This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short 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	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting		20192 Barcode Data Filing Period (optional - see instructions)
Period		
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner		List any other name or names under which the owner conducts the business of the cable system.
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Atlantic Broadband (SC) LLC
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)
		Quincy, MA 02169 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1	IDENTIFICATION OF CABLE SYSTEM:
	1	Atlantic Broadband
		MAILING ADDRESS OF CABLE SYSTEM:
	2	520 Pine Log Road (Number, street, rural route, apartment, or suite number)
		Aiken, SC 29803 (City, town, state, zip code)

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

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAG SYSTEM									
Name	Atlantic Broadband (SC) LLC	401									
_		m. A "community" is the same as a "community unit" as defined in FCC rule									
D		incorporated communities within unincorporated areas and including single									
_		unity that you list will serve as a form of system identification hereafter kno									
	as the "first community." Please use it as the first community on all f										
Area		ums, or mobile home parks should be reported in parentheses below the									
Served	identified city.										
	CITY OR TOWN	STATE									
First	City of Bamberg	SC									
Community	Bamberg County (un-incorp)	SC									
•	Denmark	SC									
	Definition										
l Rows as Necessary											

Accounting Period: 2019/2

FORM SA1-2F PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (SC) LLC

SYSTEM ID# 40117

Secondary Transmission Service: Subscribers and Rates

Ε

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 	462	31.99	Value	394	74.79	
 Service to additional set(s) 			Digital Value	163	80.49	
• FM radio (if separate rate)			Digital Plus	92	102.48	
Motel, hotel	0	4.37				
Commercial	18	38.34				
Converter						
Residential						
Non-residential						
		Ī				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
 Pay cable 	19.99	Motel, hotel		НВО	19.99
 Pay cable—add'l channel 		Commercial		Showtime	19.99
 Fire protection 		Pay cable		Cinemax	19.99
Burglar protection		Pay cable-add'l channel		MoviePlex	9.00
Installation: Residential		Fire protection		2 Premium	38.99
 First set 	50.00	Burglar protection		3 Premium	55.99
 Additional set(s) 	50.00	Other services:		NFL RedZone	49.99
 FM radio (if separate rate) 		Reconnect	40.00		
Converter	9.99	Disconnect			
		Outlet relocation	40.00		
		Move to new address	40.00		

Accounting Period: 2019/2 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 40117

Atlantic Broadband (SC) LLC

G

Primary Transmitters: Television

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.

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 multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC 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.

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 (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WAGT	30.4	N	Augusta, GA
WAGT-CW	30.3	N	Augusta, GA
WCES	6.1	E	Wrens, GA
WEBA	33.1	E	Allendale, SC
WEBA-SCC	33.2	E	Allendale, SC
WEBA WORLD	33.3	E	Allendale, SC
WFXG	54.1	N	Augusta, GA
WFXG GRIT	54.3	N	Augusta, GA
WFXG/Bounce	54.2	N	Augusta, GA
WJBF	42.1	N	Augusta, GA
WJBF/MeTV	42.2	N	Augusta, GA
WRDW Antenna	12.3	N	Augusta, GA
WRDW-MYTV	12.2	N	Augusta, GA
WRDW	12.1	N	Augusta, GA

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Atlantic Broadband (SC) LLC

40117

PRIMARY TRANSMITTERS: RADIO

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.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, 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 Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

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	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
	 						
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od: 2019/2						FOR	RM SA1-2E. PAGE 5.			
		ГЕМ:					SYSTEM ID# 40117			
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 of substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a furth explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program										
In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, rec Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call secolumn 4: Give the broat the case of Mexican or Cante Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a	2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitute program") that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station ander certain FCC rules, regulations, or authorizations. See page (v) of the general instructions for further information. On 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 he 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 list. 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 on 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 on delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in									
S 1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTI	RIAGE OCC	TIMES	7. REASON FOR DELETION			
	Atlantic Broadband (So Atlantic Broadband (So SUBSTITUTE CARRIAGE In General: In space I, identification in substitute basis during the acceptanation of the programmi 1. SPECIAL STATEMENT • During the accounting periphroadcast by a distant state Note: If your answer is "No" log in block 2. 2. LOG OF SUBSTITUTE In General: List each substiclear. If you need more space Column 1: Give the title operiod, was broadcast by a under certain FCC rules, reg Do not use general categori "NBA Basketball: 76ers vs. I Column 2: If the program Column 3: Give the call se Column 4: Give the broadcast of Mexican or Canace Column 5: Give the monofirst. Example: for May 7 give Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules a was substituted for program effect on October 19, 1976.	Atlantic Broadband (SC) LLC SUBSTITUTE CARRIAGE: SPECIA In General: In space I, identify every nor substitute basis during the accounting pe explanation of the programming that mus 1. SPECIAL STATEMENT CONCER • During the accounting period, did you broadcast by a distant station? Note: If your answer is "No", leave the log in block 2. 2. LOG OF SUBSTITUTE PROGRA In General: List each substitute progra clear. If you need more space, please a Column 1: Give the title of every no period, was broadcast by a distant stati under certain FCC rules, regulations, o Do not use general categories like "mo "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broad Column 3: Give the call sign of the s Column 4: Give the broadcast static the case of Mexican or Canadian static Column 5: Give the month and day first. Example: for May 7 give "5/7." Column 6: State the times when the to the nearest five minutes. Example: a stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the to delete under FCC rules and regulatic was substituted for programming that y effect on October 19, 1976.	Atlantic Broadband (SC) LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMEI In General: In space I, identify every nonnetwork televis substitute basis during the accounting period, under speexplanation of the programming that must be included in 1. SPECIAL STATEMENT CONCERNING SUBST • During the accounting period, did your cable system broadcast by a distant station? Note: If your answer is "No", leave the rest of this paging in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separa clear. If you need more space, please add additional in Column 1: Give the title of every nonnetwork televit period, was broadcast by a distant station and that younder certain FCC rules, regulations, or authorizations. Do not use general categories like "movies" or "baske "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter Column 3: Give the call sign of the station broadcast Column 4: Give the broadcast station's location (the case of Mexican or Canadian stations, if any, the Column 5: Give the month and day when your sysfirst. Example: for May 7 give "5/7." Column 6: State the times when the substitute proto to the nearest five minutes. Example: a program carries stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program to delete under FCC rules and regulations in effect du was substituted for programming that your system was effect on October 19, 1976. SUBSTITUTE PROGRAM 1. TITLE OF PROGRAM 2. LIVE? 3. STATION'S	Atlantic Broadband (SC) LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM L In General: In space I, identify every nonnetwork television program, broadcast substitute basis during the accounting period, under specific present and former explanation of the programming that must be included in this log, see page (v) of 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute be broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviation clear. If you need more space, please add additional rows to the tables. Column 1: Give the title of every nonnetwork television program ("substitut period, was broadcast by a distant station and that your cable system substitut under certain FCC rules, regulations, or authorizations. See page (v) of the ge Do not use general categories like "movies" or "basketball." List specific progr "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter Column 3: Give the call sign of the station broadcasting the substitute progroum 4: Give the broadcast station's location (the community to which the case of Mexican or Canadian stations, if any, the community with which the Column 5: Give the month and day when your system carried the substitute first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by you to the nearest five minutes. Example: a program carried by a system from 6:0 stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for program	Atlantic Broadband (SC) LLC SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program, broadcast by a distant stabstitute basis during the accounting period, under specific present and former FCC rules, regrexplanation of the programming that must be included in this log, see page (v) of the general ins 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonn broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you n log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever por clear. 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	LEGA	L NAME OF 0	OWNER OF CA	ABLE SYST	ГЕМ:										1-2E. PAGE /STEM II
Name			adband (S												4011
K Gross Receipts	Instr all ar (as id page	mounts (gr dentified ir e (vii) of the Gross rece	The figure y coss receipts space E) of egeneral in eipts from s	s) paid to during the struction ubscribe	to your cone accounts locate ers for se	cable system inting period and the period econdary	em by s od. For paper S transm	subscrib r a furth SA1-2 fo nission s	ers for ther expland m. ervice(s)	e system ation of h	's secor low to co	ndary tran ompute th	smission s is amount	service , see	e
			accounting You must c										\$ (Amour		5,725.00 ss receipts)
Copyright Royalty Fee	InstructComUseUseUse	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information.													
					BLOC	K 1: GRO	SS RE	CEIPT	S OF \$1	37,100 C	R LES	S			
			a cable systod is \$52.00		gross re	ceipts of \$	\$137,10	00 or les	s, the roya	alty fee tha	at you m	ust pay fo	r this six-m	onth	
		01	fee for acco		eriod										
															0.00
	Line	2. Interest	charge. Ent	ter the ar	nount tro	om line 4, s	space (Q, page	3						0.00
	Line	3. TOTAL	ROYALTY F	FEE PAY	/ABLE F	OR ACC	IITNUC	NG PER	OD Add	lines 1 ar	nd 2				
						RECEIP1				,		han \$137	,100)		
			under statu									3,800.00	_		
			t of gross re	•	•							3,725.00	-		
	3. Su	ıbtract line	2 from line 1	1						\$	120),075.00	_		
			ount of gros										143,725.	00	
			ount from lin										120,075.	00	
			5 from line 4										23,650.	00	
			by .005 (er												118.25
	8. Int	terest charç	ge. Enter the	e amoun	ıt from lir	ie 4, space	e Q, pa	ige 8							0.00
	9. TC	OTAL ROY	ALTY FEE I	PAYABL	E FOR	ACCOUN ¹	TING P	ERIOD.	Add lines	7 and 8 .			. \$		118.25
			BLOC	K 3: GF	≀OSS R	RECEIPTS	S OF N	IORE T	HAN \$26	63,800 (k	out less	than \$52	7,600)		
	1. En	nter the am	ount of gros	s receipt	s from s	pace K				. <u> </u>			_		
	2. Ba	ise amount	under statu	itory form	nula					\$	263	3,800.00	_		
	3. Su	ıbtract line	2 from line 1	1									_		
	4. Mu	ultiply line 3	B by .01												
	5. Ro	yalty due o	on the first \$	263,800	of gross	receipts (under s	statutory	formula)		\$		1,319.	00	
	6. Int	terest char	ge. Enter the	e amoun	ıt from lir	ne 4, spac	e Q, pa	ige 8					0.	00	
	7. TC	OTAL ROY	ALTY FEE I	PAYABL	E FOR	ACCOUN.	TING P	ERIOD.	Add lines	4, 5, and	6				
				FILI	NG EEF	E AND TO	ΤΔΙ Ε	REMITT	ANCE D	HE					
	Τ			1 1211	NO I LL	-7110 10	717(L1	(CIVIIII	ANOL D	OL					
Filing Fee and otal Remittance	1. Ro	yalty Fee I	Payable for <i>i</i>	Accounti	ing Perio	d (from Bl	ock 1, 2	2, or 3, a	bove)		<u>\$</u>		118.	25	
Due		ing Fee (S	ee the instru	ıctions fo	or more in	nformation	on filin	ng fee ca	lculations)	\$		20.	00	
			UNT BUE	-00 40	001 INT	NO DEDIC							•		420.25
	3. TC	JIAL AMO	UNT DUE F	OR ACC	JUUNTII	NG PERIC	טע. Ad	ia iines	and 3.				\$		138.25
		Importa	nt: Your re				orm of		ronic pa	yment pa	yable to	the Regi		pyrigl	hts!

Accounting Period:	2019/2				FOI	RM SA1-2E. PAGE 7			
Name	LEGAL NAME OF OW Atlantic Broadba	NER OF CABLE SYSTEM: and (SC) LLC				SYSTEM ID# 40117			
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations. 8 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services. 336								
N Individual to Be Contacted		BE CONTACTED IF FURTHE but this statement of account		MATION IS NEEDED (Identify an individual to who	n				
for Further Information	Name F	Patrick Bratton			Telephone 617-786-8800				
		2 Batterymarch Park, Number, street, rural route, apartm							
		Quincy, MA 02169 City, town, state, zip)							
	Email	pbratton@atlanti	ticbb.com	Fax (optional	1)				
O Certification	• I, the undersigned, (Owner of	hereby certify that (Check one other than corporation or particular of owner other than corporati	ne, <i>but only</i> artnership)	I am the owner of the cable system as identified in line	e 1 of space B; or				
	X (Officer in line I have examined th	or partner) I am an officer (if a e 1 of space B. ne statement of account and he and correct to the best of my k	f a corporati hereby decla	a corporation or partnership; or ion) or a partner (if a partnership) of the legal entity ide are under penalty of law that all statements of fact con information, and belief, and are made in good faith.					
			Enter an el	/s/ Patrick Bratton lectronic signature on the line above to certify this state ature using an "/s/ signature" (e.g., /s/ John Smith)	ment.				
		Typed or printed of	,	Patrick Bratton					
				held in corporation or partnership) March 1, 2	020				

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

counting Period: 2019/2	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
lantic Broadband (SC) LLC	40117
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."	P Special Statement Concerning Gross Receipts Exclusion
For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.	Receipts Exclusion
During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	
NO	
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
	1
INTEREST ASSESSMENT 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 located in the paper SA1-2 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	
xdays	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	
* 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 Office, please list below the owner, address, first community served, ID number, and accounting period as given in the original filing.	
Owner Address	
ID number First community served Accounting period	

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