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

SA1-2E Short Form

Return completed workbook FOR COPYRIGHT OFFICE USE ONLY by email to: STATEMENT OF ACCOUNT for Secondary Transmissions by DATE RECEIVED AMOUNT coplicsoa@loc.gov Cable Systems (Short Form) \$ For additional information, contact the U.S. Copyright 08/29/2019 General instructions are located Office Licensing Division at: Tel: (202) 707-8150 in the first tab of this workbook ALLOCATION NUMBER

Α	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2019/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20191 Barcode Data Filing Period (optional - see instructions)	
Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	40118
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Atlantic Broadband (SC) LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
		Quincy, MA 02169	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system us already appear in space B. In line 2, give the mailing address of the system, if different from the address given in	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Atlantic Broadband	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	520 Pine Log Road (Number, street, rural route, apartment, or suite number)	
		Aiken, SC 29803 (City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Atlantic Broadband (SC) LLC	40118
		em. A "community" is the same as a "community unit" as defined in FCC rules:
D		nincorporated communities within unincorporated areas and including single,
U		nunity that you list will serve as a form of system identification hereafter known
	as the "first community." Please use it as the first community on all	
Area		iums, or mobile home parks should be reported in parentheses below the
Served	identified city.	
-	CITY OR TOWN Town of Allendale	STATE
First Community		SC SC
Community	Allendale County (un-incorp)	SC
	Fairfax	SC
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	-2E. PAGE
Name	Atlantic Broadband (SC							313	4011
Е	SECONDARY TRANSMISSION								
L	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including p								
Transmission	last day of the accounting period							ig on the	
Service: Sub-	Number of Subscribers: Both								
scribers and	down by categories of secondary								
Rates	each category by counting the nu separately for the particular service							charged	
	Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.				ny standai	rd rate variation	s within a p	articular rate	
	category, but do not include disc								
	Block 1: In the left-hand block systems most commonly provide								
	that applies to your system. Note								
	categories, that person or entity								
	subscriber who pays extra for ca					l in the count un	der "Servic	e to the	
	first set" and would be counted o Block 2: If your cable system I					service that are	different fr	om those	
	printed in block 1 (for example, ti								
	with the number of subscribers a								
	sufficient.				1			0	
	BLC	DCK 1 NO. OF					BLOCK	NO. OF	
	CATEGORY OF SERVICE	SUBSCRIB	ERS	RATE	CAT	EGORY OF SE	RVICE	SUBSCRIBERS	RATE
	Residential:				_				
	Service to first set		341	31.99		led Basic		308	74.7
	 Service to additional set(s) 				Digital			138	80.4
	• FM radio (if separate rate)				Digital	Plus		72	102.4
	Motel, hotel		0	4.37					
	Commercial		8	38.34					
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	SIONS: RATES	3				
-	In General: Space F calls for rat	-				l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, the					,	,		
Services	service for a single fee. There ar furnished at cost or (2) services (
Other Than	amount of the charge and the un								
Secondary	enter only the letters "PP" in the	rate column.	-	-		-		0	
ransmissions:	Block 1: Give the standard rat							voro not	
Rates	Block 2: List any services that listed in block 1 and for which a s								
	brief (two- or three-word) descrip								
		BLO	^K 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SER	VICE	RATE	CATEGO	DRY OF SERVICE	RATE
	Continuing Services:	TUTE		tion: Non-res		TUTE	0/11EOC		TUTE
	• Pay cable	19.99		el, hotel					
	Pay cable—add'l channel			nmercial			НВО		19.9
	Fire protection			cable			Showtin	ne	19.9
	•Burglar protection		-	cable-add'l ch	annel		Cinema		19.9
	Installation: Residential		-	protection			MovieP		9.0
	First set	50.00		glar protection			2 Premi		38.9
		50.00		ervices:			3 Premi		55.9
	 Additional set(s) 	50.00							
	 Additional set(s) FM radio (if separate rate) 	50.00	• Rec	onnect		40.00			
		9.99				40.00			
	• FM radio (if separate rate)		• Disc	onnect		40.00			

				OVOTEM
Name	LEGAL NAME OF OWNER O			SYSTEM I 401
	Atlantic Broadband (101
G rimary smitters: levision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatic Column 1: List each statio multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eacl educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, on's call sign. <i>Do not</i> report origination p ed with a station according to its over-the	t (1) stations carried only on a part- ne carriage of certain network progr (1(e)(2) and (4))]; and (2) certain state arried by your cable system on a suc- ne Special Statement and Program d both on a substitute basis and als see page (v) of the general instruc- brogram services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for indep or "E-M" (for noncommercial educate actions in the paper SA1-2 form. the community to which the station	time basis under rams [sections ations carried on a ubstitute program Log)—if the so on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGT	30.4	N	Augusta, GA
	WAGT-CW	30.3	Ν	Augusta, GA
s Necessary	WCES	6.1	E	Wrens, GA
	WEBA	33.1	E	Allendale, SC
	WEBA-SCC	33.2	E	Allendale, SC
	WLDA-SCC	JJ.2	—	Allenuale, 30
	WEBA-SCC	33.3	E	Allendale, SC
	WEBA WORLD	33.3	E	Allendale, SC
	WEBA WORLD WFXG	33.3 54.1	E N	Allendale, SC Augusta, GA
	WEBA WORLD WFXG WFXG GRIT	33.3 54.1 54.3	E N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce	33.3 54.1 54.3 54.2	E N N N	Allendale, SC Augusta, GA Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF	33.3 54.1 54.3 54.2 42.1	E N N N N	Allendale, SC Augusta, GA Augusta, GA Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV	33.3 54.1 54.3 54.2 42.1 42.2	E N N N N N	Allendale, SC Augusta, GA Augusta, GA Augusta, GA Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna	33.3 54.1 54.3 54.2 42.1 42.2 12.3	E N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N N N N N N N N N N N N	Allendale, SC Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N N N N N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N N N N N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N N N N N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N N N N N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N N N N N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N N N N N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA
	WEBA WORLD WFXG WFXG GRIT WFXG/Bounce WJBF WJBF/MeTV WRDW Antenna WRDW-MYTV	33.3 54.1 54.3 54.2 42.1 42.2 12.3 12.2	E N N N N N N N N N N N N N N N N N N N	Allendale, SC Augusta, GA Augusta, GA

EGAL NAME OF								SYSTEM I 401
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
eceivable if (1) n the basis of for detailed info aper SA1-2 for Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried b monitoring, to prmation abourm. Mentify the call tate whether the radio stat the radio stat this by placing tive the station	y the sys be recein at the Co l sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the opyright Office regulations on the each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante this point, see pa ed by the cable s he station is licen:	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st leneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
		e/D		CALL SIGN		ę/٣		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
		+						

Nama	Accounting Perio	od: 2019/1					FOF	RM SA1-2E. PAGE 5.
Attantic Broadband (SC) LLC 40118 I Substitute SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space 1, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball". List specific program. Use memerals, with the month first. Example: of May 7 give '57." Column 2: If the program was broadcast ing, the community to which the station is identified). Column 4: Give the broadcast station side of programming that your system was required to delete under FCC rules and	News	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
In General: In space i, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE Program Log During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program Program Log Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the tille of every nonnetwork television program. "Log mean" (but the seconting period, was broadcast by a distant station and that your cable system substitute for the program") that, during the accounting period, was broadcast like "movies" or "basketball." List specific program. Column 2: Give the call sign of the station broadcasting the substitute program. Column 3: Give the call sign of the station for the community to which the station is identified). Column 3: Give the call sign of the substitute program. Column 4: Give the times when the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: State the times when the substitute of program. Column 7: Enter the letter "7: if the listed program was carried by our cable system. List the times accurately to delete under FCC rules and regulations in ergerime gram was substituted for program may as substituted for program may as busited to delete under FCC rules and regulations in effect on October 19, 1976. Net the case of Mexican or Log and regula	Name	Atlantic Broadband (S	C) LLC					40118
Substitute substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the tifle of every nonnetwork television program "substitute for the programming of another station under cartian FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program "titles, for example, "Love Lucy" or "NBA Basketball." Genera 9: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station is dentified). Column 3: Give the call sign of the station broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast station's location (the community to which the station is identified). Column 3: Give the call sign of the station program was carried by your cable system. List the times accurately to the lease of Mexican or Canadian stat		SUBSTITUTE CARRIAG	E: SPECIA		NT AND PROGRAM LO	G		
Carriage: Special Statement and Program Log 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? YES Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program "substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is identified). Column 3: Give the call sign of the station program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program was carried by your cable system. List the times accurately to the ensert five minutes. Example: a program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during	I	substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or authorizations	. For a further
Special Statement and Program Log • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Image: Type:		explanation of the programm	ing that mus	st be included in	this log, see page (v) of the	e general instr	uctions in the paper SA	1-2 form.
Statement and Program Log "During the accounting period, dury durable system Carly, on a substitute basis, any holinetwork tervision program broadcast by a distant station? Image: The State S		1. SPECIAL STATEMEN		NING SUBS	TITUTE CARRIAGE			
Program Log Proadcast by a distant station? YES NO Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give wery nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do no tuse general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the call sign of the station broadcasting the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 6: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "57." Column 7: Enter the letter "R" if the listed program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter		 During the accounting per 	iod, did you	r cable system	carry, on a substitute bas	is, any nonne	twork television progra	
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log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: The program was broadcast live, enter "Yes." Otherwise enter "No." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 4: Give the broadcast station's location (the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period, enter the letter "P" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect du		Note: If your answer is "No"	, leave the	rest of this pac	e blank. If your answer is	"Yes," you mu	ist complete the progra	m
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the li		-						
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Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was <i>required</i> to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system vas permitted to delete under FCC rules and regulations in effect on October 19, 1976. UBSTITUTE PROGRAM WHEN SUBSTITUTE CARRIAGE OCCURRED 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES								
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to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976. WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES			or "R" if the	listed program	was substituted for progra	amming that v	our system was <i>requir</i>	be
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WHEN SUBSTITUTE SUBSTITUTE PROGRAM WHEN SUBSTITUTE 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		was substituted for program	nming that y					
SUBSTITUTE PROGRAM CARRIAGE OCCURRED 7. REASON FOR 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		effect on October 19, 1976.						
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES DELETION						WHE	N SUBSTITUTE	
1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S 5. MONTH 6. TIMES		S			1			
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Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (SC) LLC	S	40118 YSTEM
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transs (as identified in space E) during the accounting period. For a further explanation of how to compute this page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	mission servic s amount, see	e),888.00
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.	\$263,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for accounting period is \$52.00	this six-month	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	\$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,	100)	
	1. Base amount under statutory formula \$ 263,800.00		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527	(,600)	
	1. Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01	<u> </u>	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$	52.00	
Total Remittance Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
		•	
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informat		hts!

Accounting Period:	2019/1					FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: adband (SC) LLC				SYSTEM ID# 40118
M Channels	 to its subscrib 1. Enter the to system carri 2. Enter the to on which the 	You must give (1) the number of ers, and (2) the cable system's to tal number of channels on which ed television broadcast stations . tal number of activated channels e cable system carried television b idcast services	tal number of acti the cable 	vated channels during the	accounting period.	s
N Individual to Be Contacted		TO BE CONTACTED IF FURTHE		N IS NEEDED (Identify an	individual to whom	
for Further Information	Name	Patrick Bratton			Telephor	ne 617-786-8800
	Address	2 Batterymarch Park, (Number, street, rural route, apartm Quincy, MA 02169 (City, town, state, zip)				
	Email	pbratton@atlanti	cbb.com		Fax (optional)	
O Certification	I, the undersigned of the u		e, but only one, of t rtnership) I am the ion or partnership mer is not a corpor a corporation) or a ereby declare unde nowledge, informa X /s/ Pa Enter an electronic	the boxes.) e owner of the cable system ation or partnership; or partner (if a partnership) of er penalty of law that all state	as identified in line 1 of space gent of the owner of the cable the legal entity identified as on ements of fact contained herei de in good faith.	B; or system as identified wner of the cable system
			Chief Financ	K Bratton		
		Date:			August 28, 2019	

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

unting Period: 2019/1	FORM SA1-2E. PAGI
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ntic Broadband (SC) LLC	401
 SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners? NO 	P Special Statemer Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
	Q
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessme
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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