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

SA3E Long Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
03/02/2020	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period	2019/2			
B	Instructions: Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account. Check here if this is the system's first filing. If not, enter the system's ID LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Atlantic Broadband (Penn) LLC	ess of the cable system or on the last day of a counting perioa	em the accounting period should s	
				01083820192
				010838 2019/2
	2 Batterymarch Park, Suite 205 Quincy, MA 02169			
С	INSTRUCTIONS: In line 1, give any business or trade names used to in names already appear in space B. In line 2, give the mailing address of			
System	1 IDENTIFICATION OF CABLE SYSTEM: Atlantic Broadband		-	
	MAILING ADDRESS OF CABLE SYSTEM: 313 1/2 Cherry St 2 (Number, street, rural route, apartment, or suite number) Clearfield, PA 16830 (City, town, state, zip code)			
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	ist on page 1b
Area Served	with all communities. CITY OR TOWN	STATE		_
First	Clearfield	PA		
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	A	1
	Alliance	MD	B	2
	Gering	MD	В	3

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

FORM SA3E. PAGE 1b.									
LEGAL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#						
Atlantic Broadband (Penn) LLC 010838									
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The frst community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city or town.									
If all communities receive the same complement of television broadcast stations (i.e., 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-commuchannel line-up designated by an alpha-letter(s) (based on your Space G reporting) and (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns by	a subscriber grou								
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
Clearfield	PA			First					
Bells Landing	PA			Community					
Boggs Township	PA			,					
Bradford Township	PA								
Curwensville	PA								
Grampian	PA			See instructions for					
Knox Township	PA			additional information					
Lawrence	PA			on alphabetization.					
Mahaffey	PA								
Pike Township	PA								
				Add rows as necessary.					
				,.					

Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (Penn) LLC

010838

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 	2,839	\$ 41.93	Expanded	2,355	\$	56.73			
 Service to additional set(s) 			Value (Basic + Expanded)	5,194	\$	98.66			
 FM radio (if separate rate) 			Digital Value	141	\$	78.49			
Motel, hotel	59	\$ 41.93							
Commercial	193	\$ 41.93							
Converter									
 Residential 	24	\$ 6.99							
 Non-residential 									
		 		·	•				

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.

	BLO	CK 1			BLOCK	2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	R	CATEGORY OF SERVICE	E	RATE	
Continuing Services:		Installation: Non-residential					
• Pay cable	\$ 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	40.00	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		•	

estem during the constant of t	r television stane accounting a June 24, 194, or 76.63 (r d in the next prespect to anyutions, or auth G—but do list itute basis. ce I, if the stane rning substitute sign. Do not rn a station according to the station. The station according to the station. The station according to the station. The station according to the station according to the station. The station according to the station ac	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations in the paragraph. y distant stations in the paragraph. It it in space I (the stion was carried tute basis station report origination coording to its own the reported in the paragraph of the para	in (1) stations carrine carriage of cer (1(e)(2) and (4))]; is carried by your me Special Statem d both on a substans, see page (v) on program service er-the-air designation of the television standard for network multipor "E-M" (for non of the television standard), enter "Y cions located in the distant"), enter "Y cions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt	y payment because it is the subject	Namo
RS: TELEVISIO , identify every extem during the sin effect on 61(e)(2) and (4 s., as explained attentions: With record of the control of the	r television stane accounting a June 24, 1964, or 76.63 (r d in the next pespect to any tions, or auth G—but do list titute basis. I the state arning substitute basis. The state arning substitute basis ber the FCC has the station according to the station. The station whether the station according (v) of the station according (v) of the station according (v) of the station according to the local serving (v) of the station according to the stat	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations in the paragraph. y distant stations in the paragraph. It it in space I (the stion was carried tute basis station report origination coording to its own the reported in the paragraph of the para	in (1) stations carrine carriage of cer (1(e)(2) and (4))]; is carried by your me Special Statem d both on a substans, see page (v) on program service er-the-air designation of the television standard for network multipor "E-M" (for non of the television standard), enter "Y cions located in the distant"), enter "Y cions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt	s and low power television stations) ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the situte basis and also on some other of the general instructions located es such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel espendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). the paper SA3 form. es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your stering "LAC" if your cable system capacity. y payment because it is the subject	G Primary Transmitters:
identify every vistem during the stations: With ractions: With ractions: With ractions: With ractions: With ractions: With ractions: With ractions with ractions and also in space of the station of the station of the station of a distant station of a distant of a di	r television standard accounting and June 24, 194, or 76.63 (rd in the next prespect to any tions, or auth G—but do list titute basis. If the standard account is a station account of the station account of the station. The station account is a station account of the station. The station account is a station account of the station. The station account is a station account of the station. The station account is a station account of the station account is a station account of the station account is a station account of the station account is a station account in the station account is a station account in the station account is a station account in the station account in the station account is a station account in the station ac	g period, except 81, permitting the referring to 76.6 paragraph. y distant stations in the paragraph. y distant stations in the paragraph. It it in space I (the stion was carried tute basis station report origination coording to its own the reported in the paragraph of the para	in (1) stations carrine carriage of cer (1(e)(2) and (4))]; is carried by your me Special Statem d both on a substans, see page (v) on program service er-the-air designation of the television standard for network multipor "E-M" (for non of the television standard), enter "Y cions located in the distant"), enter "Y cions located in the mplete column 5, od. Indicate by enactivated channel subject to a royalt	ed only on a part-time basis under tain network programs [sections and (2) certain stations carried on a cable system on a substitute program tent and Program Log)—if the situte basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multish stream separately; for example tion for broadcasting over-the-air in may be different from the channel ependent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. es". If not, enter "No". For an extering "LAC" if your cable system capacity. y payment because it is the subject	Primary Transmitters:
primary transr	mitter or an as	ssociation repre	senting the prima	rstem or an association representing ary transmitter, enter the designa-	
primary transr imulcasts, also ee categories, location of ead anadian station	mitter or an as o enter "E". If see page (v) ch station. Fo ns, if any, give anel line-ups,	ssociation repre you carried the of the general or U.S. stations, e the name of the use a separate	esenting the prime channel on any c instructions locate list the communit he community wit space G for each	ary transmitter, enter the designa- ther basis, enter "O." For a further ed in the paper SA3 form. y to which the station is licensed by the h which the station is identifed.	
2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
7	N	No		ALTOONA, PA	
6	N	No		JOHNSTOWN, PA	See instructions for
12	l	No		ALTOONA, PA	additional informatio
3	Е	No		CLEARFIELD, PA	
10	N	No		ALTOONA, PA	
8	N	No		JOHNSTOWN, PA	
17	l	No		STATE COLLEGE, PA	
15	l	No		JOHNSTOWN, PA	
5	l	Yes	0	PITTSBURGH, PA	
į	mulcasts, also ee categories, location of ear anadian statio g multiple char 2. B'CAST CHANNEL NUMBER 7 6 12 3 10 8 17 15	mulcasts, also enter "E". If ee categories, see page (v) location of each station. For anadian stations, if any, give multiple channel line-ups, CHANN 2. B'CAST 3. TYPE CHANNEL OF NUMBER STATION 7 N 6 N 12 I 3 E 10 N 8 N 17 I 15 I	imulcasts, also enter "E". If you carried the ee categories, see page (v) of the general location of each station. For U.S. stations, anadian stations, if any, give the name of the gradient	mulcasts, also enter "E". If you carried the channel on any of ee categories, see page (v) of the general instructions locate location of each station. For U.S. stations, list the community anadian stations, if any, give the name of the community with gradient community and gradient community with gradient community and gradient community with gradient community and gradient community with gradient community wi	mulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further ee categories, see page (v) of the general instructions located in the paper SA3 form. location of each station. For U.S. stations, list the community to which the station is licensed by the anadian stations, if any, give the name of the community with which the station is identifed. In multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AA 2. B'CAST CHANNEL OF (Yes or No) STATION 7 N NO ALTOONA, PA 12 I NO ALTOONA, PA 12 I NO ALTOONA, PA 10 N NO ALTOONA, PA 10 N NO ALTOONA, PA 11 NO ALTOONA, PA 11 NO ALTOONA, PA 12 STATELD, PA 13 STATECOLLEGE, PA 15 I NO JOHNSTOWN, PA

FURM SA3E. PAGE 3.	.== .=				SYSTEM ID#		
Atlantic Broad					SYSTEM ID# 010838	Name	
PRIMARY TRANSMITT	ERS: TELEVISION	ON					
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	system during to ions in effect on 5.61(e)(2) and (sis, as explaine stations: With CC rules, regulations in space only on a subs	he accounting n June 24, 19 4), or 76.63 (red in the next prespect to any ations, or auth G—but do listitute basis.	period, except 81, permitting the referring to 76.6 paragraph. distant stations porizations: t it in space I (th	(1) stations carrie the carriage of certa 1(e)(2) and (4))]; a s carried by your carried by statements	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	G Primary Transmitters: Television	
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							
	se. For example	e, WRC is Ch			on for broadcasting over-the-air in may be different from the channel		
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			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Atlantic Broadl	pand (Penn)	LLC			010838	Name		
PRIMARY TRANSMITTERS: TELEVISION								
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it it is pace I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multic								
				•				
		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			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN					SYSTEM ID#	Name			
Atlantic Broad	band (Penn)	LLC			010838				
PRIMARY TRANSMITTERS: TELEVISION									
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 Program Program 1: List the station here, basis. For further ir in the paper SA3 for Column 1: List ead each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you 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	G, identify even- system during ti ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a subs and also in spa- information cond- ions. ch station's call associated with a-2". Simulcast e channel numl se. For example ystem carried the in each case way entering the le cast), "E" (for no ese terms, see ation is outside ice area, see pa ave entered "Y ave entered "Y ave entered "S ice area, see pa ave entered "S ice area, see pa ave entered "S ice area, see pa ave entered "T ice on a part-ti ision of a distant the entered into o a primary trans simulcasts, also aree categories e location of ea	y television standard by television standard	g period, except 81, permitting the referring to 76.6 paragraph. It is a control of the fermion of the referring to 76.6 paragraph. It is a control of the referring to 76.6 paragraph. It is space I (the referring to report origination of the report origination of the reported in control of the reported in control of the reported in control of the reported in the report origination is a network assigned to the reported in the referring to the reported in the referring the re	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your ce special Statement both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statington, D.C. This in the television statington, D.C. This in the television statington, D.C. This in the television statington, but the television statington	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			
Note: If you are utilizing	ig multiple chai	inei iine-ups,	use a separate	space G for each	Charmer line-up.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				
				, ,					

Atlantic Broadband (Penn) LLC PREMARY TRANSMITTERS, TELEVISION In General: In space G, Identify every stelevision station (including translator stations and low power felevision stations) recorded by your calcel system during the accounting protein, oxoget (f) stations carried only on a part-time basis under PCC. Talks and regulations in effect on June 24, 1961, permetting the carriage of certain interbork programs (acctors). PCC Talks and regulations in effect on June 24, 1961, permetting the carriage of certain interbork programs (acctors). PCC Talks (e) epidentic of the cert carried professor (PC), and (2) certain stations carried only on a substitute program basis under specific PCC rules, regulations, or authorizations. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific PCC rules, regulations, or authorizations. 1- to not list the station here in space G—but do list in space (five Special Statement and Program Log)—if the station was carried by the special station of the special	FORM SA3E. PAGE 3.									
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-lime basis under 76.59(q)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))); and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules and suplained 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 a disc 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 multi-cast 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 multicast). "E" (for noncommercial educational multicast). "E" (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										
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(q)(2) and (4), 76.61(e)(2) and (4), 0.76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: 'Do not list the station here in space G—but do list it in space ((the Special Statement and Program Log)—if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "-Im" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for network multicast), "I" (for independent), "-Im" (for independent multicast), "For one explanation of local service area, see page (v) of	Atlantic Broad	band (Penn)	LLC			010838				
Column 5: Indicate in each of the station is an expected 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)); and (2) certain stations carried 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 streams an swETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). **Column 2: Inicidate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E (for noncommercial educational station, or a capacy (e) 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 "Ves". 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 entere	PRIMARY TRANSMITTERS: TELEVISION									
Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up. CHANNEL LINE-UP AE 1. CALL 2. B'CAST CHANNEL 3. TYPE 4. DISTANT? (Yes or No) CARRIAGE 6. LOCATION OF STATION CARRIAGE	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, 1931, permitting the carriage of certain network programs [sections 76,59(d)2) and (4), 76,61(e)(2) and (4), or 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "I" (for network multicast) in the general instructions located in the paper SA3 form. Column 5: If									
1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF CHANNEL OF (Yes or No) CARRIAGE 6. LOCATION OF STATION	Note: If you are utilizing	ng multiple char	nnel line-ups,	use a separate :	space G for each	channel line-up.				
SIGN CHANNEL OF (Yes or No) CARRIAGE			CHANN	EL LINE-UP	AE					
		CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION				

FURM SAJE. PAGE 3.					OVOTEM ID#		
Atlantic Broad					SYSTEM ID# 010838	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	system during to lons in effect or 5.61(e)(2) and (sis, as explaine	he accounting n June 24, 19 (4), or 76.63 (red in the next	period, except 81, permitting th referring to 76.6 paragraph.	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a	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	G Primary Transmitters: Television	
basis under specifc FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 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 retrans							
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.							
	ı	CHANN	EL LINE-UP	AF			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broad	band (Penn)	LLC			010838	
PRIMARY TRANSMITT	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 Program bas Substitute Program bas Substitute Program bas Substitute Basis Subasis under specific FC Do not list the station station was carried List the station here, basis. For further ir in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA-WETA-simulcast). Column 2: Give thits community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multiper the meaning of the Column 5: If you cable system carried the 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	G, identify even- system during ti ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a subs and also in spa- information cond- ions. ch station's call associated with a-2". Simulcast e channel numl se. For example ystem carried the in each case way entering the le cast), "E" (for no ese terms, see ation is outside ice area, see pa ave entered "Y ave entered "Y ave entered "S ice area, see pa ave entered "S ice area, see pa ave entered "S ice area, see pa ave entered "T ice on a part-ti ision of a distant the entered into o a primary trans simulcasts, also aree categories e location of ea	y television standard by television standard	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 tinn was carried the 181 tinn was carried to 181 tinn was carried to 181 tinn was sassigned to 181 tinn was assigned to 181 tinn w	(1) stations carrie e carriage of certa 1(e)(2) and (4))]; a carried by your ce special Statement both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television statington, D.C. This in the television statington, D.C. This in the television statington, D.C. This in the television statington, but the television statington	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
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	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	

FORM SA3E. PAGE 3.					,		
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broad	band (Penn)	LLC			010838		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
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 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), "F" (for independent), "I-M" (for independent multicast). "For one remaining of t							
Note. If you are utilizing	ig multiple chai	• '	•		спаппет ше-ир.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					,		
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broad	band (Penn)	LLC			010838		
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), 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 "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 by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast). "For the meaning of these terms, see page (v) of the gener							
cable system carried to carried the distant state. For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	he distant static tion on a part-tir sion of a distant t entered into or a primary transi simulcasts, also nree categories, e location of ea Canadian statio	on during the a me basis beca multicast stre n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ons, if any, give	accounting period ause of lack of a gam that is not so ane 30, 2009, be association represous you carried the co of the general in U.S. stations, lee the name of the	od. Indicate by ent ctivated channel c ubject to a royalty tween a cable sys senting the primar channel on any ot nstructions locate list the community with	ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
Note: If you are utilizing	ng multiple char		· ·		cnannel line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.					,	
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broad	band (Penn)	LLC			010838	
PRIMARY TRANSMITTI In General: In space of carried by your cable of FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program by the substitute program by the substitute Basis of the station was carried of the station was carried of List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA-simulcast). Column 2: Give the discommendation of license on which your cable so the column 3: Indicate educational station, by (for independent multiful For the meaning of the Column 4: If the steplanation of local serverse.	ERS: TELEVISIO G, identify every system during the circles are a consistent of the circles are	y television state accounting in June 24, 194, or 76.63 (in the next prespect to any ations, or auth G—but do list titute basis. In the state of the	g period, except 81, permitting the referring to 76.6 paragraph. A distant stations corrizations: to the station was carried to the station was station to report origination cording to its over the period of the station is a network attain is a network was assigned to the station is a network work, "N-M" (I educational), one general instructive area, (i.e. "digeneral instruction of the station is a network of the station	(1) stations carrie the carriage of certain (e)(2) and (4))]; as carried by your consecutive Special Statement of both on a substitution, see page (v) of a program services the television station, an indefer network multicator "E-M" (for nonconstitutions located in the distant"), enter "Yeions located in the security of the secutions located in the distant"), enter "Yeions located in the security of the secutions located in the security of th	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a able system on a substitute program ent and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify tion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel upendent station, or a noncommercial ast), "I" (for independent), "I-M" immercial educational multicast). The paper SA3 form. The size of the same in the station is size of the size of the same in the same in the size of t	G Primary Transmitters: Television
cable system carried to carried the distant state. For the retransmiss of a written agreemen the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	he distant static tion on a part-tir sion of a distant t entered into or a primary transi simulcasts, also nree categories, e location of ea Canadian statio	on during the a me basis beca multicast stre n or before Ju mitter or an as o enter "E". If , see page (v) ch station. Fo ons, if any, give	accounting perion ause of lack of a permit hat is not some 30, 2009, be a sociation representation of the general in U.S. stations, let the name of the	od. Indicate by entactivated channel of subject to a royalty etween a cable system the primar channel on any ot instructions locate list the community with	ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing ry transmitter, enter the designaher basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing	ng multiple char				cnannel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	
					011110111111111111111111111111111111111	

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	NER OF CABLE S	/STEM:			SYSTEM ID#	Name
Atlantic Broad	band (Penn)	LLC			010838	
PRIMARY TRANSMITT	ERS: TELEVISIO	ON				
In General: In space of carried by your cable of FCC rules and regulation 76.59(d)(2) and (4), 76 substitute program because in the station station was carried • List the station here, basis. For further 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 so Column 3: Indicate educational station, by	G, identify ever system during to ions in effect of 6.61(e)(2) and (sis, as explaine stations: With a CC rules, regular here in space only on a substand also in spatformation concorn. The station's call associated with a cas of the cast of the cast, "E" (for n	y television st he accounting n June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis titute basis. ace I, if the sta terning substiff sign. Do not r h a station acc streams must over the FCC h e, WRC is Chane station. whether the stater "N" (for no concommercia	g period, except 81, permitting the referring to 76.6 paragraph. If distant stations corrizations: It it in space I (the referring to station was carried that basis station report origination cording to its own to be reported in containing the reported i	(1) stations carried to carriage of certain (e)(2) and (4))]; as carried by your context of both on a substitute, see page (v) of a program services the television station of the television of the television station of the television of television of the television of the television of the television of television of television of t	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 and and Program Log)—if the ute basis and also on some other if the general instructions located as such as HBO, ESPN, etc. Identify aion. For example, report multi- in stream separately; for example on for broadcasting over-the-air in may be different from the channel pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast).	Primary Transmitters: Television
Column 4: If the st planation of local servi Column 5: If you h cable system carried to carried the distant stat For the retransmiss of a written agreement the cable system and tion "E" (exempt). For explanation of these the Column 6: Give the	ation is outside ice area, see prave entered "Y he distant staticion on a part-tipion of a distant tentered into o a primary trans simulcasts, also ree categories e location of ea Canadian static	the local servage (v) of the es" in column on during the me basis becan multicast street or before Jumitter or an action enter "E". If , see page (v) ch station. Forns, if any, giv	vice area, (i.e. "c general instructi 4, you must cor accounting perion ause of lack of a eam that is not so une 30, 2009, be association repre you carried the of the general in or U.S. stations, e the name of the	distant"), enter "Ye ions located in the inplete column 5, sod. Indicate by entictivated channel cubject to a royalty ween a cable system and the primar channel on any ot instructions locate list the community with	paper SA3 form. stating the basis on which your ering "LAC" if your cable system capacity. payment because it is the subject stem or an association representing 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.	
Note: If you are utilizing	ig multiple chai	•	•	•	спаппетше-ир.	
	1	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	
				•		

FORM SA3E. PAGE 3.					,		
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broad	band (Penn)	LLC			010838		
PRIMARY TRANSMITT	ERS: TELEVISIO	ON					
In General: In space G, identify every television station (including translator stations and low power television stations) carried only our 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 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 1 (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), "F" (for independent), "I-M" (for independent multicast), "E" (for noncommercial e							
Note: II you are utilizir	ig multiple char	•	•	•	channer line-up.		
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Atlantic Broad	band (Penn)	LLC			010838		
PRIMARY TRANSMITT	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 (!) 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 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 — Dut do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial edu							
		CHANN	EL LINE LID	A M			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
				`,			

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Atlantic Broad	band (Penn)	LLC			010838	Nume	
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as 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), "[
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Note: If you are utilizing				•			
		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		

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broad	band (Penn)	LLC			010838		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON					
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 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), "F" (for independent), "I-M" (for independent multicast). "For one remaining of t							
Note: II you are utilizir	ig mulliple char	inei iine-ups,	use a separate	space G for each	channel line-up.		
	1	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		

FORM SA3E. PAGE 3.					0\\0.7514 ID.\\	
LEGAL NAME OF OWN					SYSTEM ID#	Name
					010838	
Atlantic Broadl PRIMARY TRANSMITTI In General: In space (carried by your cable s FCC rules and regulat 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you have	cand (Penn) ERS: TELEVISIO G, identify every system during to sons in effect or 6.61(e)(2) and (sis, as explaine Stations: With a CC rules, regular here in space only on a subs and also in spa formation conc rm. The station's call associated with associated with c-2". Simulcast the channel numbers the	y television state accounting a June 24, 1994), or 76.63 (rd in the next prespect to any ations, or auth G—but do list titute basis. ace I, if the state arring substitions are station according to the FCC has a station. Whether the state "N" (for ne oncommercial page (v) of the the local servage (v) of the es" in column	g period, except 81, permitting the seferring to 76.6 paragraph. It distant stations orizations: to the seferring to 76.6 paragraph. It is in space I (the stion was carried to the seferring to its over be reported in continuous assigned to the seferring to its over be reported in continuous assigned to the seferring to its over be reported in continuous assigned to the seferring to 76.6 per s	(1) stations carrie e carriage of certa (e)(2) and (4))]; a carried by your ce e Special Statemed both on a substitute, see page (v) of a program services er-the-air designate column 1 (list each the television station, D.C. This in the station, an indea for network multicar "E-M" (for noncostions located in the instant"), enter "Ye ons located in the inplete column 5, s	and low power television stations) donly 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 of the general instructions located as such as HBO, ESPN, etc. Identify the stream separately; for example on for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial east), "I" (for independent), "I-M" emmercial educational multicast). The paper SA3 form. Is a stream to the channel expendent of the paper SA3 form. In the paper SA3 form. In the paper SA3 form. It is the paper SA3 form.	G Primary Transmitters: Television
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	ig multiple chai		•		спаппетше-ир.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.					,	
LEGAL NAME OF OWI	NER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Atlantic Broad	band (Penn)	LLC			010838	
PRIMARY TRANSMITT	ERS: TELEVISIO	N				
In General: In space G, identify every television station (including translator stations and low power television stations) carried only our cable system during the accounting period, except (1) stations carried only on a part-lime basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 07.6.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational patient, by entering the letter "N" (for network), "N-M" (for network multicast), "" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational) or "E-M" (for noncommercial educational) or "S,						
FCC. For Mexican or	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.	
Note: If you are utilizi	ng multiple char	• •	•		channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION	

FORM SA3E. PAGE 3.							
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broadl	pand (Penn)	LLC			010838		
PRIMARY TRANSMITTERS: TELEVISION							
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast 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 multicas							
Note: If you are duite!	ig multiple onal		•	•	channer inte-up.		
1. CALL	2. B'CAST	3. TYPE	EL LINE-UP 4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Atlantic Broadl	pand (Penn)	LLC			010838	Name
PRIMARY TRANSMITTE	RS: 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 bas Substitute Basis is basis under specific FC on the station was carried and the List the station here, basis. For further in the paper SA3 for Column 1: List each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the station on which your cable sy Column 3: Indicate educational station, by (for independent multices on the column 4: If the station of local services on the station of local services of local services on the station of local services on the station of local services of local services of local services	G, identify every eystem during the consist of effect on 6.61(e)(2) and (6.61(e)(2) and (6.61(y television st he accounting h June 24, 19 4), or 76.63 (i d in the next respect to any ations, or auth G—but do lis- titute basis. ace I, if the sta- terning substiff sign. Do not r h a station acc streams must ber the FCC has, WRC is Cha- be, WRC is Cha- be, WRC is Cha- be, whether the stater "N" (for n- concommercia page (v) of the the local serv- age (v) of the es" in column	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: If it in space I (the 181) the 181, permitting to its over the 181, permitting the 181, permittin	(1) stations carrie to carriage of certa 1(e)(2) and (4))]; as a carried by your context of both on a substitute, see page (v) of a program services the television station, program services the television station, program services of the television station, program services of the television station, an indefer network multicar "E-M" (for noncostions located in the distant"), enter "Yesions located in the mplete column 5, s	s". If not, enter "No". For an ex- paper SA3 form. stating the basis on which your	G Primary Transmitters: Television
,		•	٠.	•	ering "LAC" if your cable system	
carried the distant stat For the retransmiss	•				capacity. payment because it is the subject	
the cable system and a tion "E" (exempt). For explanation of these th Column 6: Give the	a primary trans simulcasts, also aree categories e location of ea	mitter or an a o enter "E". If , see page (v) ch station. Fo	ssociation repre you carried the of the general in U.S. stations,	senting the primar channel on any ot instructions locate list the community	stem or an association representing by transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. by to which the station is licensed by the which the station is identifed.	
Note: If you are utilizing				•		
		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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					(minimum minimum minim	
				1		

FORM SA3E. PAGE 3.								
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#								
Atlantic Broadband (Penn) LLC 010838								
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON						
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicas								
Note: If you are utilizing	ig manipic onai	• •	•	•	channer inte-up.			
4 CALL	2 P'CAST		EL LINE-UP		C LOCATION OF STATION			
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION			

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWN					SYSTEM ID#	Name			
Atlantic Broad	band (Penn)	LLC			010838				
PRIMARY TRANSMITT	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), 76,63 (e)(2) and (4), 76,63 (referring to 76,61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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 *T" (for network), "N-M" (for network multicast), "" (for independent), "H-M" (for independent multicast), "E" (for noncommercial educational in so utside the local service area, (i.e. "distant")									
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	AU					
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.									
					SYSTEM ID#	Name			
Atlantic Broad	oand (Penn)	LLC			010838				
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			EL LINE-UP	•	Granner inte ap.				
1. CALL SIGN	2. B'CAST CHANNEL NUMBER		4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION				

FORM SA3E. PAGE 3.									
LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#									
Atlantic Broad	band (Penn)	LLC			010838	Name			
PRIMARY TRANSMITT	ERS: TELEVISIO	ON							
PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: - Do not list the station here in space — Dut 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 in space — Dut do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multi-cast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). 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'-M" (for independent multicast). "E' (for noncommercial educational), or "E-M" (for noncommercial educational multicast). "E' (for noncommercial educational) or "E-M" (for network in the station is outside the local se									
		CHANN	EL LINE-UP	ΔW					
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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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010838 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally Transmitters: receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, Radio on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions located in the paper SA3 form. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). CALL SIGN AM or FM LOCATION OF STATION CALL SIGN LOCATION OF STATION AM or FM S/D **WCED FM DUBOIS, PA WDBA FM DUBOIS, PA** WFGY ALTOONA, PA FΜ WKBI RIDGEWAY, PA FM **WQYX** CLEARFIELD, PA FΜ

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2019/2		
LEGAL NAME OF OWNER OF Atlantic Broadband (P						SYSTEM ID# 010838	Name		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a									
substitute basis during the acexplanation of the programm	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regula	ations, or authorizations.	For a further	Substitute Carriage:		
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 XNo									
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 attach additional pages. 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 (vi) of the general instructions located in the paper SA3 form for futher 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 listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.									
	NI IRSTITI IT	E PROGRAM	1		EN SUBSTITUTE IAGE OCCURRED	7. REASON			
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION			
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ACCOUNTING PERIOD: 2019/2 FORM SA3E. PAGE 6.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (Penn) LLC

PART-TIME CARRIAGE LOG

SYSTEM ID#

010838

J

Part-Time Carriage Log

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

hours your system carried that station. If you need more space, please attach additional pages.

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

column 5 of space G. **Column 2 (Dates and hours of carriage):** For each station, list the dates and hours when part-time carriage occurred during the accounting period.

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

		DAT	ES A	AND HOURS (OF F	PART-TIME CAF	RRIAGE				
CALL SIGN	WHEN CARRIAGE OCCURRED					CALL SIGN	WHE	WHEN CARRIAGE OCCURRED			
	DATE	FROM	URS	S TO			DATE	FROM	OURS	TO	
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	AL NAME OF OWNER OF CABLE SYSTEM:			SYSTEM ID#					
	antic Broadband (Penn) LLC			010838	Name				
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. 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. (Amount of gross receipts)									
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 book 3 below.	e enter	red on line	e 1 of					
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be elow.	entered	d on line 2	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 o	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 fe system's gross receipts for the accounting period.)64 perce	nt 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.		\$	660,261.43					
	This is your minimum fee.	\$		7,025.18					
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 period of the DSE schedule. No—Leave block 3 below blank and columns.	nn 4, y od?	ou must o	check					
Block	Line 1. BASE RATE FEE : Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$	7,025.18					
	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	\$		7,025.18					
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		\$	7,025.18	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, ente zero.	r		0.00	submitting additional deposits under				
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)								
Line 4. FILING FEE									
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here	\$		7,750.18	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (general instructions located in the paper SA3 form for more information.)	See pa	age (i) of t	he					

Name	LEGAL NAME OF OWNER OF			SYSTEM ID#								
1401116	Atlantic Broadband	(Penn) LLC	010838								
	CHANNELS											
M	Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations											
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.											
Chamileis	Enter the total numb	ber of c	nannels on which the cable									
			padcast stations	. 9								
	2. Enter the total numb											
		•	arried television broadcast stations	213								
N	INDIVIDUAL TO BE C	CONTA	CTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual									
	we can contact about the		· · · ·									
Individual to												
Be Contacted for Further	Name Patrick B	Bratto	n Telephone	617-786-8800								
Information	Name Tarron D	J. 4.1.0	теертоте									
	Address 2 Rattery	vmarc	h Park, Suite 205									
			ute, apartment, or suite number)									
	Quincy, I		2169									
	(City, town, stat	ate, zip)										
	Email p	pbratte	on@atlanticbb.com Fax (optional)									
			/									
	CEPTIFICATION (This s	stateme	ent of account must be certifed and signed in accordance with Copyright Office re	agulations								
0	OLKIII IOATION (TIIIS S	Stateme	and of account must be certifed and signed in accordance with copyright office re	sguiations.								
Certifcation	• I, the undersigned, here	reby cer	ify that (Check one, but only one, of the boxes.)									
	, ,	,	, , , , , , , , , , , , , , , , , , , ,									
	(Owner other than c	corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	ce B; or								
			corporation or partnership) I am the duly authorized agent of the owner of the call that the owner is not a corporation or partnership; or	ole system as identified								
	<u> </u>											
	(Officer or partner) in line 1 of space	•	n officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as	owner of the cable system								
			t of account and hereby declare under penalty of law that all statements of fact conta to the best of my knowledge, information, and belief, and are made in good faith.	ined herein								
	[18 U.S.C., Section 100											
		V										
		X	/s/ Patrick Bratton									
	E	Enter an	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 curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lot									
				ao compandinty county.								
	Т	Typed o	r printed name: Patrick Bratton									
	Т	Title:	Chief Financial Officer									
			(Title of official position held in corporation or partnership)									
	D	Date:	March 1, 2020									

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#	Nama						
Atlantic Broadband (Penn) LLC 010838	Name						
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."							
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.							
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?							
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
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 underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q						
Line 1 Enter the amount of late payment or underpayment	Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here							
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)							
(interest charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner Address							
First community served							
Accounting period ID number							

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

ACCOUNTING PERIOD: 2019/2

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 lead stations are not counted at all in computing DSEs	

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

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

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

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

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

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

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

TOTAL OF DSEs

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

THE ROYALTY FEE

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

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

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

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

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

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have beer 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.

Santa Rosa	Stations A and C 35 mile zone
\ an	Bodega Bay ns B, D, id E le zone

Distant Stations Carried			Identification	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

4 0,0000							
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: 2019/2

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# 010838								
1									
	Add the DSEs of each station								
	Enter the sum here and in line 1 of part 5 of this schedule.								
		•••••••							
2	Instructions:								
_	In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 of space G (page 3).								
Computation	in the column headed "DSE": for each independent 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	NS: DSEs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	WPCW	#N/A							
	WINP	1.000							
Add rows as									
necessary.									
Remember to copy									
all formula into new									
rows.									

Name		adband (Penn) LLC					S	010838
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Instructions: CAPACITY Column 1: List the call sign of all distant stations identified by "LAC" in column 5 of space G (page 3). Column 2: For each station, give the number of hours your cable system carried the station during the accounting period. This figure should correspond with the information given in space J. Calculate only one DSE for each station. Column 3: For each station, give the total number of hours that the station broadcast over the air during the accounting period. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in decimals in column 4. This figure must be carried out at least to the third decimal point. This is the "basis of carriage value" for the station. Column 5: For each independent station, give the "type-value" as "1.0." For each network or noncommercial educational station, give the type-value as ".25." Column 6: Multiply the figure in column 4 by the figure in column 5, and give the result in column 6. Round to no less than the third decimal point. This is the station's DSE. (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form.							
Capacity	CATEGORY LAC STATIONS: COMPUTATION OF DSEs							
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEI	ER 3. NI JRS 0 ED BY S	UMBER F HOURS TATION N AIR	4. BASIS OF CARRIAGE VALUE	5. TYPE	6. DS	βE
			÷ ÷	=		x x	<u>=</u>	
			÷	=		x		
			÷ ÷			x x	<u> </u>	
			÷	=		x x	=	
			÷	=		x	=	
	Add the DSEs	oF CATEGORY LAC Sof each station. Im here and in line 2 of p		e,	⊁	0.00		
Computation of DSEs for Substitute-Basis Stations	 Instructions: Column 1: Give the call sign of each station listed in space I (page 5, the Log of Substitute Programs) if that station: Was carried by your system in substitution for a program that your system was permitted to delete under FCC rules and regulartions in effect on October 19, 1976 (as shown by the letter "P" in column 7 of space I); and Broadcast one or more live, nonnetwork programs during that optional carriage (as shown by the word "Yes" in column 2 of space I). Column 2: For each station give the number of live, nonnetwork programs carried in substitution for programs that were deleted at your option. This figure should correspond with the information in space I. Column 3: Enter the number of days in the calendar year: 365, except in a leap year. Column 4: Divide the figure in column 2 by the figure in column 3, and give the result in column 4. Round to no less than the third decimal point. This is the station's DSE (For more information on rounding, see page (viii) of the general instructions in the paper SA3 form). 							
		SU	BSTITUTE-BAS	IS STATIONS		TION OF DSEs		T
	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
				=		÷		=
				=		÷		=
			-	=		÷		=
	Add the DSEs	s OF SUBSTITUTE-BAS of each station. Im here and in line 3 of p	IS STATIONS:	e,		0.00		=
5		ER OF DSEs: Give the am		s in parts 2, 3, and	4 of this schedule	and add them to provide	the tota	
Total Number		s applicable to your syster f DSEs from part 2●	п.			#N/A		
of DSEs		f DSEs from part 3 ●				,,,,,,,	0.00	
	3. Number o	f DSEs from part 4 ●			>		0.00	
	TOTAL NUMBE	R OF DSEs					#N/A	<u>.</u>

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2019/2

LEGAL NAME OF							S'	YSTEM ID#	Name
Atlantic Broad	aband (Penn) i	LLC						010838	
Instructions: Blo In block A: • If your answer if schedule.			part 6 and part	7 of the DSE sche	edule blank a	nd complete pa	art 8, (page 16) of	the	6
If your answer if	"No," complete ble			TELEVISION M	VDKETS				Computation of
effect on June 24	, 1981?	outside of all r	major and sma	aller markets as de	efined under s		·	gulations in	3.75 Fee
		BLOC	CK B: CARR	IAGE OF PERI	MITTED DS	Es			
Column 1: CALL SIGN	under FCC rules	s of distant sta and regulatione DSE Sche	ations listed in ons prior to Ju dule. (Note: T	part 2, 3, and 4 o ne 25, 1981. For fo he letter M below r	f this schedul urther explana	e that your sys ation of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rd A Stations carri 76.61(b)(c)] B Specialty stati C Noncomeric D Grandfatheree instructions fc E Carried pursu *F A station pre	ules and reguied pursuant to as defined cal education of the sched ant to individuation when the station will be station with the station will be station will	lations cited b to the FCC mand in 76.5(kk) (7 al station [76.5 65) (see paragule). Lual waiver of F and on a part-tir within grade-B	ne or substitute ba contour, [76.59(d)(ose in effect of 76.57, 76.59(b) (e)(1), 76.63(a) (e)(3) referring the stitution of goods asis prior to June 20.57, 76.59 (e)(1), 76.63(a) referring the stitution of goods asis prior to June 20.57, 76.59 (e)(1),	n June 24, 198 b), 76.61(b)(c), a) referring to 7 g to 76.61(d) grandfathered s	76.63(a) referring 76.61(e)(1 stations in the		
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	D	#N/A							
WINP	Α	1.00							
							#N/A	4	
		В	LOCK C: CC	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	e total number of	DSEs from	part 5 of this	schedule			··-		
Line 2: Enter the	e sum of permitte	ed DSEs fror	n block B ab	ove					
				r of DSEs subject 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	line 4 by 0.0375	and enter su	ım here						permited/ partially nonpermitted
Line 6: Enter tot	al number of DS	Es from line	3				X		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	line 6 by line 5 a	nd enter her	e and on line	2, block 3, spac	e L (page 7))		0.00	

	of OWNER OF CABLE padband (Penn) I							010838	NI a saa a
		BLOCK	A: TELEVIS	SION MARKET	S (CONTIN	UED)	1		
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									3.75 Fee
						•			

						•			1

Name	Atlantic Broad								S	48TEM ID# 010838	
	Additio Broads	Jana (i cin								010030	_
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Fr A—Part-time sp 76.59(B—Late-night pr 76.61(S—Substitute ca genera Column 5: Indicate Column 6: Comparin block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty programing: (d)(1),76.61(e) (e)(3)). Carriage under all instructions the station's It e the DSE figure 1, column 3 differentiation by the station of the column 3 differentiation by the station of the column 3 differentiation by the column 3 differentiation by the column 3 differentiation by the DSE figure 1, column 3 differentiation by the	1981, under forme ach distant station i his station for a sing g period and year i arriage on which the regulations cited be mming: Carriage, co ()(1), or 76.63 (refer Carriage under FCC certain FCC rules, in the paper SA3 fo DSE for the current ures listed in column of part 6 for this state ou give in columns	r FCC rules gov dentifed by the gle accounting p n which the car ie station was elow pertain to t in a part-time ba- ring to 76.61(e) C rules, sections regulations, or a orm. accounting per ns 2 and 5 and tion. 2, 3, and 4 mus	vern lette peri riag arri hos asis (1)) s 76 auth riod list	entifed by the letter "F" ning part-time and sub- er "F" in column 2 of p iod, occurring betweer ge and DSE occurred i ed by listing one of the se in effect on June 24 s, of specialty program). 3.59(d)(3), 76.61(e)(3) horizations. For further as computed in parts the smaller of the two e accurate and is subjections.	stitute carri part 6 of the n January 1 (e.g., 1981/ e following I, 1981. Iming unde n, or 76.63 (r explanation 2, 3, and 4 o figures her	age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedu	ections vi) of the should be	981 e entered	
		PERMITT	ED DSE FOR STA	TIONS CARRIE	ED (ON A PART-TIME AN	ID SUBSTI	TUTE BASIS			_
l	1. CALL	2. PRIC		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	
	SIGN	DSE	PI	ERIOD		CARRIAGE		OSE		DSE	

7 Computation of the	,	"Yes," comple	ete blocks B and C		pai	rt 8 of the DSE schedu	ule.	,			_
Syndicated			BLOC	A: MAJOR	TE	LEVISION MARKI	ET				
Exclusivity	. la any nartion of the	abla avatam v	uithin a tan 100 mais	r talariaian marl	lea+	as defined by acation 7	6 E of FOO	mulaa in affaat l	24	10010	
Surcharge	Yes—Complete	•		or television man	кет	as defined by section 7		rules in effect J	une 24,	1981?	
	res—Complete	DIOCKS D ATIC	10.			No—Proceed to	рап о				
	BLOCK B: Ca	arriage of VHI	F/Grade B Contour	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	;	
	Is any station listed in commercial VHF stati or in part, over the ca	on that places			r	Was any station listed nity served by the cab to former FCC rule 76.	le system p				
	Yes—List each s		th its appropriate per part 8.	mitted DSE		Yes—List each sta X No—Enter zero a			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
			-								
			-								
		!	TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Es	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 010838	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	660,261.43	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation of the
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated Exclusivity
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Surcharge
• Is an	y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
	If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank. NOTE: If the DS is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here.	_	
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge.		
Section	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
3b	A. Enter 0.00599 of gross receipts (the amount in section 1)		
	B. Enter 0.00377 of gross receipts (the amount in section 1)		
	C. Multiply line B by 3.000 and enter here		
	D. Enter 0.00178 of gross receipts (the amount in section 1)		
	E. Subtract 4.000 from total DSEs (the 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 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 DS is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		
	D. Multiply line B by line C and enter here		
	E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge		

Name		ME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	1	Atlantic Broadband (Penn) LLC	010838
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	
_		ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of p	art
8		checked "Yes," use the total number of DSEs from part 5.	ait
Computation		ock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Ir answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	· ·	ir answer is "No," compute your systems base rate ree in block B. Leave part 9 blank. Ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be	low
Base Rate Fee	blank		
		is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers ocated within that station's local service area and others were located outside that area. For the definition of a station's "loc	al
		e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
	L	X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 1	Enter the amount of gross receipts from space K (page 7) ▶ _\$	
	Section	Enter the total number of permitted DSEs from block B, part 6 of this schedule.	
	2	(If block A of part 6 was checked "Yes," use the total number of DSEs from part 5.) ▶	
	Section		
	3	If the figure in section 2 is 4.000 or less , compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below.	
		A. Enter 0.01064 of gross receipts (the amount in section 1) ▶ \$	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs	
		(the figure in section 2) and enter here	
		D. Multiply line B by line C and enter here	
		E. Add lines A, and D. This is your base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	

	AME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 010838	Name
Auan	tic Broadband (Penn) LLC	010030	
Section	If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		
4	A. Enter 0.01064 of gross receipts (the amount in section 1)		8
	B. Enter 0.00701 of gross receipts (the amount in section 1) \$		Computation of
	C. Multiply line B by 3.000 and enter here		Base Rate Fee
	D. Enter 0.00330 of gross receipts (the amount in section 1) \$		
	E. Subtract 4.000 from total DSEs (the figure in section 2) and enter here ▶		
	F. Multiply line D by line E and enter here		
	G. Add lines A, C, and F. This is your base rate fee.		
	Enter here and in block 3, line 1, space L (page 7) Base Rate Fee \$	0.00	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channed.	•	9
•	o. eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee	e, to exclude	Computation
receipt	s from subscribers located within the station's local service area, from your system's total gross receipts. To take acon, you must:	·	of Base Rate Fee
station DSEs a	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for : Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations For each community served, determine the local service area of each wholly distant and each partially distant states to that community.	ion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lo the station's local service area. A subscriber located outside the local service area of a station is distant to that state token, the station is distant to the subscriber.)		
subscri	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Compo	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your syst	em's subscriber	
-	section:		
• Give	fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of 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	າ parts 2, 3.	
and 4 of 2) any	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b		
•	6 of this schedule.		
	ne DSEs for each station. This gives you the total DSEs for the particular subscriber group.	netruotiona	
in the	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general in paper SA3 form.		
page. DSEs f	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the part making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that or that group)s complement of stations and total gross receipts from the subscribers in that group). You do not nee calculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010838 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 OW Atlantic Broadb						S	010838	Name
		COMPUTATION OF SUBSCRIBER GROU		TE FEES FOR EAC		RIBER GROUP SUBSCRIBER GRO		
COMMUNITY/ ARE			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WINP	1.00							Base Rate Fe and Syndicated Exclusivity
								Surcharge for Partially
								Distant Stations
T			4.00	T			0.00	
Total DSEs Gross Receipts First	t Group	\$ 660	1.00 ,261.43	Total DSEs Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	t Group	\$ 7	,025.18	Base Rate Fee Sec	ond Group	\$	0.00	
COMMUNITY/ ARE		SUBSCRIBER GROL	JP 0	COMMUNITY/ ARE		I SUBSCRIBER GRO	UP 0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Thir	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	s above.	\$	7,025.18	

LEGAL NAME OF OWI Atlantic Broadba						S	YSTEM ID# 010838	Name
				TE FEES FOR EAG				
		SUBSCRIBER GRO				SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fo
								and
								Syndicated
		-						Exclusivity
								Surcharge for
								Partially
		-						Distant
								Stations
Гotal DSEs	•		0.00	Total DSEs	•	-	0.00	
Gross Receipts First	Groun	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
orece recorpte riner	Огоир	<u> </u>		Cross resorts est	ona Oroup	<u> </u>		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	SEVENTH	SUBSCRIBER GRO	DUP			I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		,						
		-						
		H						
Γotal 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 Third	Group the base ra	\$ te fees for each subs	0.00		rth Group	\$		

LEGAL NAME OF OWN Atlantic Broadba						S	9487EM ID# 010838	Name
· ·		COMPUTATION OF SUBSCRIBER GROU		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GRO	UP	_
COMMUNITY/ AREA			0	COMMUNITY/ AREA	١		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Gtationo
Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
Cross receipts i list	Oloup	<u>*</u>	0.00	Cross receipts occe	ла Огоар	*	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
	ELEVENTH	SUBSCRIBER GROU	JP		TWELVTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	\		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
	 	<u> </u>	3.00		P	<u> </u> *	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	s above.	\$		

Atlantic Broadband (Pen	BLE SYSTEM: n) LLC					YSTEM ID# 010838
	: COMPUTATION O					
	H SUBSCRIBER GRO		11		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	-	0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTEENT	H SUBSCRIBER GRO)UP		SIXTEENTH	I SUBSCRIBER GROU	JP
DMMUNITY/ AREA		0	COMMUNITY/ ARE.	4		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
otal DSEs cross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00

Penn) LLC 0108	M ID# 0838 Name
CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
ENTH SUBSCRIBER GROUP EIGHTEENTH SUBSCRIBER GROUP	9
O COMMUNITY/ AREA	0 Computati
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSI	OSE of
	Base Rate I
	and
	Syndicate
	Exclusivit
	Surcharg
	for Partially
	Distant
	Stations
	0.00
\$ 0.00 Gross Receipts Second Group \$ 0.00	.00
\$ 0.00 Base Rate Fee Second Group \$ 0.00	.00
ENTH SUBSCRIBER GROUP TWENTIETH SUBSCRIBER GROUP	
O COMMUNITY/ AREA	0
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSI	OSE
	1.00_
0.00 Total DSEs 0.00	

Atlantic Broadband (Penn	ELE SYSTEM: a) LLC					YSTEM ID# 010838
			TE FEES FOR EACH			
	SUBSCRIBER GRO				SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00
TWENTY-THIRD	SUBSCRIBER GRO	UP	TWENT	Y-FOURTH	I SUBSCRIBER GROU	JP
		_				
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
	CALL SIGN	DSE	COMMUNITY/ AREA	DSE	CALL SIGN	
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
	CALL SIGN					0
CALL SIGN DSE	CALL SIGN					0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE		DSE
CALL SIGN DSE		0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE
CALL SIGN DSE CALL SIGN DSE Fotal DSEs Gross Receipts Third Group		0.00	CALL SIGN Total DSEs	DSE	CALL SIGN	DSE

Atlantic Broadband (Pe	ABLE SYSTEM: 1n) LLC				S	010838	Name
BLOCK	A: COMPUTATION C	F BASE RA	TE FEES FOR EA	CH SUBSCR	RIBER GROUP		
TWENTY-FIF	TH SUBSCRIBER GRO		TW	9			
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Computation			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
							Base Rate F
							and
							Syndicated
							Exclusivity
							Surcharge
							for Partially
							Distant
							Stations
		0.00	T 1 1 DOE		Ш	0.00	
otal 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	
TWENTY-SEVEN	TH SUBSCRIBER GRO	OUP	TWE	NTY-EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0				
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		- 1					
otal DSEs		0.00	Total DSEs			0.00	
Fotal DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	ırth Group	\$	0.00	

LEGAL NAME OF OWNE Atlantic Broadban						S	YSTEM ID# 010838	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCF	RIBER GROUP		
	Y-NINTH	SUBSCRIBER GROU		Ti .	THIRTIETH	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
0,122 0.011	302	G/ LEE S. G. Y		0,122 0.011	332	07.122.01.01.1	302	Base Rate Fee
								and
		=						Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
		=						Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	ΓY-FIRST	SUBSCRIBER GROU		Ti .	Y-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		=						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	riber group	as shown in the boxes	above.	\$		

Atlantic Broadband (Pen	BLE SYSTEM: n) LLC					YSTEM ID# 010838
			TE FEES FOR EACH			
	SUBSCRIBER GRO		Ti .	Y-FOURTH	SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00
TI UDTY CIETI			11			
	H SUBSCRIBER GRO		Ħ	RTY-SIXTH	I SUBSCRIBER GROU	
	H SUBSCRIBER GRO	0 0	THI COMMUNITY/ AREA	RTY-SIXTH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	SUBSCRIBER GRO		Ħ	RTY-SIXTH	SUBSCRIBER GROU	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE		0	COMMUNITY/ AREA			0
CALL SIGN DSE CALL SIGN DSE Total DSEs		DSE	CALL SIGN	DSE		DSE
COMMUNITY/ AREA	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00
CALL SIGN DSE CALL SIGN DSE Total DSEs	CALL SIGN	DSE DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE O.00

Atlantic Broadband (Pe	ABLE SYSTEM: nn) LLC					910838
	A: COMPUTATION O					
	TH SUBSCRIBER GRO		1		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs		1	0.00
	•	0.00		and Craun		0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
THIRTY-NINTH SUBSCRIBER GROUP					L	
THIRTY-NIN					I SUBSCRIBER GROU	-
			COMMUNITY/ ARE	FORTIETH		-
OMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP		FORTIETH		JP
OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
CALL SIGN DSE	TH SUBSCRIBER GRO	OUP 0	COMMUNITY/ ARE	FORTIETH	I SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA	TH SUBSCRIBER GRO	DUP	COMMUNITY/ ARE	DSE	I SUBSCRIBER GROU	JP O DSE
CALL SIGN DSE	CALL SIGN	DUP DSE 0.00	COMMUNITY/ ARE CALL SIGN Total DSEs	DSE	CALL SIGN	DSE 0.00

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010838	Name
FOR	RTY-FIRST	COMPUTATION O SUBSCRIBER GRO	UP	††	TY-SECONE	RIBER GROUP SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	DSE CALL SIGN DSE CALL SIGN		CALL SIGN	DSE CALL SIGN DSE			of
	<u> </u>						Base Rate Fee and	
								Syndicated
								Exclusivity
								Surcharge
								for Partially
								Distant
		_						Stations
		_						
Total DSEs			0.00	Total DSEs		Ц	0.00	
Gross Receipts First (Total DSEs 0.00 Gross Receipts First Group \$ 0.00			Gross Receipts Sec	ond Group	\$	0.00	
Cross ressipts rills.	отопр	<u>*</u>		l cross rescipts see	ona Oroup			
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GRO	0 0	Ħ		SUBSCRIBER GRO	_	
COMMUNITY/ AREA			U	COMMUNITY/ ARE	-		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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 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 OWNE Atlantic Broadban						S	YSTEM ID# 010838	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	ΓY-FIFTH	SUBSCRIBER GRO		FC	RTY-SIXTH	I SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
		31.122.21.01.						Base Rate Fee
								and
		-						Syndicated
								Exclusivity Surcharge
								for
		-						Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	EVENTH	SUBSCRIBER GRO	JP	††		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW Atlantic Broadba						S	YSTEM ID# 010838	Name
				TE FEES FOR EAC		RIBER GROUP		
		SUBSCRIBER GRO			9			
COMMUNITY/ AREA	4		0	COMMUNITY/ ARE	Computation			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of	
								Base Rate Fe
								and
								Syndicated
								Exclusivity
		_						Surcharge
								for Partially
		-						Distant
								Stations
Total DSEs			0.00	Total DSEs		11	0.00	
	C===	•						
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
F	IFTY-FIRST	SUBSCRIBER GRO)UP	FIF	TY-SECOND	SUBSCRIBER GRO	JP	
COMMUNITY/ AREA	4		0	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
otal DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rτn Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

F CABLE SYSTEM: Penn) LLC 01083	NI
CK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	
THIRD SUBSCRIBER GROUP FIFTY-FOURTH SUBSCRIBER GROUP	9
0 COMMUNITY/ AREA	Computation
ISE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	of
	Base Rate F
	and
	Syndicate
	Exclusivit
	Surcharge
	for Partially
	Distant
	Stations
	-
\$ 0.00 Gross Receipts Second Group \$ 0.00	
Base Rate Fee Second Group \$ 0.00	
FIFTH SUBSCRIBER GROUP FIFTY-SIXTH SUBSCRIBER GROUP	_
O COMMUNITY/ AREA	
SE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	

0.00 Total DSEs 0.00 p 0.00 Gross Receipts Fourth Group 0.00	

Atlantic Broadband (Peni	BLE SYSTEM: n) LLC				S	910838
BLOCK A:	COMPUTATION OF	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP	
	H SUBSCRIBER GRO		H .		SUBSCRIBER GRO	
COMMUNITY/ AREA		0	COMMUNITY/ AREA 0			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
······································						
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
				•		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
FIFTY-NINT	SUBSCRIBER GRO	UP		SIXTIETH	SUBSCRIBER GRO	UP
OMMUNITY/ AREA		0	COMMUNITY/ ARE.	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	+					
		<u> </u>				
Fotal DSEs		0.00	Total DSEs			0.00
Total DSEs Gross Receipts Third Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00
	\$			rth Group	\$	

CALL SIGN DSE DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE	DSE
COMMUNITY/ AREA CALL SIGN DSE CALL SIGN DS	
CALL SIGN DSE CA	
CALL SIGN DSE DSE CALL SIGN DSE CALL SIGN DSE DSE CALL SIGN DSE CALL SIG	DSE
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 SIXTY-THIRD SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee First Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP SIXTY-FOURTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Se	
ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	
ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	
ase Rate Fee First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	
Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Se	
ross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 SIXTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	
ase Rate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0 SIXTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA 0 COMMUNITY/ AREA	0.00
SIXTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ AREA	0.00
SIXTY-THIRD SUBSCRIBER GROUP OMMUNITY/ AREA O COMMUNITY/ AREA	$\overline{}$
DMMUNITY/ AREA 0 COMMUNITY/ AREA	0.00
CALL SIGN DSE CALL SIGN DSE CALL SIGN D CALL SIGN DSE CALL SIGN D CA	0
	DSE
otal DSEs Total DSEs	0.00
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	
sase Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0	0.00

Atlantic Broadband (Pen	BLE SYSTEM: n) LLC				S	YSTEM ID# 010838
			ATE FEES FOR EAC			
SIXTY-FIFTI	1 SUBSCRIBER GRO	0 0	SIXTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA 0			
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
		0.00				0.00
otal DSEs		0.00	Total DSEs			0.00
oss Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00
SIXTY-SEVENT	SUBSCRIBER GRO	OUP	SIX	TY-EIGHTH	SUBSCRIBER GRO	
SIXTY-SEVENT				TY-EIGHTH		
SIXTY-SEVENT		OUP	SIX	TY-EIGHTH		UP
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENTI COMMUNITY/ AREA CALL SIGN DSE	H SUBSCRIBER GRO	0 0	SIX COMMUNITY/ AREA	TY-EIGHTH	SUBSCRIBER GRO	UP 0
SIXTY-SEVENT COMMUNITY/ AREA CALL SIGN DSE Total DSEs	H SUBSCRIBER GRO	DUP DSE	COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GRO	DSE
COMMUNITY/ AREA	CALL SIGN	DUP DSE DOME DO	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE

LEGAL NAME OF OWNE Atlantic Broadban						S	YSTEM ID# 010838	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
SIXT	Y-NINTH	SUBSCRIBER GRO	JP	SI	EVENTIETH	I SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_						Base Rate Fee
								and Syndicated
								Exclusivity
								Surcharge
		-						for
								Partially
								Distant
								Stations
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	TY-FIRST	SUBSCRIBER GRO	JP	SEVENT	Y-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
		-						
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subso	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNE Atlantic Broadban						S	YSTEM ID# 010838	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
SEVENT	Y-THIRD	SUBSCRIBER GROU	JP	SEVENT	Y-FOURTH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant
								Stations
		•						
T-+-! D05-			0.00	T-4-1 DOE-			0.00	
Total DSEs				Total DSEs				
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
SEVEN	TY-FIFTH	SUBSCRIBER GROU	JP	SEVE	NTY-SIXTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

Name	010838	S						LEGAL NAME OF OWNE Atlantic Broadban
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION O	LOCK A: (BL
0	IP	SUBSCRIBER GROU	Y-EIGHTH	SEVENT	JP	SUBSCRIBER GRO	SEVENTH	SEVENTY-S
9 Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fo						-		
and Syndicated								
Exclusivity								
Surcharge						_		
for								
Partially								
Distant								
Stations						-		
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Bross Receipts First G
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First Gi
	IP	SUBSCRIBER GROU	IGHTIETH	Е	JP	SUBSCRIBER GRO	TY-NINTH	SEVEN
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
						_		
		H						
						-		
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Fotal DSEs Gross Receipts Third G

Atlantic Broadband (Penr	SLE SYSTEM: a) LLC				S	010838
			TE FEES FOR EAC			
	SUBSCRIBER GRO				SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs	H-	0.00	Total DSEs		ļļ	0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First Group	\$	0.00				
	Đ	0.00	Base Rate Fee Seco	nd Group	\$	0.00
EIGHTY-THIRD	SUBSCRIBER GRO	OUP	EIGH"	TY-FOURTH	I SUBSCRIBER GROU	JP
EIGHTY-THIRD				TY-FOURTH		
EIGHTY-THIRD		OUP	EIGH"	TY-FOURTH		JP
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GRC	0 0	EIGH' COMMUNITY/ AREA	TY-FOURTH	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD COMMUNITY/ AREA CALL SIGN DSE	SUBSCRIBER GRC	DUP DSE	CALL SIGN	DSE	I SUBSCRIBER GROU	JP 0
EIGHTY-THIRD	CALL SIGN	DUP DSE DOME DO	EIGH* COMMUNITY/ AREA CALL SIGN Total DSEs	DSE th Group	CALL SIGN	DSE O.00

EGAL NAME OF OWNER OF CA Atlantic Broadband (Pen					S	YSTEM ID# 010838
			TE FEES FOR EAC			
	H SUBSCRIBER GRO		11		H SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
ross Receipts First Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco		\$	0.00
	H SUBSCRIBER GRO		Ti .		H SUBSCRIBER GROU	
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Fross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00
			11		1	
Base Rate Fee Third Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00

Atlantic Broadband (Pen	ABLE SYSTEM: I n) LLC				S	YSTEM ID# 010838
			TE FEES FOR EAC			
	H SUBSCRIBER GRO	OUP 0	COMMUNITY/ ADD		1 SUBSCRIBER GROU	JP 0
COMMUNITY/ AREA		U	COMMUNITY/ ARE			U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	·····					
Fatal DCFa		0.00	Total DOF			0.00
Total DSEs			Total DSEs			0.00
Gross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
Base Rate Fee First Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
NINETY-FIRS	T SUBSCRIBER GRO	OUP	NINE	TY-SECONE	SUBSCRIBER GROU	JP
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	L	0.00	Total DSEs		_II	0.00
Total DSEs			Gross Receipts Fou	rth Group	\$	0.00
	\$	0.00	I Gloss Receipts Fou			
Total DSEs Gross Receipts Third Group	\$	0.00	Gross Receipts Fou	·		

Atlantic Broadband (Peni	BLE SYSTEM: 1) LLC				S	YSTEM ID# 010838
			TE FEES FOR EAC			
NINETY-THIRI COMMUNITY/ AREA	SUBSCRIBER GRO	UP 0	NINE		SUBSCRIBER GRO	UP 0
		U				U
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	···	<u> </u>				
otal DSEs		0.00	Total DSEs			0.00
Bross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00
NINETY-FIFT	I SUBSCRIBER GRO	UP	NII	NETY-SIXTH	I SUBSCRIBER GRO	UP
OMMUNITY/ AREA		0	COMMUNITY/ AREA			0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
otal DSEs		0.00	Total DSEs			0.00
Gross Receipts Third Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00
					Ì	

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID# 010838	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	EVENTH	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
								and
		-						Syndicated
								Exclusivity Surcharge
								for
		-						Partially
								Distant
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	Y-NINTH	SUBSCRIBER GRO	UP	11		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		-						
		-						
		-						
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID# 010838	Name
				TE FEES FOR EACH				
	D FIRST	SUBSCRIBER GROU			SECONE	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		_						Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	D THIRD	SUBSCRIBER GROU		ONE HUNDREI) FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

	BLE SYSTEM: n) LLC				S	010838	Name
BLOCK A	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCR	RIBER GROUP		
ONE HUNDRED FIFT	1 SUBSCRIBER GRO		H		SUBSCRIBER GRO		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA	Α		0	Computa
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
100000000000000000000000000000000000000							Base Rate
							and
							Syndicat
							Exclusiv Surchar
							for
							Partiall
							Distan
							Station
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
	·				·		
ase Rate Fee First Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED SEVENT	1 SUBSCRIBER GRO	UP	ONE HUNDE	RED EIGHTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA		0	COMMUNITY/ AREA	4		0	
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs		0.00	Total DSEs			0.00	
	\$	0.00	Total DSEs Gross Receipts Four	th Group	\$	0.00	
Fotal DSEs Gross Receipts Third Group	\$			th Group	\$		
	\$				\$		

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010838	Name
				TE FEES FOR EAC				
ONE HUNDI COMMUNITY/ AREA		SUBSCRIBER GRO	<u>0</u>	COMMUNITY/ ARE		SUBSCRIBER GROU	0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fe
						·		and
								Syndicated
								Exclusivity Surcharge
								for
								Partially
								Distant Stations
								Stations
Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
•	•				-			
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWI Atlantic Broadba						S	YSTEM ID# 010838	Name
		COMPUTATION OI SUBSCRIBER GRO		ONE HUNDRED FOR		RIBER GROUP I SUBSCRIBER GROI	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fed
								Syndicated
								Exclusivity
								Surcharge for
								Partially
								Distant Stations
		,						
Total DSEs			0.00	Total DSEs		П	0.00	
Gross Receipts First	Group	\$	0.00		Total DSEs 0.00 Gross Receipts Second Group \$ 0.00			
orous recoupts rilist	Стоир		0.00	Cross recorpts cod	ond Group			
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO	UP 0	li		SUBSCRIBER GROU	UP 0	
COMMUNITY/ AREA			U	COMMUNITY/ ARE	Α			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		,						
		-						
						••••		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	l 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			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWNE Atlantic Broadban						S'	YSTEM ID# 010838	Name
				TE FEES FOR EACH				
ONE HUNDRED SEVEN	ITEENTH	SUBSCRIBER GROL			HTEENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant Stations
								Otations
Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	าดเมท	\$	0.00	Gross Receipts Secon	d Groun	\$	0.00	
Cross resempts riner of	оцр			Cross resemple essent	а Олоар			
Base Rate Fee First Gr		\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
	ITEENTH	SUBSCRIBER GROU		ii e	VENTIETH	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group	as shown in the boxes a	above.	\$		

010838 Name						LEGAL NAME OF OWNE Atlantic Broadban
SUBSCRIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	LOCK A: (Bl
Y-SECOND SUBSCRIBER GROUP	TY-SECOND	ONE HUNDRED TWENT	JP	SUBSCRIBER GRO	NTY-FIRST	ONE HUNDRED TWE
0 Computatio		COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE of	CALL SIGN DSE CALL SIGN DSE					CALL SIGN
Base Rate Fo						
Syndicated						
Exclusivity				-		
Surcharge						
for				=		
Partially						
Distant Stations						
Gations				-		
				•		
0.00		Total DSEs	0.00			Γotal DSEs
	-d C			•		
d Group \$ 0.00	ia Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
d Group \$ 0.00	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
Y-FOURTH SUBSCRIBER GROUP	TY-FOURTH	ONE HUNDRED TWENT		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
0	COMMUNITY/ AREA 0					COMMUNITY/ AREA
DSE CALL SIGN DSE	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
••••••••••••••••••••••••••••••••••••••						
				=		
······································						
0.00		Total DSEs	0.00			Γotal DSEs
Group \$ 0.00	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third C
I I						

							LEGAL NAME OF OWNE Atlantic Broadban
	IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
JP O	SUBSCRIBER GROUP	NTY-SIXTH	ONE HUNDRED TWE	ı	SUBSCRIBER GROUP	NTY-FIFTH	ONE HUNDRED TWEN
0 Computatio			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE of	CALL SIGN	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe							
and Syndicated							
Exclusivity	 						
Surcharge					_		
for	_						
Partially							
Distant Stations							
Stations							
2.22							
0.00			Total DSEs	0.00			Total DSEs
0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	3ase Rate Fee First G
JP	SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED TWEN		SUBSCRIBER GROUP	SEVENTH	IE HUNDRED TWENTY-
O		COMMUNITY/ AREA	0			COMMUNITY/ AREA	
DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					-		
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	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
0.00			11				

LEGAL NAME OF OWNE Atlantic Broadban						S	910838	Name
			BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED TWEN				П		SUBSCRIBER GROUF)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
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								for
								Partially
								Distant
								Stations
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 THIS	RTY-FIRST	SUBSCRIBER GROUP		ONE HUNDRED THI	RTY-SECOND	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		_						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxe	s above.	\$		

Name	YSTEM ID# 010838	S						LEGAL NAME OF OWNE Atlantic Broadban
		IBER GROUP	SUBSCRI	E FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
0		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED THIR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	CALL SIGN DSE CALL SIGN DSE					CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First Gr
		SUBSCRIBER GROUP	RTY-SIXTH	ONE HUNDRED THI	ı	SUBSCRIBER GROUP	RTY-FIFTH	ONE HUNDRED THIF
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			otal DSEs
			Croun	Gross Receipts Fourth	0.00	¢	roup	Gross Receipts Third G
	0.00	\$	Group	Cross receipts r curtin	0.00	\$	лоир	31088 Neceipis Tilliu G

LEGAL NAME OF OW Atlantic Broadba						S	010838	Name
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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	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GROU		Ħ		SUBSCRIBER GRO	_	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo	I the base ra tock 3, line 1,	te fees for each subs	criber group	as shown in the boxe	s above.	\$		

,a 2. oaabana (1 o.	ABLE SYSTEM: I n) LLC				S	010838	Nar
BLOCK A	A: COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCR	RIBER GROUP		
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COMMUNITY/ AREA		0	COMMUNITY/ AREA	A		0	Compu
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							Base Ra
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							Dista
							Statio
otal DSEs		0.00	Total DSEs			0.00	
Gross Receipts First Group	\$	0.00	Gross Receipts Seco	and Group	\$	0.00	
noss recorpts i nat Group	4	0.00	Oross receipts occo	ла Огоар	y		
Base Rate Fee First Group	\$	0.00				0.00	
ase Kate Fee First Group	4	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED FORTY-THII					SUBSCRIBER GROUP	1	
ONE HUNDRED FORTY-THII				RTY-FOURTH		1	
ONE HUNDRED FORTY-THII		P	ONE HUNDRED FOR	RTY-FOURTH		5	
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ONE HUNDRED FORTY-THII	RD SUBSCRIBER GROU	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0	
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ONE HUNDRED FORTY-THII	RD SUBSCRIBER GROU	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0	
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ONE HUNDRED FORTY-THII	RD SUBSCRIBER GROU	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0	
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ONE HUNDRED FORTY-THII	RD SUBSCRIBER GROU	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-THII	RD SUBSCRIBER GROU	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-THII	RD SUBSCRIBER GROU	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-THII	RD SUBSCRIBER GROU	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0	
ONE HUNDRED FORTY-THII	RD SUBSCRIBER GROU	P 0	ONE HUNDRED FOI	RTY-FOURTH	I SUBSCRIBER GROUF	0	
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ONE HUNDRED FORTY-THII	RD SUBSCRIBER GROU	P O DSE	ONE HUNDRED FOI COMMUNITY/ AREA CALL SIGN	DSE	I SUBSCRIBER GROUF	DSE DSE	
ONE HUNDRED FORTY-THII COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DSE DSE	ONE HUNDRED FOI COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	0 DSE	
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BASE RATE FEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP COMMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 Gross Receipts Second Group Gross Receipts Second Group ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	RED FORTY-SIXTH	ONE HU	P 0	COMPUTATION C SUBSCRIBER GROU CALL SIGN	ORTY-FIFTH				
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and Syndicated Exclusivity Surcharge for Partially Distant Stations 1 0.00 Total DSEs 0.00									
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	Second Group	Gross Rece	0.00	\$	Group	Gross Receipts First G			
0.00 Base Rate Fee Second Group \$ 0.00	Second Group	Base Rate	0.00	\$	Group	3ase Rate Fee First G			
ONE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP	D FORTY-EIGHTH	ONE HUN	Р	SUBSCRIBER GROU	TY-SEVENTH	ONE HUNDRED FORTY			
O COMMUNITY/ AREA O	COMMUNITY/ AREA 0					COMMUNITY/ AREA			
DSE CALL SIGN DSE CALL SIGN DSE	DSE	CALL SIG	DSE	CALL SIGN	DSE	CALL SIGN			
				_					
0.00 Total DSEs		Total DSEs	0.00			Total DSEs			
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0.00 Base Rate Fee Fourth Group \$ 0.00	Fourth Group	Base Rate	0.00	\$	l Group	Base Rate Fee Third (

LEGAL NAME OF OWNE Atlantic Broadban						S	YSTEM ID# 010838	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	1 SUBSCF	RIBER GROUP		
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU	JP	ONE HUNDRE	D FIFTIETH	I SUBSCRIBER GROU	JP	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
		-						Base Rate Fee
								and
								Syndicated Exclusivity
								Surcharge
								for
								Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIFT	ΓY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFT	Y-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
		-						
		•						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block	e base rat 3, line 1, s	e fees for each subsc space L (page 7)	riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWI Atlantic Broadba						S	YSTEM ID# 010838	Name
		COMPUTATION O SUBSCRIBER GRO		TE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROI	UP	•
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	of			
								Base Rate Fed
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Total DSEs			0.00	Total DSFa		Ц	0.00	
Total DSEs	Group	¢	0.00	Total DSEs	and Croup	·	0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	UP 0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxe	es above.	\$		

LEGAL NAME OF OWN Atlantic Broadba						S	010838	Name
		COMPUTATION O		ONE HUNDRED F		IBER GROUP SUBSCRIBER GROU	P	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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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	
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		SUBSCRIBER GROU		11		SUBSCRIBER GROUI	_	
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 Four	rth Group	\$	0.00	
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NITY AREA	Bl				ATE FEES FOR EAC			LID		
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and Syndicat Exclusive Surchar for Partial Distan Station Total DSEs	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	CALL SIGN DSE CALL SIGN DSE				
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THIRD SUBSCRIBER GROUP O COMMUNITY/ AREA O COMMUN										
NITY/ AREA 0 COMMUNITY/ AREA 0 SIGN DSE CALL	ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
NITY/ AREA 0 COMMUNITY/ AREA 0 SIGN DSE CALL			1							
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Es O.00 Total DSEs O.00 S O.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALLSIGN	DSE	CALL SIGN	DSE	T CALL SIGN	DSE		
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te Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	•	-				•				
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	ase Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	τη Group	\$	0.00		
				riber group	as shown in the boxes	s above.				
te Fee: Add the base rate fees for each subscriber group as shown in the boxes above.			space L (page 7)				\$	0.00		

band (Penn) LLC	010838	
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBE		4
FIFTH SUBSCRIBER GROUP SIXTH SU EA 0 COMMUNITY/ AREA	JBSCRIBER GROUP 0	9
EA COWINIONITI / AREA		Computat
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rst Group \$ 0.00 Gross Receipts Second Group \$	0.00	
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SEVENTH SUBSCRIBER GROUP EIGHTH SU	JBSCRIBER GROUP	=
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Name	YSTEM ID# 010838					LLC		LEGAL NAME OF OWNE Atlantic Broadban
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Name	YSTEM ID# 010838	S						LEGAL NAME OF OWNE Atlantic Broadban
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NI	YSTEM ID# 010838	S						LEGAL NAME OF OWNE Atlantic Broadban
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Nonpermitted 3.75 Stations

LEGAL NAME OF OWNER Atlantic Broadbane						S	010838	Name
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
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ONE HUNDRED TWEN	TY-THIRD	SUBSCRIBER GROUP		ONE HUNDRED TWEN	NTY-FOURTH	SUBSCRIBER GROUP	0	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Γotal DSEs			0.00	Total DSEs			0.00	
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ate Fee: Add the			riber group	as shown in the boxes	above.	s		

NI	YSTEM ID# 010838					LLC		LEGAL NAME OF OWNE Atlantic Broadban
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LEGAL NAME OF OWNI Atlantic Broadbar						S	010838	Name
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Name	YSTEM ID# 010838					LLC		LEGAL NAME OF OWNE Atlantic Broadban
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	0.00 0.00 JP	\$ SUBSCRIBER GROU	Group IXTIETH	Base Rate Fee Second ONE HUNDRED COMMUNITY/ AREA	0.00 JP 0	\$ SUBSCRIBER GROU	Y-NINTH	Base Rate Fee First Gr ONE HUNDRED FIFT COMMUNITY/ AREA	
	0.00 0.00 JP DSE	\$ SUBSCRIBER GROU	DSE	Dase Rate Fee Second ONE HUNDRED COMMUNITY/ AREA CALL SIGN	0.00	\$ SUBSCRIBER GROU	Y-NINTH DSE	ONE HUNDRED FIFT COMMUNITY/ AREA CALL SIGN	

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