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

	ŀ		Return completed workbook
STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	
Cable Systems (Short Form)			<u>coplicsoa@loc.gov</u>
	8/31/20	\$	For additional information,
General instructions are located			contact the U.S. Copyright Office Licensing Division at:
in the first tab of this workbook		ALLOCATION NUMBER	Tel: (202) 707-8150

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
Accounting		20201 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.	026504
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Atlantic Broadband (Delmar) 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 un s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space by the mailing address of the system.	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Atlantic Broadband	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	330 Drummer Drive (Number, street, rural route, apartment, or suite number)	
		Grasonville, MD 21638 (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.

		FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
	Atlantic Broadband (Delmar) LLC	0265
	Instructions: List each separate community served by the cable system. A "community" is	s the same as a "community unit" as defined in FCC rul
D	"a separate and distinct community or municipal entity (including unincorporated commu discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list wi as the "first community." Please use it as the first community on all future filings.	ill serve as a form of system identification hereafter kn
Area	Note: Entities and properties such as hotels, apartments, condominiums, or mobile home	e parks should be reported in parentheses below the
Served	identified city.	
	CITY OR TOWN	STATE
First	Chesapeake City	MD
Community	Delaware (Kent Cnty Area)	DE
	Delaware (New Castle Cnty)	DE
	Delaware (St. George Area)	DE
ld Rows as Necessary		
	Delaware City	DE
	Middletown	DE
	Odessa	DE
	Townsend	DE
	Perry Point	MD

	1						FORM SA1-	
Name	LEGAL NAME OF OWNER OF C	ABLE SYSTEM						TEM ID
	Atlantic Broadband (De	lmar) LLC						02650
F	SECONDARY TRANSMISSION							
E	In General: The information in s							
Secondary	system, that is, the retransmissi about other services (including p							
Transmission	last day of the accounting period							
Service: Sub-	Number of Subscribers: Bot	h blocks in spa	ce E call for	the number of su	ubscribers to the ca	ble system,	broken	
scribers and	down by categories of secondar	•			•			
Rates	each category by counting the n		•	0,0	•	5	charged	
	separately for the particular server Rate: Give the standard rate of						e and the	
	unit in which it is generally billed	-				-		
	category, but do not include disc							
	Block 1: In the left-hand block	•		•	•			
	systems most commonly provide that applies to your system. Not							
	categories, that person or entity							
	subscriber who pays extra for ca							
	first set" and would be counted of							
	Block 2: If your cable system	-		•				
	printed in block 1 (for example, the number of subscribers				,		, 0	
	with the number of subscribers a sufficient.	and rates, in the	e ngnt-nanu	DIOCK. A LWO- OI	three-word descrip	lion of the s	ervice is	
	BL	OCK 1				BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE C	ATEGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:							
	Service to first set		2,599	24.16 Resi	idential Expand	led Basi	2,264	54.8
	 Service to additional set(s) 			Valu	Ie		2,264	78.9
	• FM radio (if separate rate)			More	eTV		1,036	97.9
	Motel, hotel			Non	-residential Bu	Ik EBU E	6	54.8
	Commercial		76	24.16 Non	-residential Bu	lk EBU E		
	Converter							
	Residential		3	1.00				
	Non-residential							
	SERVICES OTHER THAN SEC							
F	In General: Space F calls for ra not covered in space E, that is, t		,	•	• •			
-	service for a single fee. There a							
Services	furnished at cost or (2) services	•		•		• • • •		
Other Than	amount of the charge and the un		usually bille	d. If any rates ar	re charged on a var	iable per-pr	ogram basis,	
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard ra		he cable sve	stem for each of t	the applicable servi	cas listad		
Rates	Block 2: List any services that						were not	
	listed in block 1 and for which a							
	brief (two- or three-word) descri	otion and inclue	le the rate fo	or each.				
		BLO	CK 1				BLOCK 2	
	CATEGORY OF SERVICE	RATE	-	Y OF SERVICE	RATE	CATEGO	RY OF SERVICE	RATE
	Continuing Services:		Installation	: Non-residentia	al			
	• Pay cable	19.99	• Motel, h	otel		Expand	ed Basic	54.8
	Pay cable—add'l channel		• Comme	rcial		Value		78.9
	Fire protection		 Pay cab 	le		MoreTV	'	97.9
	•Burglar protection		• Pay cab	le-add'l channel				
	Installation: Residential		• Fire pro	tection				
	• First set	50.00	• Burglar	protection				
	 Additional set(s) 		Other serv	ices:				
			 Reconn 	oct	50.00			
	 FM radio (if separate rate) 			eci	00.00			
	• FM radio (if separate rate) • Converter		Disconr					
	· · · /			lect	29.47/hr			
	· · · /		• Disconr • Outlet re	lect				

	LEGAL NAME OF OWNER C)F CABLE SYSTEM:		SYSTE
Name	Atlantic Broadband			020
	PRIMARY TRANSMITTERS:	. ,		
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis, a Substitute Basis Station basis under specific FCC r • Do <i>not</i> list the station he station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate "WETA-2" as the same on Column 2: Give the chann of license. For example, W Column 3: Indicate in eac educational station, by ent (for independent multicast For the meaning of these t Column 4: Give the location	I also in space I, if the station was carrie ion concerning substitute basis stations, on's call sign. <i>Do not</i> report origination ed with a station according to its over-the	t (1) stations carried only on a part the carriage of certain network prog 61(e)(2) and (4))]; and (2) certain st carried by your cable system on a s the Special Statement and Program ed both on a substitute basis and al , see page (v) of the general instruc- program services such as HBO, ES e-air designation. For example, rep evision station for broadcasting over station, an independent station, or (for network multicast), "I" (for inde or "E-M" (for noncommercial educa- uctions in the paper SA1-2 form. t the community to which the statio	t-time basis under grams [sections tations carried on a ubstitute program in Log)—if the lso on some other ctions. SPN, etc. Identify each port multistream er the air in its community r a noncommercial ependent), "I-M" ational multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	ĸyw	3	l	Philadelphia, PA
	WBAL	11	N	Baltimore, MD
Rows as Necessary	WBFF	1	N	Baltimore, MD
	WCAU	10	N	Philadelphia, PA
	WHYY	7	E	Wilmington, DE
	WJZ	13	Ν	Baltimore, MD
	WMAR	2	Ν	Baltimore, MD
	WMAR WMPT	2 42	N	Baltimore, MD Annapolis, MD
			_	Annapolis, MD
	WMPT	42	_	Annapolis, MD Baltimore, MD
	WMPT WNUV WPHL	42 17 4	E I I	Annapolis, MD Baltimore, MD Philadelphia, PA
	WMPT WNUV WPHL WPPX	42 17 4 8	_	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA
	WMPT WNUV WPHL WPPX WPSG	42 17 4 8 6	E I I N I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA
	WMPT WNUV WPHL WPPX WPSG WPVI	42 17 4 8 6 6 6	E I I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA
	WMPT WNUV WPHL WPPX WPSG WPVI WTXF	42 17 4 8 6 6 6 9	E I I N I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA
	WMPT WNUV WPHL WPPX WPSG WPVI WTXF WACP	42 17 4 8 6 6 9 22	E I I N I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Atlantic City, NJ
	WMPT WNUV WPHL WPPX WPSG WPVI WTXF	42 17 4 8 6 6 6 9	E I I N I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA
	WMPT WNUV WPHL WPPX WPSG WPVI WTXF WACP	42 17 4 8 6 6 6 9 9 22	E I I N I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Atlantic City, NJ
	WMPT WNUV WPHL WPPX WPSG WPVI WTXF WACP	42 17 4 8 6 6 6 9 9 22	E I I N I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Atlantic City, NJ
	WMPT WNUV WPHL WPPX WPSG WPVI WTXF WACP	42 17 4 8 6 6 6 9 9 22	E I I N I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Atlantic City, NJ
	WMPT WNUV WPHL WPPX WPSG WPVI WTXF WACP	42 17 4 8 6 6 6 9 9 22	E I I N I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Atlantic City, NJ
	WMPT WNUV WPHL WPPX WPSG WPVI WTXF WACP	42 17 4 8 6 6 6 9 9 22	E I I N I	Annapolis, MD Baltimore, MD Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Philadelphia, PA Atlantic City, NJ

Atlantic Bro	adband (De		YSTEM: LLC					SYSTEM
	t every radio s	tation ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf ignal, indicate Column 4: G	it is carried by monitoring, to prmation abour rm. dentify the call state whether t the radio stati this by placing Sive the station	/ the sys be recei t the Cc sign of e he static ion's sign g a check i's locatio	I-Band FM Carriage: Under C stem whenever it is received at ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s e station is licens	adend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		
							·	
							·	

Accounting Perio	od: 2020/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Atlantic Broadband (D	elmar) Ll	_C					026504
	SUBSTITUTE CARRIAG			NT AND PROGRAM I O	G			
I I	In General: In space I, ident				-	tion that you	r cable eve	tem carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			sis anv non	network telev	rision nroa	ram
Statement and		-		frouny, on a substitute be	515, any 11611			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
								Γ
						N SUBSTIT		7. REASON FOR
	5					AGE OCCU 6. TIN		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- то	
							-	
					·		• <u>•</u>	
						_		
						_		
						_		
							-	·
						-		
						_		
								+
			1					1

Name Attantic Broadband (Delmar) LLC K Gross Receipts Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system is 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 located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 444 (<i>Meanut of gro</i> L Copyright Royalty Fee COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. Use block 3 if the amount of gross receipts in space K is more than \$137,100 or less Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than or equal to \$263,800 • Use block 3 if the amount of gross receipts in space K is more than \$27,800 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 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 this six-mon accounting period . Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 . Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 . Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 . Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 . Line 3. Subtract line 2 from line 1 . 4.	YSTEM ID# 026504 4,770.00 pss receipts)
Attainte broadband (beindar) LEC GROSS Receipts Gross receipts from subscribers for secondary transmission service (s) during the accounting period	4,770.00
K Instructions: The figure you give in this space determines the form you file 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 located in the paper SA1-2 form. Cropyright Royalty Fee COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Copyright Royalty Fee COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: 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 \$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 this six-mon accounting period is \$52.00 Line 2. Interest charge. Enter the amount from line 4, space Q, page 8.	-
L Instructions: To compute the royalty fee you owe: • Compright Royalty Fee • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is 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 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 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. 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 this six-mon' accounting period is \$52.00 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K . 3. Subtract line 2 from line 1 . 4. Enter the amount of gross receipts from space K .	
L Instructions: To compute the royalty fee you owe: • Compright Royalty Fee • 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 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. 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 this six-mon' accounting period is \$52.00 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2. BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K. . 3. Subtract line 2 from line 1 . 4. Enter the amount of gross receipts from space K. .	
Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-moni accounting period is \$52.00 Line 1. Royalty fee for accounting period . Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 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	
accounting period is \$52.00 Line 1. Royalty fee for accounting period	
Line 2. Interest charge. Enter the amount from line 4, space Q, page 8 Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2	
BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100) 1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	0.00
1. Base amount under statutory formula \$ 263,800.00 2. Enter amount of gross receipts from space K	
2. Enter amount of gross receipts from space K	
3. Subtract line 2 from line 1	
4. Enter the amount of gross receipts from space K	
5. Enter the amount from line 3	
6. Subtract line 5 from line 4	
7. Multiply line 6 by .005 (enter figure here)	
8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
1. Enter the amount of gross receipts from space K \$ 444,770.00	
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	
7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	3,128.70
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) \$ 3,128.70	
Due 2. Filing Fee (See the instructions for more information on filing fee calculations)	
3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3 \$	
Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrigi See page i of the general instructions in the paper SA1-2 form for more information.	3,148.70

Accounting Period:	2020/1	FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Delmar) LLC	SYSTEM ID# 026504
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	15+ 290+
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Patrick Bratton Telephone	617-786-8800
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169 (City, town, state, zip) Email pbratton@atlanticbb.com Fax (optional)	
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations) • I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space I (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cables in line 1 of space B and that the owner is not a corporation or partnership; or (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow in line 1 of space B. • I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]	system as identified ner of the cable system
	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.

ounting Period: 2020/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
antic Broadband (Delmar) LLC	02650
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? X NO XES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
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 Assessmen
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