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					
8/31/20	\$					
	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

_	1						
A	ACC	OUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))					
		2020/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31					
		20201 Barcode Data Filing Period (optional - see instructions)					
Accounting Period							
	1	Instructions:					
В		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 (Penn) 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)					
	-	(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:					
	I	Atlantic Broadband					
		MAILING ADDRESS OF CABLE SYSTEM:					
	2	120 Southmont Blvd. (Number, street, rural route, apartment, or suite number)					
		Johnstown, PA 15905 (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 suffciency of the fling, a determination that would be made by a court of law.

Atlantic Broadband (Penn) LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "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 first community that you list will serve as a form of system identification hereafter kn 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.  CITY OR TOWN  STATE  Mifflinburg  PA  Hartleton  PA		1	FORM SA1-2E. PAGI							
Atlantic Broadband (Penn) LLC  Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rul "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 first community that you list will serve as a form of system identification hereafter kn 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.  CITY OR TOWN  STATE  Mifflinburg  PA  Buffalo  PA  Lewis (Swengal Area)  Lewis (Swengal Area)  Limestone  Union (Glen Iron Area)  PA  Union  PA	Name		SYSTEMI							
"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 first community that you list will serve as a form of system identification hereafter kn 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.  CITY OR TOWN  STATE  Mifflinburg  PA  Hartleton  PA  Laurelton (Union Co.)  PA  Lewis  Swengal Area)  Lewis (Swengal Area)  PA  Union  PA  Union  PA	Namo	Atlantic Broadband (Penn) LLC 1523								
discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter kn 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.  CITY OR TOWN  STATE  Mifflinburg  PA  Hartleton  PA  Laurelton (Union Co.)  Lewis  PA  Lewis (Swengal Area)  Limestone  Union (Glen Iron Area)  Union  PA  Union										
Area Served  CITY OR TOWN  First  Mifflinburg  Buffalo  Hartleton  Hartleton  Hartleton  Hartleton  Hartleton  Hartleton  Laurelton (Union Co.)  Lewis  Lewis (Swengal Area)  Limestone  Union  Ciscrete unincorporated areas). 47.C.F.R. 76.5(ad). The first community that you list will serve as a form of system identification nereafter kn 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.  STATE  PA  Hartleton  PA  Laurelton (Union Co.)  PA  Lewis  PA  Union  PA  Union  PA  Union  PA	D									
Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the identified city.    CITY OR TOWN										
Area Served identified city.  CITY OR TOWN STATE  First Mifflinburg PA  Community Buffalo PA  Hartleton PA  Laurelton (Union Co.) PA  Lewis PA  Lewis (Swengal Area) PA  Limestone PA  Union (Glen Iron Area) PA  Union PA										
Served  CITY OR TOWN  First Community Buffalo Hartleton Hartleton Laurelton (Union Co.) Lewis Lewis (Swengal Area) Limestone Union (Glen Iron Area) Union  PA  STATE PA	Δrea		ms, or mobile home parks should be reported in parentheses below the							
First Mifflinburg PA Community Buffalo PA Hartleton PA Laurelton (Union Co.) PA Lewis PA Lewis (Swengal Area) PA Limestone PA Union (Glen Iron Area) PA Union PA		identified city.								
First Mifflinburg PA Community Buffalo PA Hartleton PA Laurelton (Union Co.) PA Lewis PA Lewis (Swengal Area) PA Limestone PA Union (Glen Iron Area) PA Union PA										
First Mifflinburg PA Community Buffalo PA Hartleton PA Laurelton (Union Co.) PA Lewis PA Lewis (Swengal Area) PA Limestone PA Union (Glen Iron Area) PA Union PA										
Community         Buffalo         PA           Hartleton         PA           Laurelton (Union Co.)         PA           Lewis         PA           Lewis (Swengal Area)         PA           Limestone         PA           Union (Glen Iron Area)         PA           Union         PA										
Hartleton PA Laurelton (Union Co.) PA Lewis PA Lewis (Swengal Area) PA Limestone PA Union (Glen Iron Area) PA Union PA										
Laurelton (Union Co.)  Lewis PA  Lewis (Swengal Area)  Limestone  Union (Glen Iron Area)  Union  PA  Union  PA  PA  PA  PA  PA  PA  PA  PA  PA  P	Community									
Lewis         PA           Lewis (Swengal Area)         PA           Limestone         PA           Union (Glen Iron Area)         PA           Union         PA										
Lewis (Swengal Area)         PA           Limestone         PA           Union (Glen Iron Area)         PA           Union         PA	d Rows as Necessary	Laurelton (Union Co.)	PA							
Limestone PA Union (Glen Iron Area) PA Union PA		Lewis	PA							
Limestone PA Union (Glen Iron Area) PA Union PA		Lewis (Swengal Area)	PA							
Union (Glen Iron Area) PA Union PA			PA							
Union PA			PA							

Accounting Period: 2020/1

FORM SA1-2E. PAGE 2

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 15231

## Atlantic Broadband (Penn) LLC

## E

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				
	NO. OF			NO. OF			
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE		
Residential:							
Service to first set	391	44.13	Expanded Basic	347	50.18		
<ul> <li>Service to additional set(s)</li> </ul>			Value (Basic + Expanded)	738	94.31		
• FM radio (if separate rate)			Digital Value	48	74.14		
Motel, hotel	3	44.13	Digital Plus	-	92.14		
Commercial	16	44.13					
Converter							
Residential	0	\$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.

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
Pay cable	7.99 - 19.99	Motel, hotel		НВО	19.99
<ul> <li>Pay cable—add'l channel</li> </ul>		Commercial		Cinemax	19.99
Fire protection		• Pay cable		Showtime	19.99
<ul> <li>Burglar protection</li> </ul>		Pay cable-add'l channel		MoviePlex	9.00
Installation: Residential		Fire protection		2 Premiums	34.95
• First set	50.00	Burglar protection		3 Premiums	49.95
<ul> <li>Additional set(s)</li> </ul>	40.00	Other services:			
• FM radio (if separate rate)		Reconnect	40.00		
Converter		Disconnect			
		Outlet relocation	40.00		
		<ul> <li>Move to new address</li> </ul>	40.00		

Accounting Period: 2020/1 FORM SA1-2E. PAGE 3.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID# 15231

### Atlantic Broadband (Penn) 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
WBRE	4	N	WILKES-BARRE, PA
WGAL	8	N	LANCASTER, PA
WITF	11	E	HARRISBURG, PA
WNEP	3	N	WILKES-BARRE, PA
WOLF	5	N	HAZELTON, PA
WQMY	13	I	WILLIAMSPORT, PA
WSWB	9	I	SCRANTON, PA
WVIA	7	E	PITTSTON, PA
WYOU	2	N	SCRANTON, PA

Accounting Period: 2020/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

## Atlantic Broadband (Penn) LLC

15231

### 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
					31 1 111		
WGRC	FM		Lewisburg, PA				
WITF	FM		Harrisburg, PA				
	FM		Sunbury, PA				
WWBE	FM		Selinsgrove, PA				

ccounting Perio	nd: 2020/1						FORI	M SA1-2E. PAGE 5.	
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				TON	SYSTEM ID#	
Name	Atlantic Broadband (P	enn) LLC	:					15231	
Substitute Carriage: Special Statement and Program Log	Atlantic Broadband (P  SUBSTITUTE CARRIAGI In General: In space I, ident substitute basis during the a explanation of the programm  1. SPECIAL STATEMEN  • During the accounting per broadcast by a distant stat  Note: If your answer is "Not log in block 2.  2. LOG OF SUBSTITUTI In General: List each substelear. If you need more space Column 1: Give the title period, was broadcast by a under certain FCC rules, re Do not use general categor  "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call Column 4: Give the broat the case of Mexican or Car Column 5: Give the mor first. Example: for May 7 given.	E: SPECIA ify every no ccounting p ning that mu T CONCEF riod, did you tion? ", leave the E PROGRA titute progra ace, please of every no distant sta egulations, of ies like "mo Bulls." m was broa sign of the adcast stati hadday ve "5/7." es when th	AL STATEME  Innetwork televior, under spist be included  RNING SUBS  ur cable system  e rest of this paradd additiona  connetwork televior and that y  or authorizatio  ovies" or "bask  ddcast live, ent  station broadd  on's location (  ons, if any, the  when your sy  e substitute pr	ision program, broadcast by becific present and former F in this log, see page (v) of the TITUTE CARRIAGE of carry, on a substitute based of the carry, on a substitute based of the carry of the tables. The carry of the tables of table	a distant star CC rules, reg he general ins usis, any nonr s "Yes," you r s wherever pr e program") t ted for the pr neral instruct am titles, for e "No." ram. e station is life e program. Us r cable syste	network te must com ossible, if hat, during ogrammin cions for fu example, '	relevision progential yes  plete the progential their meaning of another urther information of the FCC or, als, with the relevance of the rele	tem carried on a ns. For a further A1-2 form.  ram  X NO gram  g is ting station tion. or in	
	stated as "6:00–6:30 p.m."  Column 7: Enter the lett to delete under FCC rules was substituted for prograr effect on October 19, 1976	and regulat nming that	ions in effect d		od; enter the l	letter "P" i	f the listed pr		
						N SUBS		7. DEAGON FOR	
		UBSTITUT 2. LIVE?	E PROGRAM  3. STATION'S					7. REASON FOI DELETION	
	TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то		
								'	
								'	
							.=	<b></b>	

Accounting Period:	2020/1		1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	S)	'STEM ID# 15231
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a page (vii) of the general instructions located in the paper SA1-2 form.  Gross receipts from subscribers for secondary transmission service(s) during the accounting period.  IMPORTANT: You must complete a statement in space P concerning gross receipts.	ssion service mount, see	,713.33 is receipts)
Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe:  • Complete block 1, block 2, or block 3.  • Use block 1 if the amount of gross receipts in space K is \$137,100 or less  • Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$2  • Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600  See page (vi) of the general instructions located in the paper SA1-2 form for more information.	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for t accounting period is \$52.00	his six-mon	
	Line 1. Royalty fee for accounting period	\$	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2	. \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	1. Base amount under statutory formula		
	2. Enter amount of gross receipts from space K		
	3. Subtract line 2 from line 1		
	4. Enter the amount of gross receipts from space K		
	5. Enter the amount from line 3		
	6. Subtract line 5 from line 4		
	7. Multiply line 6 by .005 (enter figure here)		
	8. Interest charge. Enter the amount from line 4, space Q, page 8		0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8		
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,	600)	
	Enter the amount of gross receipts from space K		
	2. Base amount under statutory formula		
	3. Subtract line 2 from line 1		
	4. Multiply line 3 by .01		
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6		
	FILING FEE AND TOTAL REMITTANCE DUE		
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)\$	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	Important: Your remittance must be in the form of an electronic payment payable to the Regis See page i of the general instructions in the paper SA1-2 form for more informati		its!

Accounting Period:	2020/1				FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF C Atlantic Broadband (Pen				SYSTEM ID# 15231
M				s on which the cable system carried television broadcast stationser of activated channels during the accounting period.	s
Chameis	Enter the total number of a system carried television braining.			9 	9
	Enter the total number of a on which the cable system and nonbroadcast services	carried television I	broadcast	t stations	174
N Individual to	INDIVIDUAL TO BE CONTA we can contact about this sta			RMATION IS NEEDED (Identify an individual to whom	
for Further Information	Name Patrick	Bratton		Telephor	ne <b>617-786-8800</b>
	(Number, str	rymarch Park, eet, rural route, apartn , MA 02169	, Suite a	205 le number)	
		pbratton@atlant	ticbb.con	n Fax (optional)	
	CERTIFICATION (This statem	nent of account mu	ust be cer	tified and signed in accordance with Copyright Office regulations	s)
O Certification	• I, the undersigned, hereby co	ertify that (Check o	one, <i>but on</i>	ly one, of the boxes.)	
	(Owner other than	n corporation or p	artnershi	p) I am the owner of the cable system as identified in line 1 of spar	ce B; or
				artnership) I am the duly authorized agent of the owner of the cab ot a corporation or partnership; or	ole system as identified
	(Officer or partne in line 1 of space		if a corpor	ation) or a partner (if a partnership) of the legal entity identified as	owner of the cable system
		ct to the best of my		eclare under penalty of law that all statements of fact contained her ge, information, and belief, and are made in good faith.	rein
			X	/s/ Patrick Bratton	_
				electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)	
		Typed or printed	l name:	Patrick Bratton	
		Title:		Financial Officer  n held in corporation or partnership)	
		Date:		August 31, 2020	

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

counting Period: 2020/1	FORM SA1-2E. PAGE 8.
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
tlantic Broadband (Penn) LLC	15231
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS  The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:  "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."  For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.  During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?	P Special Statement Concerning Gross Receipts Exclusion
X NO  YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Mailing Address	
INTEREST ASSESSMENT	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. 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	-
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 <a href="www.copyright.gov/licensing/interest-rate.pdf">www.copyright.gov/licensing/interest-rate.pdf</a> . 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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