriber located outside the local service area of a station is distant to that statiotoken, the station is distant to the subscriber.) | | |
| Step 3: D subscribe | ivide your subscribers into subscriber groups according to the complement of stations to which they are distant. Ear group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that ill have only one subscriber group when the distant stations it carried have local service areas that coincide. | | |
| • | ng the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system | m's subscriber | |
| In each se | | | |
| • Give the | the communities/areas represented by each subscriber group. call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all ors in the group. | f the | |
| . If: | | | |

- 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.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010631 Atlantic Broadband (Penn) LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
|--|-----------|----------------|------------------------------------|----------------------|-------------------|-----------------|---------------------|------------------|
| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EA | CH SUBSCRI | BER GROUP | | |
| | FIRST | SUBSCRIBER GRO | JP | | SECOND | SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | 1/Antis | | | COMMUNITY/ ARE | A 2/Altoon | a | | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| WPCW | 1.00 | | | WHVL | 1.00 | | | Base Rate Fee |
| WTAE | 0.25 | | | WPCW | 1.00 | | | and |
| | | | | WTAE | 0.25 | | | Syndicated |
| | | | | | | | | Exclusivity |
| | | | | | | | | Surcharge |
| | | | | | | | | for |
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| | <u> </u> | | | | ····· | | | Distant |
| | | | | | | | | Stations |
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| | | | | | | | | |
| Total DSEs | | | 1.25 | Total DSEs | • | | 2.25 | |
| Gross Receipts First G | iroup | \$ 398 | 3,817.55 | Gross Receipts Se | cond Group | \$ 4,0 | 15,660.38 | |
| Base Rate Fee First G | roup | \$ 4 | 1,942.35 | Base Rate Fee Se | cond Group | \$ | 77,913.85 | |
| | THIRD | SUBSCRIBER GRO | JP | | FOURTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | 3/Gallitz | zin | | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
| WHVL | 1.00 | | | | | - | | |
| WPCW | 1.00 | | | | | | | |
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| Total DSEs | | | 2.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ 1 | ,446.41 | Gross Receipts For | urth Group | \$ | 0.00 | |
| sase Rate Fee Third Group \$ 25.53 | | | Base Rate Fee Fourth Group \$ 0.00 | | | | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | 82,881.73 | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
|--|----------|---------------------------------|-----------------|----------------------|-----------|----------------------------------|---------------------|---------------------|
| E | | COMPUTATION C SUBSCRIBER GRO | | TE FEES FOR EAC | | RIBER GROUP I SUBSCRIBER GROU | JP | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | - | | Base Rate Fee |
| | | | | | | | | Syndicated |
| | | | | | | | | Exclusivity |
| | ···· | | | | | | | Surcharge for |
| | | | | | | | | Partially |
| | <u>.</u> | | | | | - | | Distant Stations |
| | | _ | | | | | | Stations |
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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 | |
| 000404110117774 0054 | | SUBSCRIBER GRO |)UP 0 | | | SUBSCRIBER GROU | JP 0 | |
| COMMUNITY/ AREA | | | | COMMUNITY/ ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OW Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| | | | | ATE FEES FOR EAG | | | | |
| | | SUBSCRIBER GRO | | | | 1 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 |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | cond Group | \$ | 0.00 | |
| | | | | | | <u></u> | | |
| COMMUNITY/ AREA | | SUBSCRIBER GRO | 0 | COMMUNITY/ ARE | | SUBSCRIBER GRO | 0 | |
| COMMONT IT AIRE | ` | | | OOMMONT IT ARE | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fou | ırth Group | \$ | 0.00 | |
| | | | | <u>II</u> | | | | |
| | | | scriber group | as shown in the boxe | es above. | \$ | | |
| Enter here and in blo | оск 3, line 1, | space L (page 7) | | | | \$ | | |

| LEGAL NAME OF OWI Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
|---|------------|----------------|---------------|----------------------|------------|-----------------|---------------------|---------------------------|
| | BLOCK A: (| COMPUTATION C | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GRO | DUP | H | | SUBSCRIBER GROU | UP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | A | | 0 | Computatio |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate F |
| | <u>.</u> | | | | | | | and |
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| Total DSEs | | - | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | cond Group | \$ | 0.00 | |
| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| | FIFTEENTH | SUBSCRIBER GRO | DUP | | SIXTEENTH | SUBSCRIBER GROU | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | | |
| 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 | I Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OW Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
|---|---------|----------------|--|-----------------------|----------------|-------------------|---------------------|---------------------------|
| | | | | ATE FEES FOR EAC | | | | |
| | | SUBSCRIBER GRO | | TI . | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | | | 0.00 | Total DSEs | * | | 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 | |
| | | SUBSCRIBER GRO | | iii — | | I SUBSCRIBER GROU | UP 0 | |
| COMMUNITY/ AREA | ٩ | | 0 | COMMUNITY/ AREA | | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | s above. | \$ | | |

| | GAL NAME OF OWNER OF CABLE SYSTEM: Itlantic Broadband (Penn) LLC O10631 | | | | | | | | |
|--|---|----------------|---------------|----------------------|-----------|-------------------|-------------|---------------------|--|
| | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | |
| TWE | NTY-FIRST | SUBSCRIBER GRO |)UP | TWEN | TY-SECOND | SUBSCRIBER GROU | JP | 0 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of | |
| | | | | | | | | Base Rate Fee | |
| | | | | | | | | and Syndicated | |
| | | | | | •••• | | | Exclusivity | |
| | | | | | | | | Surcharge | |
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| | | | ··· | | | | | Distant Stations | |
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| T-4-1 DOC- | | | 0.00 | T-4-1 DOF- | | | 0.00 | | |
| Total DSEs | _ | | 0.00 | Total DSEs | | | 3 | | |
| 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 | | |
| TWEN | ITY-THIRD | SUBSCRIBER GRO | UP | TWEN | TY-FOURTH | I SUBSCRIBER GROU | JP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
| | | | | | | | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in bloo | | | scriber group | as shown in the boxe | s above. | \$ | | | |

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| Total DSEs Total DSEs 0.00 | |
| Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 | |
| Base Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 | |
| TWENTY-SEVENTH SUBSCRIBER GROUP TWENTY-EIGHTH SUBSCRIBER GROUP | |
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| Total DSEs 0.00 Total DSEs 0.00 | |
| Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00 | |
| Gross Recorpts Found Group | |
| Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00 | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: ### SYSTEM ID# ### 1010631 | | | | | | | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | Computation |
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| Total DSEs | • | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| THIF | RTY-FIRST | SUBSCRIBER GRO | UP | THIR | TY-SECOND | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | Α | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC O10631 | | | | | | | Name | |
|---|------------|-----------------|----------------|-----------------------|-----------|-------------------|-------------|---------------------|
| | | | | ATE FEES FOR EACH | | | | |
| COMMUNITY/ AREA | | SUBSCRIBER GROU | JP 0 | COMMUNITY/ AREA | | I SUBSCRIBER GROU | JP 0 | 9 |
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| 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 | |
| TH | IRTY-FIFTH | SUBSCRIBER GROU | JP | THI | RTY-SIXTH | I SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | Α | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010631 | | | | | | | Name | |
|--|-------------|-----------------|----------------|-----------------------|----------------|-------------------|-------------|---------------------------|
| | | | | ATE FEES FOR EACH | H SUBSCF | RIBER GROUP | | |
| | SEVENTH | SUBSCRIBER GROU | | ii e | | I SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | |
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| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Secon | | \$ | 0.00 | |
| THIR COMMUNITY/ AREA | TY-NINTH | SUBSCRIBER GROU |)P 0 | COMMUNITY/ AREA | | I SUBSCRIBER GROU | JP 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add to | | | riber group | as shown in the boxes | above. | \$ | | |

| | SAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# lantic Broadband (Penn) LLC 010631 | | | | | | | |
|-------------------------|--|----------------|---------------|----------------------|-----------|------------------|------|------------------|
| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| | | SUBSCRIBER GRO |)UP | H . | | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | and Group | \$ | 0.00 | |
| Cross receipts rilist v | Sioup | - | 0.00 | Oross receipts occ | ona Oroup | * | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FOF | RTY-THIRD | SUBSCRIBER GRO | UP | FOR | TY-FOURTH | I SUBSCRIBER GRO | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add t | | | scriber group | as shown in the boxe | s above. | \$ | | |

| | GAL NAME OF OWNER OF CABLE SYSTEM: Identic Broadband (Penn) LLC 010631 | | | | | | | | |
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| E | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | | |
| | RTY-FIFTH | SUBSCRIBER GRO | | i i | | SUBSCRIBER GROU | | 9 | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | | |
| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | | |
| | - | <u> </u> | | | | | | | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | | |
| FORTY | -SEVENTH | SUBSCRIBER GRO | DUP | FO | RTY-EIGHTH | SUBSCRIBER GROU | JP | | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | | |
| ccc . toodipto Tilliu | up | <u>-</u> | | J. 555 P. Goodpio P. Ou | Стоир | <u>-</u> | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | | |
| Base Rate Fee: Add Enter here and in bloo | | | scriber group | as shown in the boxe | s above. | \$ | | | |

| LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010631 | | | | | | | Name | |
|---|------------|----------------|--------------|-----------------------|-------------|-----------------|----------------|----------------------|
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| F | IFTY-FIRST | SUBSCRIBER GRO | JP | FIFT | Y-SECONE | SUBSCRIBER GROU | JP | |
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| Gross Receipts Third | d Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third | d Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group | as shown in the boxes | above. | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: stlantic Broadband (Penn) LLC 010631 | | | | | | | |
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| Base Rate Fee First (| | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| | GAL NAME OF OWNER OF CABLE SYSTEM: Iantic Broadband (Penn) LLC 010631 | | | | | | | |
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| - | BLOCK A: (| COMPUTATION C | F BASE RA | ATE FEES FOR EAG | CH SUBSCF | RIBER GROUP | | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | :A | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Base Rate Fee First | Group | \$ | 0.00 | Base Rate Fee Sec | cond Group | \$ | 0.00 | |
| FI | FTY-NINTH | SUBSCRIBER GRO | OUP | | SIXTIETH | SUBSCRIBER GRO | UP | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | ırth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | ırth Group | \$ | 0.00 | |
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| | | | scriber group | as shown in the boxe | es above. | | | |
| Enter here and in blo | ck 3, line 1, | space L (page 7) | | | | \$ | | |

| | EGAL NAME OF OWNER OF CABLE SYSTEM: stlantic Broadband (Penn) LLC 010631 | | | | | | | |
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| | | COMPUTATION O SUBSCRIBER GRO | | TE FEES FOR EAC | | RIBER GROUP SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | iroup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| | | | | | | | | |
| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
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| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EACH | | | | |
| | (TY-FIFTH | SUBSCRIBER GRO | | Ti . | | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
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| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Seco | nd Group | \$ | 0.00 | İ |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Second | nd Group | \$ | 0.00 | |
| SIXTY- | SEVENTH | SUBSCRIBER GRO | UP | SIX | TY-EIGHTH | SUBSCRIBER GROU | JP | l |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | 1 |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fourt | h Group | \$ | 0.00 | 1 |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | l |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
|--|---------------|----------------|---------------|----------------------|-------------|-----------------|---------------------|--------------------------|
| E | BLOCK A: (| COMPUTATION C | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Computation | | | |
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| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVE | NTY-FIRST | SUBSCRIBER GRO | DUP | SEVEN | ITY-SECONE | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| Total DSEs | • | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in bloo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| - | BLOCK A: (| COMPUTATION C | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| 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 | |
| SEVE | NTY-FIFTH | SUBSCRIBER GRO | UP | SEV | 'ENTY-SIXTH | SUBSCRIBER GROU | UP | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | |

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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 | |
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| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Four | th Group | \$ | 0.00 | |
| December 5 | 1.0 | | 0.00 | D D. (5 . 5 .) | ul- 0 | | | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | in Group | \$ | 0.00 | |
| Base Rate Fee: Add | the base rat | e fees for each subs | criber arour | as shown in the boxes | above. | | | |
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| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| E | BLOCK A: (| COMPUTATION C | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| NINI | ETY-FIRST | SUBSCRIBER GRO |)UP | NINE | TY-SECONE | SUBSCRIBER GROU | JP | |
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| LEGAL NAME OF OWNE Atlantic Broadban | | | | | | S | YSTEM ID# 010631 | Name |
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| BI | _OCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EACH | 1 SUBSCF | RIBER GROUP | | |
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| Syndicator Exclusivity Surcharge For Stations Syndicator Exclusivity Surcharge For Partially Distant Stations Station | Gross Receipts First Group \$ 0.00 B Base Rate Fee First Group \$ 0.00 B NINETY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C | Gross Receipts Second Gase Rate Fee Second ONE HUI COMMUNITY/ AREA | d Group | \$ | 0.00 0.00 | Syndicated Exclusivity Surcharge for Partially Distant |
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| Total DSEs Gross Receipts First Group Sase Rate Fee First Group Sase Rate Fee First Group Sase Rate Fee First Group Sase Rate Fee First Group Sase Rate Fee Second Group ONE HUNDREDTH SUBSCRIBER GROUP COMMUNITY/ AREA OCALL SIGN DSE CALL SIGN D | Gross Receipts First Group \$ 0.00 G Base Rate Fee First Group \$ 0.00 B NINETY-NINTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 C | Gross Receipts Second Gase Rate Fee Second ONE HUI COMMUNITY/ AREA | d Group | \$ | 0.00 0.00 | Stations |
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| LEGAL NAME OF OWI | | | | | | S | YSTEM ID# 010631 | Name |
|---|------------|--|---------------|----------------------|------------------|-----------------|---------------------|---------------------------|
| | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | RIBER GROUP | | |
| ONE HUND | RED FIRST | SUBSCRIBER GRO | UP | ONE HUNDR | ED SECOND | SUBSCRIBER GROU | JP | 0 |
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| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Gross Receipts Third | I Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | scriber group | as shown in the boxe | es above. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadban | | | | | | Sì | O10631 | Name |
|--|----------|-----------------|-------------|-----------------------|--|-----------------|----------|------------------|
| BL | OCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| | D FIFTH | SUBSCRIBER GROU | | Ħ | RED SIXTH | SUBSCRIBER GROU | Р | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| 3.12.5.5.1 | | 0.1220.01 | | | | | | Base Rate Fee |
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| Total DSEs | - | | 0.00 | Total DSEs | - | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| | EVENTH | SUBSCRIBER GROU | JP | ONE HUNDRE | D EIGHTH | SUBSCRIBER GROU | Р | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| Gross Receipts Third G | roup | \$ | 0.00 | Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee Third G | roup | \$ | 0.00 | Base Rate Fee Fourth | n Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | riber group | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
|--|-------------|----------------|--------------|----------------------|------------------|-----------------|---------------------|--------------------------|
| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | 9 Computation | | | |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Base Rate Fee First G | | \$ | 0.00 | Base Rate Fee Sec | | \$ | 0.00 | |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
|--|-----------|----------------|--------------|----------------------|-----------|-----------------|---------------------|------------------|
| BI | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDRED THIS | RTEENTH | SUBSCRIBER GRO | JP | ONE HUNDRED FO | DURTEENTH | SUBSCRIBER GROU | JP | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | 9 Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | • | | 0.00 | Total DSEs | · · | | 0.00 | |
| Gross Receipts First 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 | |
| ONE HUNDRED FI | FTEENTH | SUBSCRIBER GRO | UP | ONE HUNDRED | SIXTEENTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | |
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| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
|--|-----------|----------------|--------------|----------------------|----------------|-------------------|---------------------|---------------------------|
| BI | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED SEVE | NTEENTH | SUBSCRIBER GRO | UP | H | | I SUBSCRIBER GROU | JP | ٥ |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED NII | NTEENTH | SUBSCRIBER GRO | UP | ONE HUNDRED | TWENTIETH | SUBSCRIBER GROU | JP | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDRED TW | ENTY-FIRST | SUBSCRIBER GRO | UP | ONE HUNDRED TWE | NTY-SECOND | SUBSCRIBER GROUP |) | 0 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | | | 0 | 9 Computation |
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| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| В | SLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| Total DSEs | | | 0.00 | Total DSEs | | | - | |
| 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 | |
| NE HUNDRED TWENT | /-SEVENTH | SUBSCRIBER GROU | Р | ONE HUNDRED TWI | ENTY-EIGHTH | I SUBSCRIBER GROUP |) | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee: Add t Enter here and in bloo | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
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| В | LOCK A: (| COMPUTATION OF | BASE RA | ATE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
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| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED THI | RTY-FIRST | SUBSCRIBER GROUP |) | ONE HUNDRED THI | RTY-SECOND | SUBSCRIBER GROUP | 1 | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Foul | rth Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add to Enter here and in bloc | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
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| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| ONE HUNDRED TH | IRTY-FIFTH | SUBSCRIBER GROU | Р | ONE HUNDRED | THIRTY-SIXTH | SUBSCRIBER GROUP | 1 | |
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| В | LOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED THIRTY | '-SEVENTH | SUBSCRIBER GROU | P | H . | | SUBSCRIBER GROUP |) | 0 |
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| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| ONE HUNDRED THII | RTY-NINTH | SUBSCRIBER GROU | P | ONE HUNDREI | D FORTIETH | I SUBSCRIBER GRO | UP | |
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| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| | BLOCK A: (| COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| ONE HUNDRED F | ORTY-FIRST | SUBSCRIBER GROU | Р | ONE HUNDRED FO | RTY-SECOND | SUBSCRIBER GROUP | 1 | 0 |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| LEGAL NAME OF OWN Atlantic Broadba | | | | | | S | YSTEM ID# 010631 | Name |
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| E | BLOCK A: (| COMPUTATION O | F BASE RA | ATE FEES FOR EAC | CH SUBSCF | RIBER GROUP | | |
| ONE HUNDRED FO | RTY-FIFTH | SUBSCRIBER GROU | Р | ONE HUNDRED | FORTY-SIXTH | SUBSCRIBER GROUF |) | 0 |
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| Gross Receipts First (| Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First (| Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
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| LEGAL NAME OF OWNE Atlantic Broadbar | | | | | | S | YSTEM ID# 010631 | Name |
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| В | LOCK A: (| COMPUTATION OF | BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
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| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
| Base Rate Fee Third C | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

| LEGAL NAME OF OWNE | | | | | | S | YSTEM ID# 010631 | Name |
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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
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| Gross Receipts First C | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First 0 | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
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| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | ry-Third | SUBSCRIBER GRO | | II | | I SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | ٩ | | 0 | Computation |
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| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First Gr | roup | \$ | 0.00 | Base Rate Fee Seco | ond Group | \$ | 0.00 | |
| THIR | TY-FIFTH | SUBSCRIBER GRO | UP | Th | HRTY-SIXTH | I SUBSCRIBER GRO | UP | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | |
| Base Rate Fee: Add th Enter here and in block | | | criber group | as shown in the boxe | s above. | \$ | | |

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| | SEVENTH | SUBSCRIBER GRO | | tt - | | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | _ |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | Computation of |
| 07.122.01011 | 202 | 07.122 0.0.1 | 302 | 07.122 07011 | 202 | 07.122.01.01.1 | 302 | Base Rate Fee |
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| Total DSEs | • | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts First G | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| THIR | TY-NINTH | SUBSCRIBER GRO | UP | | FORTIETH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE. | Α | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add to | | | scriber group | as shown in the boxe | es above. | \$ | | |

| Name | YSTEM ID# 010631 | S | | | • | | | LEGAL NAME OF OWNE Atlantic Broadban | |
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| | | | | TE FEES FOR EACH | | | | | |
| 9 | | SUBSCRIBER GROU | -SECOND | | | SUBSCRIBER GRO | TY-FIRST | | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA | |
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| Base Rate Fe | | | | | | | | | |
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| | 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | ¢ | roup | Base Rate Fee First Gr | |
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| | FORTY-FOURTH SUBSCRIBER GROUP COMMUNITY AREA 0 | | | | | SUBSCRIBER GRO | TY-THIRD | | |
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| Name | YSTEM ID# 010631 | S | | | • | | | LEGAL NAME OF OWNE Atlantic Broadban |
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| 9 | | SUBSCRIBER GROU | RTY-SIXTH | | | SUBSCRIBER GRO | TY-FIFTH | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | 0.00 | \$ \$ | Group | Gross Receipts Fourth | 0.00 | | \$ | Group \$ |

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| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First Gr | oup | \$ | 0.00 | Gross Receipts Secor | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gr | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| FIFT | Y-FIRST | SUBSCRIBER GRO | UP | FIFT | Y-SECOND | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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| | roup | \$ | 0.00 | Total DSEs Gross Receipts Fourth | n Group | \$ | 0.00 | |
| Total DSEs Gross Receipts Third G Base Rate Fee Third G | · | \$ | | | • | \$ \$ | | |

| | IP | BER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | | COMPUTATION OF SUBSCRIBER GROU | | |
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| 9 | JP 0 | SUBSCRIBER GROU | (TY-SIXTH | SIZ COMMUNITY/ AREA | | SUBSCRIBER GROU | TY-FIFTH | SIX COMMUNITY/ AREA |
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| Base Rate Fee First G | Group | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| SEVEN | TY-NINTH | SUBSCRIBER GRO | | | EIGHTIETH | SUBSCRIBER GRO | UP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | A | | 0 | |
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| he bas | | | | | rth Group | \$ | 0.00 | |

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| 9 | JP 0 | SUBSCRIBER GROU | r-SECOND | EIGHT' COMMUNITY/ AREA | JP 0 | SUBSCRIBER GROU | ry-FIRST | EIGH' COMMUNITY/ AREA |
| Computation | | | | COMMONT IT AREA | | | | OOMINIONI II AKLA |
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| Base Rate F and | <u> </u> | | | | | | | |
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| | _ | CALL SIGN | DSE | İ | | CALL SIGN | Y-THIRD DSE | |
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| EIGH COMMUNITY/ AREA | 1TY-FIFTH | SUBSCRIBER GRO | OUP 0 | COMMUNITY/ ARE | | I SUBSCRIBER GRO | UP 0 | 9 |
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| Total DSEs | • | | 0.00 | Total DSEs | • | | 0.00 | |
| Gross Receipts First C | 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 | |
| EIGHTY- | SEVENTH | SUBSCRIBER GRO | DUP | EIG | HTY-EIGHTH | SUBSCRIBER GRO | UP | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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Nonpermitted 3.75 Stations

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| В | LOCK A: | COMPUTATION O | F BASE RA | TE FEES FOR EAC | CH SUBSCR | IBER GROUP | | |
| | SEVENTH | SUBSCRIBER GRO | | Ħ | | SUBSCRIBER GRO | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ ARE | Α | | 0 | Computation |
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| 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 | |
| NINE | TY-NINTH | SUBSCRIBER GRO |)UP | ONE H | HUNDREDTH | SUBSCRIBER GRO | UP | |
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| orosa neceipis IIIII (| ο υ μ | \$ | 0.00 | Gross Receipts Fou | rar Group | <u> </u> | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Add th | ne base ra | | | as shown in the boxe | · | \$ | 0.00 | |

Nonpermitted 3.75 Stations

| Name | 010631 | S' | | | · | | | LEGAL NAME OF OWNE Atlantic Broadban |
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| 9 | IP | SUBSCRIBER GROU | SECOND | ONE HUNDRED | JP | SUBSCRIBER GRO | ED FIRST | ONE HUNDRE |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Base Rate Fe | | | | | | | | |
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| irou e b a | p ase rat | \$ | 0.00 | Gross Receipts Fourth | Group | \$ \$ | 0.00 | |

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

FORM SA3E. PAGE 20. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010631 Atlantic Broadband (Penn) LLC BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. 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 010631 Atlantic Broadband (Penn) LLC BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you mustalso compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. NINTH SUBSCRIBER GROUP TENTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Second Group **ELEVENTH SUBSCRIBER GROUP** TWELVTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation 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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| | | Carriage |
|---|---|--|
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space J Part-time Carriage Log (SA3 only) |
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space K Gross Receipts |
| Letter sent | Information received | |
| Letter sent | Phone call/Date/Contact | |
| | | Space L Copyright Filing and Royalty Fees |
| Royalty Fee should be | Refund request to fiscal | |
| Letter sent | ☐ Information received | |
| Accepted | Phoe call/Date/Contact | |
| | | |
| | | Space M Channels |
| Letter sent | ☐ Information received | |
| Letter sent Accepted | ☐ Information received ☐ Phone call/Date/Contact | |
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| Accepted | Phone call/Date/Contact | Channels Space O |
| Accepted | Phone call/Date/Contact Information received | Channels Space O |
| Accepted | Phone call/Date/Contact Information received | Space O Certification Space P Statement of |
| Accepted | Phone call/Date/Contact Information received Phone call/Date/Contact | Space O Certification Space P Statement of |
| Accepted Letter sent Accepted Letter sent | Phone call/Date/Contact Information received Phone call/Date/Contact Information received | Space O Certification Space P Statement of |
| Accepted Letter sent Accepted Letter sent | Phone call/Date/Contact Information received Phone call/Date/Contact Information received | Space O Certification Space P Statement of Gross Receipts Space Q Interest |

| | | Carriage |
|---|---|--|
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space J Part-time Carriage Log (SA3 only) |
| Letter sent | Information received | |
| Accepted | Phone call/Date/Contact | |
| | | Space K Gross Receipts |
| Letter sent | Information received | |
| Letter sent | Phone call/Date/Contact | |
| | | Space L Copyright Filing and Royalty Fees |
| Royalty Fee should be | Refund request to fiscal | |
| Letter sent | ☐ Information received | |
| Accepted | Phoe call/Date/Contact | |
| | | |
| | | Space M Channels |
| Letter sent | ☐ Information received | |
| Letter sent Accepted | ☐ Information received ☐ Phone call/Date/Contact | |
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| | <u>_</u> | Channels Space O |
| Accepted | Phone call/Date/Contact | Channels Space O |
| Accepted | Phone call/Date/Contact Information received | Channels Space O |
| Accepted | Phone call/Date/Contact Information received | Space O Certification Space P Statement of |
| Accepted | Phone call/Date/Contact Information received Phone call/Date/Contact | Space O Certification Space P Statement of |
| Accepted Letter sent Accepted Letter sent | Phone call/Date/Contact Information received Phone call/Date/Contact Information received | Space O Certification Space P Statement of |
| Accepted Letter sent Accepted Letter sent | Phone call/Date/Contact Information received Phone call/Date/Contact Information received | Space O Certification Space P Statement of Gross Receipts Space Q Interest |