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					
	\$					
3/1/2021	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	A	CCOUNTING PERIOD COVERED BY THIS STATEMENT:			
Accounting Period		2020/2			
B Owner	rate	Structions: Give the full legal name of the owner of the cable system. If the owner is a setitle 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 cingle statement of account and royalty fee payment covering the entire accounting the if this is the system's first filling. If not, enter the system's ID EGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM Atlantic Broadband (NH-ME), LLC	ss of the cable system on the last day of the counting period.	m. e accounting period should su	
					06373320202 063733 2020/2
		2 Batterymarch Park, Suite 205 Quincy, MA 02169			2020/2
С		STRUCTIONS: In line 1, give any business or trade names used to i mes already appear in space B. In line 2, give the mailing address o			
System	1	IDENTIFICATION OF CABLE SYSTEM: Atlantic Broadband	, and eyereni, ii aiii		
	2	MAILING ADDRESS OF CABLE SYSTEM: 24 Main Street			
D	Ins	structions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and rel	list on page 1b
Area Served	wit	th all communities.	lo==		
First	\vdash	CITY OR TOWN ROCHESTER	STATE NH		
Community	F	Below is a sample for reporting communities if you report multiple ch		pace G.	
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alc	da	MD	A	1
p	All	iance	MD	В	2
	Ge	ring	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 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.

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063733 Atlantic Broadband (NH-ME), LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined D 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 **Area** of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Served 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-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below. CH LINE UP CITY OR TOWN STATE SUB GRP# ROCHESTER NH Α 1 First BARRINGTON NH Α 1 Community 1 **FARMINGTON** NH Α 1 **MILTON** NH Α **STRAFFORD** 1 NH Α See instructions for **ACTON** ΜE В 2 additional information on alphabetization. **EAST LEBANON** В 2 ME **LEBANON** В 2 ME 2 В **NEWFIELD** ME **SANFORD** В 2 ΜE Add rows as necessary. В 2 **SHAPLEIGH** ME **DEERFIELD** NH C 3 C 3 **NORTHWOOD** NH **ALTON** C NH 4 C **BANSTEAD** NH 4 С **BELMONT** 4 NH C **CENTER HARBOR** NH 4 С **GILFORD** NH 4 **GILMANTON** C NH 4 **LACONIA** NH C 4 C 4 **MEREDITH** NH C **NEW DURHAM** NH 4 **NEW HAMPTON** С 4 NH C **SANBORNTON** NH 4 C **TILTON** NH 4 **EPSOM** NH D 5 D 5 **FRANKLIN** NH D **NORTHFIELD** NH 5 **PITTSFIELD** D 5 NH **ALEXANDRIA** NH Ε 6 **BRIDGEWATER** NH Ε 6 **BRISTOL** Ε 6 NH

NH

NH

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HEBRON

WOLFEBORO

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Name LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (NH-ME), LLC

SYSTEM ID#

063733

Ε

Ξ

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.

BLC	OCK 1	BLOCK 2					
	NO. OF				NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS		RATE	CATEGORY OF SERVICE	SUBSCRIBERS		RATE
Residential:							
Service to first set	36,176	\$	35.95	Broadcast TV Fee	36,176	\$	13.50
Service to additional set(s)				HD Converters	7,815	\$	9.99
FM radio (if separate rate)				HD/DVR Converters	14,318	\$	17.99
Motel, hotel	172	\$	35.95	HD DTA	37,755	\$	7.99
Commercial	1,300	\$	35.95	Digital Converters	2,235	\$	9.99
Converter				DTA Converters	16,962	\$	7.99
Residential		ļ					
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 1								BLOCK 2		
CATEGORY OF SERVICE RATE CATEGORY OF SERVICE RATE							CATEGORY OF SERVICE	F	RATE		
Continuing Services:			Installation: Non-residential			П					
• Pay cable	7.9	99-19.99	Motel, hotel				Digital Value	\$	15.95		
• Pay cable—add'l channel			Commercial			П	Digital Plus	\$	7.95		
 Fire protection 			• Pay cable				Expanded Service	\$	55.00		
•Burglar protection			Pay cable-add'l channel				HD Ultra	\$	9.95		
Installation: Residential			Fire protection								
First set	\$	50.00	Burglar protection								
 Additional set(s) 	\$	40.00	Other services:			П					
 FM radio (if separate rate) 			• Reconnect	\$	40.00	П					
Converter			Disconnect								
			Outlet relocation	\$	40.00						
			Move to new address	\$	40.00						

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), LLC 063733 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary** substitute program basis, as explained in the next paragraph. Transmitters: Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 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. CHANNEL LINE-UP A 1. CALL 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION SIGN OF **CARRIAGE** CHANNEL (Yes or No) **NUMBER STATION** (If Distant) **WBIN** DERRY, NH 35 ı No WBIN.2 DERRY, NH 35.2 ı No See instructions for additional information WBIN.3 35.3 ı No DERRY, NH on alphabetization. **WBTS** N **BOSTON, MA** 46 No WBTS.2 46 ı No **BOSTON, MA WBZ** N 30 No **BOSTON, MA** WBZ.2 30.2 ı No **BOSTON, MA WCSH** N 44 No PORTLAND, ME WCSH.2 44.2 ı No PORTLAND, ME WCSH.3 44.3 ı No PORTLAND, ME **WCVB** N 20 No **BOSTON, MA** WCVB.2 20.2 ı No **BOSTON, MA WENH** 11 Ε **DURHAM, NH** No WENH.2 11.2 Ε No **DURHAM, NH** WENH.3 Ε 11.3 No **DURHAM, NH** WENH.4 11.4 Ε No DURHAM, NH **WFXT** 31 N No **BOSTON, MA** WFXT.2 31.2 ī No **BOSTON, MA**

FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Atlantic Broadband (NH-ME), LLC	063733	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 up affect on the same requisitions in effect on the 24, 1981 permitting the carriage of certain network programs (section	nder [′]	G

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 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 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 identified.

Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	Α	
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
WFXT.3	31.3	I	No		BOSTON, MA
WGBH	19	E	Yes	0	BOSTON, MA
WGME	38	N	No		PORTLAND, ME
WHDH	42	I	No		BOSTON, MA
WHDH.2	42.2	I	No		BOSTON, MA
WLVI	41	I	No		CAMBRIDGE, MA
WLVI.2	41.2	I	No		CAMBRIDGE, MA
WMEA	45	E	No		BIDDEFORD, ME
WMEA.4	45.4	E	No		BIDDEFORD, ME
WMUR	9	N	No		MANCHESTER, NH
WMUR.2	9.2	I	No		MANCHESTER, NH
WPXG	33	ı	No		CONCORD, NH
WSBK	39	ı	No		BOSTON, MA
WMFP	18	I	No		BOSTON, MA
WBTS.3	46	1	No		BOSTON, MA

Primary Transmitters: Television

Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (NH-ME), LLC

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.

Transmitters:

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В	
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
			No		
WCSH	44	N	No		PORTLAND, ME
WCSH.2	44.2	I	No		PORTLAND, ME
WCSH.3	44.3	ı	No		PORTLAND, ME
WENH	11	E	No		DURHAM, NH
WENH.2	11.2	E	No		DURHAM, NH
WENH.3	11.3	E	No		DURHAM, NH
WENH.4	11.4	E	No		DURHAM, NH
WGBH	19	E	Yes	0	BOSTON, MA
WGME	38	N	No		PORTLAND, ME
WGME.2	38.2	I	No		PORTLAND, ME
WGME.3	38.3	I	No		PORTLAND, ME
WHDH	42	I	No		BOSTON, MA
WHDH.2	42.2	I	No		BOSTON, MA
WMEA	45	E	No		BIDDEFORD, ME
WMEA.3	45.3	E	No		BIDDEFORD, ME
WMTW	8	N	No		POLAND SPRING, ME
WMTW.2	8.2	ı	No		POLAND SPRING. ME

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#					
Atlantic Broadband (NH-ME), LLC	063733	Name				
PRIMARY TRANSMITTERS: TELEVISION						
n General: In space G, identify every television station (including translator stations and low power televicarried by your cable system during the accounting period, except (1) stations carried only on a part-time	, , , , , , , , , , , , , , , , , , ,	G				
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs 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 station	•	Primary				

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 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	В	
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
WMTW.3	8.3	I	No		POLAND SPRING, ME
WPFO	23	N	No		WATERVILLE, ME
WPFO.2	23.2	I	No		WATERVILLE, ME
WPFO.3	23.3	I	No		WATERVILLE, ME
WIPL	35	I	No		PORTLAND, ME
WMFP	18	I	No		BOSTON, MA
WPXT	43	I	No		PORTLAND, ME
WPXT.2	43.2	I	No		PORTLAND, ME
WIPL	35	I	No		PORTLAND, ME
WIPL.2	35.2	I	No		PORTLAND, ME
WIPL.3	35.3	I	No		PORTLAND, ME
WPXT.3	43.3	I	No		PORTLAND, ME
WFXT	31	N	No		BOSTON, MA

Primary Transmitters: Television

FORM SA3E, PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Atlantic Broadband (NH-ME), LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 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 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	С		
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
WBIN	35	I	No		DERRY, NH
WBTS	46	N	No		BOSTON, MA
WBTS.2	46	I	No		BOSTON, MA
WBZ	30	N	No		BOSTON, MA
WBZ.2	30.2	I	No		BOSTON, MA
WCSH	44	N	No		PORTLAND, ME
WCSH.2	44.2	ı	No		PORTLAND, ME
WCSH.3	44.3	I	No		PORTLAND, ME
WCVB	20	N	No		BOSTON, MA
WCVB.2	20.2	I	No		BOSTON, MA
WENH	11	Е	No		DURHAM, NH
WENH.2	11.2	Е	No		DURHAM, NH
WENH.3	11.3	Е	No		DURHAM, NH
WENH.4	11.4	Е	No		DURHAM, NH
WFXT	31	N	No		BOSTON, MA
WFXT.2	31.2	ı	No		BOSTON. MA

Primary Transmitters: Television

Transmitters:

Television

FORM SA3E. PAGE 3.	7.0000	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Atlantic Broadband (NH-ME), LLC	063733	Name
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television carried by your cable system during the accounting period, except (1) stations carried only on a part-time ba	, , , , , , , , , , , , , , , , , , ,	G
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [s		Primary

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 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 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.

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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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

•	•		•	•	•			
CHANNEL LINE-UP C								
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			
WFXT.3	31.3	I	No		BOSTON, MA			
WGBH	19	E	Yes	0	BOSTON, MA			
WGME	38	N	Yes	0	PORTLAND, ME			
WHDH	42	I	No	вовто	BOSTON, M	BOSTON, MA		
WHDH.2	42.2	I	No		BOSTON, MA			
WLVI	41	I	No		CAMBRIDGE, MA			
WLVI.2	41.2	I	No		CAMBRIDGE, MA			
WMUR	9	N	No		MANCHESTER, NH			
WMUR.2	9.2	I	No		MANCHESTER, NH			
WPXG	33	I	No		CONCORD, NH			
WSBK	39	I	No		BOSTON, MA			
WMFP	18	I	No		BOSTON, MA			
WBTS.3	46	I	No		BOSTON, MA			

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (NH-ME), LLC

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

Primary

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 specifc FCC rules, regulations, or authorizations:

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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 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.

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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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	D	
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE	6. LOCATION OF STATION
SIGN	NUMBER	STATION	(Tes of No)	(If Distant)	
		STATION		(II DISIAIII)	
WBIN	35	<u> </u>	No		DERRY, NH
WBTS	46	N	No		BOSTON, MA
WBTS.2	46		No		BOSTON, MA
WBZ	30	N	No		BOSTON, MA
WBZ.2	30.2	l	No		BOSTON, MA
WCSH	44	N	No		PORTLAND, ME
WCSH.2	44.2	I	No		PORTLAND, ME
WCSH.3	44.3	I	No		PORTLAND, ME
WCVB	20	N	No		BOSTON, MA
WCVB.2	20.2	I	No		BOSTON, MA
WENH	11	E	No		DURHAM, NH
WENH.2	11.2	E	No		DURHAM, NH
WENH.3	11.3	E	No		DURHAM, NH
WENH.4	11.4	E	No		DURHAM, NH
WFXT	31	N	No		BOSTON, MA
WFXT.2	31.2	1 1	No		BOSTON, MA

Primary Transmitters: Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (NH-ME), LLC

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

Primary

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 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.
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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.

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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.

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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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	D	
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
WFXT.3	31.3	I	No		BOSTON, MA
WGBH	19	E	Yes	0	BOSTON, MA
WGME	38	N	Yes	0	PORTLAND, ME
WHDH	42	I	No		BOSTON, MA
WHDH.2	42.2	I	No		BOSTON, MA
WLVI	41	I	No		CAMBRIDGE, MA
WLVI.2	41.2	I	No		CAMBRIDGE, MA
WMUR	9	N	No		MANCHESTER, NH
WMUR.2	9.2	I	No		MANCHESTER, NH
WPXG	33	I	No		CONCORD, NH
WSBK	39	I	No		BOSTON, MA
WMFP	18	I	No		BOSTON, MA
WBTS.3	46	I	No		BOSTON, MA

Primary Transmitters: Television

Primary

Transmitters:

Television

	/100001111	
FORM SA3E. PAGE 3.		
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	
Atlantic Broadband (NH-ME), LLC	Name	
PRIMARY TRANSMITTERS: TELEVISION		
In General: In space G, identify every television station (including translator stations and low power television state carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis un FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs (section	der	G

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.

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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).

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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.

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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	E	
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
WBTS	46	N	Yes	0	BOSTON, MA
WBTS.2	46	I	Yes	0	BOSTON, MA
WBZ	30	N	Yes	O BOSTON, MA	BOSTON, MA
WBZ.2	30.2	ı	Yes	0	BOSTON, MA
WCSH	44	N	No		PORTLAND, ME
WCSH.2	44.2	ı	No		PORTLAND, ME
WCSH.3	44.3	I	No		PORTLAND, ME
WCVB	20	N	Yes	0	BOSTON, MA
WCVB.2	20.2	I	Yes	0	BOSTON, MA
WENH	11	E	No		DURHAM, NH
WENH.2	11.2	Е	No		DURHAM, NH
WENH.3	11.3	Е	No		DURHAM, NH
WENH.4	11.4	Е	No		DURHAM, NH
WFXT	31	N	Yes	0	BOSTON, MA
WFXT.2	31.2	I	Yes	0	BOSTON, MA
WFXT.3	31.3	ı	Yes	0	BOSTON, MA
WGBH	19	Е	Yes	0	BOSTON, MA

Form SA3E Long Form (Rev. 05-17)

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (NH-ME), LLC

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

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 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 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.

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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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CLIANIN	EL LINE US	_	
		CHANN	EL LINE-UP	E	
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
WGME	38	N	Yes	0	PORTLAND, ME
WHDH	42	I	No		BOSTON, MA
WHDH.2	42.2	I	No		BOSTON, MA
WLVI	41	I	Yes	0	CAMBRIDGE, MA
WLVI.2	41.2	ı	Yes	0	CAMBRIDGE, MA
WMUR	9	N	No		MANCHESTER, NH
WMUR.2	9.2	ı	No		MANCHESTER, NH
WPXG	33	ı	No		CONCORD, NH
WSBK	39	ı	Yes	0	BOSTON, MA
WMFP	18	I	No		BOSTON, MA
WWJE	17	ı	No		DERRY, NH

Primary Transmitters: Television

Transmitters:

Television

FORM SA3E, PAGE 3 SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Atlantic Broadband (NH-ME), LLC PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G 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 **Primary**

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 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 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.

		0114411		_	
		CHANN	EL LINE-UP	F	
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
WBTS	46	N	Yes	0	BOSTON, MA
WBTS.2	46	ı	Yes	0	BOSTON, MA
WBZ	30	N	Yes	0	BOSTON, MA
WBZ.2	30.2	I	Yes	0	BOSTON, MA
WCSH	44	N	No		PORTLAND, ME
WCSH.2	44.2	I	No		PORTLAND, ME
WCSH.3	44.3	I	No		PORTLAND, ME
WCVB	20	N	Yes	0	BOSTON, MA
WCVB.2	20.2	I	Yes	0	BOSTON, MA
WENH	11	E	No		DURHAM, NH
WENH.2	11.2	E	No		DURHAM, NH
WENH.3	11.3	E	No		DURHAM, NH
WENH.4	11.4	E	No		DURHAM, NH
WFXT	31	N	Yes	0	BOSTON, MA
WFXT.2	31.2	l	Yes	0	BOSTON, MA
WFXT.3	31.3	l	Yes	0	BOSTON, MA
WGBH	19	E	Yes	0	BOSTON, MA
WGME	38	N	Yes	0	PORTLAND, ME

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (NH-ME), LLC

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]

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 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

•	• •	•	•	-	·			
CHANNEL LINE-UP F								
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			
WHDH	42	I	Yes	0	BOSTON, MA			
WHDH.2	42.2	I	Yes	0	BOSTON, MA			
WLVI	41	I	Yes	0	CAMBRIDGE, MA			
WLVI.2	41.2	l	Yes	0	CAMBRIDGE, MA			
WMUR	9	N	No		MANCHESTER, NH			
WMUR.2	9.2	l	No		MANCHESTER, NH			
WPXG	33	l	No		CONCORD, NH			
WSBK	39	l	Yes	0	BOSTON, MA			
WBTS.3	46	l	Yes	0	BOSTON, MA			
WMFP	18	l	No		BOSTON, MA			

Primary Transmitters: Television

FORM SA3E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (NH-ME), LLC

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

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 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 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 identified. **Note:** If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

		CHANN	EL LINE-UP	G	
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
WBTS	46	N	Yes	0	BOSTON, MA
WBTS.2	46	I	Yes	0	BOSTON, MA
WBZ	30	N	Yes	0	BOSTON, MA
WBZ.2	30.2	ı	Yes	0	BOSTON, MA
WCSH	44	N	No		PORTLAND, ME
WCSH.2	44.2	I	No		PORTLAND, ME
WCSH.3	44.3	I	No		PORTLAND, ME
WCVB	20	N	Yes	0	BOSTON, MA
WCVB.2	20.2	I	Yes	0	BOSTON, MA
WENH	11	E	No		DURHAM, NH
WENH.2	11.2	E	No		DURHAM, NH
WENH.3	11.3	E	No		DURHAM, NH
WENH.4	11.4	E	No		DURHAM, NH
WFXT	31	N	Yes	0	BOSTON, MA
WFXT.2	31.2	ı	Yes	0	BOSTON, MA
WFXT.3	31.3	l	Yes	0	BOSTON, MA
WGBH	19	E	Yes	0	BOSTON, MA
WGME	38	N	Yes	0	PORTLAND, ME

Primary Transmitters: Television

Television

FORM SA3E. PAGE 3.	Accounting	40 TEMIOD: 2020	
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#	Nama	
Atlantic Broadband (NH-ME), LLC	063733	Name	
PRIMARY TRANSMITTERS: TELEVISION			
In General: In space G, identify every television station (including translator stations and low power television s carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis	under	G	
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [secti 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 carrisubstitute program basis, as explained in the next paragraph.		Primary Transmitters:	

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 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	G	
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
WHDH	42	I	No		BOSTON, MA
WHDH.2	42.2	I	No		BOSTON, MA
WLVI	41	I	Yes	0	CAMBRIDGE, MA
WLVI.2	41.2	I	Yes	О	CAMBRIDGE, MA
WMUR	9	N	No		MANCHESTER, NH
WMUR.2	9.2	I	No		MANCHESTER, NH
WPXG	33	I	No		CONCORD, NH
WSBK	39	I	Yes	О	BOSTON, MA
WMFP	18	I	No		BOSTON, MA
WBTS.3	46	I	Yes	0	BOSTON, MA

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (NH-ME), LLC 063733 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. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally **Primary** 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 LOCATION OF STATION CALL SIGN AM or FM LOCATION OF STATION AM or FM S/D S/D

FORM SA3E. PAGE 5.						ACCOUNTING	PERIOD: 2020/2			
LEGAL NAME OF OWNER OF					S	YSTEM ID#	Name			
Atlantic Broadband (N	H-ME), LL	_C				063733	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 accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 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? Yes XNo										
Note: If your answer is "No' log in block 2.	', leave the	rest of this pag	ge blank. If your answer is "	Yes," you mu			Program Log			
2. LOG OF SUBSTITUTE	PROGRA	MS								
In General: List each subst	itute progra	m on a separa	te line. Use abbreviations v	vherever pos	sible, if their meaning is					
clear. If you need more spa			al pages. ision program (substitute p	rogram) that	during the accounting					
period, was broadcast by a	distant stati	ion and that yo	ur cable system substituted	for the prog	ramming of another stati	on				
under certain FCC rules, res SA3 form for futher information										
titles, for example, "I Love L				basketball.	List specific program					
Column 2: If the progran	n was broad	dcast live, ente	r "Yes." Otherwise enter "N							
			isting the substitute progra ne community to which the		nsed by the FCC or in					
the case of Mexican or Can	adian statio	ons, if any, the	community with which the s	tation is iden	tified).					
Column 5: Give the mon first. Example: for May 7 giv		when your syst	tem carried the substitute p	rogram. Use	numerals, with the mont	h				
		substitute pro	gram was carried by your o	able system.	List the times accurately	,				
to the nearest five minutes.										
stated as "6:00–6:30 p.m."	er "R" if the	listed program	was substituted for progra	mming that v	our system was required					
to delete under FCC rules a	nd regulation	ons in effect du	ring the accounting period	enter the let	ter "P" if the listed pro					
gram was substituted for pro		that your syste	em was permitted to delete	under FCC r	ules and regulations in					
effect on October 19, 1976.										
					N SUBSTITUTE	7. REASON				
<u>S</u>		E PROGRAM	<u> </u>		IAGE OCCURRED 6. TIMES	FOR				
TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM — TO	DELETION				
					_					
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ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 6. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Atlantic Broadband (NH-ME), LLC 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-J 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 Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give 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." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN HOURS HOURS** DATE FROM TO DATE **FROM** TO

LEGA	L NAME OF OWNER OF CABLE SYSTEM: Intic Broadband (NH-ME), LLC		SYSTEM ID# 063733	Name
GRO Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount younts (gross receipts) paid to your cable system by subscribers for the system's secondentifed in space E) during the accounting period. For a further explanation of how to co (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	dary transmissimpute this amo	ion service	K Gross Receipts
Instru Con Con If you acco If pa bloc If pa		ts of the DSE S entered on line ntered on line 2	chedule 1 of in block	L Copyright Royalty Fee
2 in	rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below. 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 fee system's gross receipts for the accounting period. 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. This is your minimum fee.	are required to	pay at	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the in space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period Yes—Complete the DSE schedule. No—Leave block 3 below blank and co	n 4, you must cl	heck	
Block 3	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 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE	\$	109,362.27	
	schedule. If none, enter zero Line 3. Add lines 1 and 2 and enter here	\$	122,739.72	
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 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, enter zero. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)	\$	0.00 0.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact
	TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD.	_\$	725.00	the Licensing additional fees. Division for the appropriate form for
	Add Lines 1, 2 and 3 of block 4 and enter total here	\$ ee page (i) of the	127,981.74	submitting the additional fees.

ACCOUNTING PERIOD: 2020/2
FORM SASE PAGE 8

Name		SYSTEM ID# 063733
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	
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services 254+	
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted 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) Emailpbratton@atlanticbb.comFax (optional)	
•	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.)	
O Certifcation	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)	
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified	
	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 owner of the cable system 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)]	
	/s/ Patrick Bratton	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the box and press the "I button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility settings.	F2"
	Typed or printed name: Patrick Bratton	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	Date: March 1, 2021	

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.

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE S	SYSTEM:		SYSTEM ID#	Nome
Atlantic Broadband (NH-N	ИЕ), LLC		063733	Name
The Satellite Home Viewer Arlowing sentence: "In determining the tot service of providing se scribers and amounts For more information on whe paper SA3 form. During the accounting period made by satellite carriers to s	CONCERNING GROSS RECEIPT act of 1988 amended Title 17, section 111(d) tal number of subscribers and the gross an econdary transmissions of primary broadcast collected from subscribers receiving second to exclude these amounts, see the note of 1 did the cable system exclude any amounts satellite dish owners?	d)(1)(A), of the Copyright mounts paid to the cable ast transmitters, the systendary transmissions purs on page (vii) of the gene s of gross receipts for se	system for the basic em shall not include sub- suant to section 119."	Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address	Nan Mail	ne ing Address		
INTEREST ASSESSME	ENTS			
•	sheet for those royalty payments submitted t assessment, see page (viii) of the genera			Q
Line 1 Enter the amount of I	late payment or underpayment	<u> </u>	x 1%	Interest Assessment
Line 2 Multiply line 1 by the	interest rate* and enter the sum here	<u> </u>	- x days	
Line 3 Multiply line 2 by the	number of days late and enter the sum her	re	x 0.00274	
Line 4 Multiply line 3 by 0.00	0274** enter here and on line 3, block 4,			
space L, (pa	age 7)	<u>\$</u>	(interest charge)	
contact the Licensing D ** This is the decimal equ NOTE: If you are filing this wo	e chart click on www.copyright.gov/licensing division at (202) 707-8150 or licensing@loc divalent of 1/365, which is the interest asset orksheet covering a statement of account a daddress, first community served, accounting	.gov. ssment for one day late. already submitted to the	urther assistance please Copyright Offce,	
filing.		9 F ,	g	
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 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.

ACCOUNTING PERIOD: 2020/2

DSE SCHEDULE. PAGE 10.

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerical 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 account (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 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 G 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 of 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 particular 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 a 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, in 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 been 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 pernitted 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 station 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 Syndicated 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 pursuant to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/or
 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 in
 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.

DSE SCHEDULE, PAGE 11.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

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; (2) the total number of DSEs for that group's complement of stations; and (3) 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 ar 35 mile zor		ΤC
	`~	. /	Fir (Sa
	Fa	irvale	Gr
Rapid City			DS
			Ba \$3
 	Bodega Bay		\$3
	1		Ва
Station and			To
35 mile	,		In

Distant Stations Carried	ł	Identification	of Subscriber Groups	
STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
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)	<u>0.25</u>	Fairvale	Stations B, D, and E	120,000.00
TOTAL DSEs	2.472		TOTAL GROSS RECEIPTS	\$600,000.00

linimum Fee Total Gross Receipts	\$600,000.00
	x .01064
	\$6.384.00

		\$6,384.00			
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: 2020/2

DSE SCHEDULE. PAGI	T '	E OVOTEN			6	VOTEM ID#
1	LEGAL NAME OF OWNER OF CABI				8	YSTEM ID#
	Atlantic Broadband (NI					063733
	SUM OF DSEs OF CATEGOR					
	 Add the DSEs of each statio Enter the sum here and in line 		hadula		13.50	
	Enter the sum here and in line	e i di part 5 di tilis sc	nedule.		13.30	
2	Instructions:	O:	E . II di. 4 4 . 4 . 4	-1 1:E:1 1 -	- I-# "O" iI F	
_	In the column headed "Call of space G (page 3).	Sign": list the call sign	gns of all distant stations i	dentified by the	e letter "O" in column 5	
Computation	In the column headed "DSE	": for each independ	ent station, give the DSE	as "1.0"; for ea	ach network or noncom-	
of DSEs for	mercial educational station, gi					
Category "O"		C	ATEGORY "O" STATION	S: DSEs		
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
	WBTS	0.250				
	WBTS.2	1.000				
	WBZ	0.250				
	WBZ.2	1.000				
Add rows as	WCVB	0.250				
necessary.	WCVB.2	1.000				
Remember to copy all	WFXT	0.250				
formula into new	WFXT.2	1.000				
rows.	WFXT.3	1.000				
	WGBH	0.250				
	WGME	0.250				
	WLVI	1.000				
	WLVI.2	1.000				
	WSBK	1.000				
	WHDH	1.000				
	WHDH.2	1.000				
	CKSH	1.000				
	WBTS.2	1.000				

Nama	LEGAL NAME OF 0	OWNER OF CABLE SYSTEM:					5	SYSTEM ID#
Name	Atlantic Broa	adband (NH-ME), LLC						063733
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 1: Lis Column 2 figure should 6 Column 3 Column 4 be carried out Column 5 give the type-	st the call sign of all distant 2: For each station, give the correspond with the inform 3: For each station, give the 4: Divide the figure in colun at least to the third decima 5: For each independent st value as ".25." 3: Multiply the figure in colu	e number of hours you ation given in space the total number of hou on 2 by the figure in out all point. This is the "t ation, give the "type- ounn 4 by the figure in	our cable system of J. Calculate only of J. Calculate on J	arried the station one DSE for each broadcast over the the result in decipalue" for the static or each network or ethe result in column to the	during the accounting per station. ne air during the accountin imals in column 4. This fig on. r noncommercial educatio	ng period. gure must onal station, than the	
Capacity		(CATEGORY LAC	STATIONS: 0	COMPUTATIO	N OF DSEs		
	1. CALL SIGN	2. NUMBER OF HOU CARRIE	RS OF ST	JMBER HOURS TATION	4. BASIS OF	5. TYPE VALUE		SE
			÷ .				<u> </u>	
Atlantic Broadband (NH-ME), LLC 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 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. Column 5: For each station. 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. CATEGORY LAC STATIONS: COMPUTATION OF DSEs 1. CALL 2: NUMBER OF HOURS OF H								
				=			=	
			÷	=		<u>x</u>		
			÷	=				
			÷	=			=	
Computation of DSEs for Substitute-	Instructions: Column 1: Giv	of each station. Im here and in line 2 of par the the call sign of each state If by your system in substituent on October 19, 1976 (as one or more live, nonnetwor For each station give the n This figure should corresp Enter the number of days i Divide the figure in column	ion listed in space I (ution for a program the shown by the letter k programs during the shown by the information with the information the calendar year: 2 by the figure in co	page 5, the Log of lat your system wa "P" in column 7 of at optional carriage twork programs cation in space I. 365, except in a le lumn 3, and give t	Substitute Progras permitted to de space I); and (as shown by the arried in substitution pay year.	ams) if that station: elete under FCC rules and word "Yes" in column 2 of on for programs that were	e deleted in the third	
	decimal point.	This is the station's DSE (F	or more information	on rounding, see	page (viii) of the g	eneral instructions in the	paper SA3 form).	
		SU	JBSTITUTE-BAS	IS STATIONS	: COMPUTAT	TION OF DSEs		
		OF	OF DAYS	4. DSE		OF	OF DAYS	4. DSE
		÷				÷		=
		÷				÷		=
		÷	:	=				=
		÷						=
	Add the DSEs	OF SUBSTITUTE-BASIS of each station.	STATIONS:		▶			
Total Number	number of DSE 1. Number 2. Number	s applicable to your system. of DSEs from part 2 ● of DSEs from part 3 ●		n parts 2, 3, and 4	of this schedule a	nd add them to provide the	13.50 0.00	
	TOTAL NUMBE	ER OF DSEs				>		13.50

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2020/2

LEGAL NAME OF O	WNER OF CABLE S	YSTEM:					SY	STEM ID#	
Atlantic Broad	lband (NH-ME),	LLC						063733	Name
Instructions: Bloc	ck A must be compl	eted.							
In block A: • If your answer if '	"Yes." leave the ren	nainder of pa	art 6 and part 7	of the DSE schedu	ıle blank and	complete part	8. (page 16) of the		6
schedule.		•					-, (19)		
If your answer if	"No," complete bloc	KS B and C		TELEVISION MA	ARKETS				Computation of
Is the cable system	n located wholly out	tside of all m		er markets as define		tion 76.5 of FC	C rules and regulat	ions in	3.75 Fee
effect on June 24,			•				· ·		
_			O NOT COMP	LETE THE REMAIN	NDER OF PA	RT 6 AND 7.			
X No—Comp	olete blocks B and C	below.							
		BLO	CK B: CARF	RIAGE OF PERM	/ITTED DS	Es			
Column 1: CALL SIGN	FCC rules and reg	gulations price DSE Sche	or to June 25, 1 dule. (Note: Th	part 2, 3, and 4 of th 1981. For further ex e letter M below ref Act of 2010.)	planation of p	ermitted statio	ns, see the	•	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC rul A Stations carrie 76.61(b)(c)]	es and regu d pursuant t	lations cited be o the FCC mar	sis on which you car low pertain to those ket quota rules [76. 6.59(d)(1), 76.61(e)	e in effect on 57, 76.59(b),	June 24, 1981. 76.61(b)(c), 76	5.63(a) referring to		
	D Grandfathered instructions for E Carried pursua	station (76.6 DSE sched nt to individu	65) (see paragrule). ule). ual waiver of F0	O(c), 76.61(d), 76.63 aph regarding subs CC rules (76.7) e or substitute basis	stitution of gra	indfathered sta	tions in the		
	G Commercial UI M Retransmission			ontour, [76.59(d)(5) am.), 76.61(e)(5),	76.63(a) refer	ring to 76.61(e)(5)]		
Column 3:		stations ide	ntified by the le	parts 2, 3, and 4 of tter "F" in column 2			rksheet on page 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	
WGBH	С	0.25	WCVB.2	M	1.00		Α	1.00	
CKSH	В	1.00	WFXT	A	0.25		M	1.00	
WGME	G	0.25	WFXT.2	M	1.00	WLVI	A	1.00	
WBZ WBZ.2	A/G M	0.25	WFXT.3 WBTS.3	M M	1.00 1.00	WLVI.2 WSBK	M	1.00	
WCVB	A/G	1.00 0.25	WD13.3		1.00	WBTS.2	M M	1.00 1.00	
								13.25	
		- I	BLOCK C: CC	MPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of [OSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitted	I DSEs fron	n block B abo	ve					
				of DSEs subject to 7 of this schedule		ate.			
Line 4: Enter gro	ss receipts from s	space K (pa	age 7)						Do any of the DSEs represent
							x 0.03	75	partially
Line 5: Multiply li	ine 4 by 0.0375 a	nd enter su	m here				х		permited/ partially nonpermitted
Line 6: Enter tota	al number of DSE	s from line	3						carriage? If yes, see part 9 instructions.
Line 7: Multiply li	ine 6 by line 5 and	d enter here	e and on line	2, block 3, space	L (page 7)			0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (NH-ME), LLC BLOCK A: TELEVISION MARKETS (CONTINUED) SYSTEM ID#								063733	
								_	
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
			-			·			

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (NH-ME), LLC 063733 Instructions: You must complete this worksheet for those stations identified by the letter "F" in column 2 of block B, part 6 (i.e., those stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) Worksheet for Column 1: List the call sign for each distant station identifed by the letter "F" in column 2 of part 6 of the DSE schedule. Computating the DSE Column 2: Indicate the DSE for this station for a single accounting period, occurring between January 1, 1978 and June 30, 1981. Schedule for Column 3: Indicate the accounting period and year in which the carriage and DSE occurred (e.g., 1981/1). Permitted Column 4: Indicate the basis of carriage on which the station was carried by listing one of the following letters: Part-Time and (Note that the FCC rules and regulations cited below pertain to those in effect on June 24, 1981.) Substitute A—Part-time specialty programming: Carriage, on a part-time basis, of specialty programming under FCC rules, sections 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). Carriage B—Late-night programming: Carriage under FCC rules, sections 76.59(d)(3), 76.61(e)(3), or 76.63 (referring to 76.61(e)(3)). S-Substitute carriage under certain FCC rules, regulations, or authorizations. For further explanation, see page (vi) of the general instructions in the paper SA3 form. Column 5: Indicate the station's DSE for the current accounting period as computed in parts 2, 3, and 4 of this schedule. Column 6: Compare the DSE figures listed in columns 2 and 5 and list the smaller of the two figures here. This figure should be entered in block B, column 3 of part 6 for this station. IMPORTANT: The information you give in columns 2, 3, and 4 must be accurate and is subject to verification from the designated statement of account on fle in the Licensing Division. PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS 6. PERMITTED 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT SIGN DSE PERIOD **CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 In block A: Computation If your answer is "Yes," complete blocks B and C, below. of the If your answer is "No," leave blocks B and C blank and complete part 8 of the DSE schedule. Syndicated **BLOCK A: MAJOR TELEVISION MARKET Exclusivity** Surcharge Is any portion of the cable system within a top 100 major television market as defined by section 76.5 of FCC rules in effect June 24, 1981? Yes—Complete blocks B and C . No—Proceed to part 8 BLOCK B: Carriage of VHF/Grade B Contour Stations **BLOCK C: Computation of Exempt DSEs** Is any station listed in block B of part 6 the primary stream of a Was any station listed in block B of part 7 carried in any commucommercial VHF station that places a grade B contour, in whole nity served by the cable system prior to March 31, 1972? (refer or in part, over the cable system? to former FCC rule 76.159) Yes—List each station below with its appropriate permitted DSE Yes—List each station below with its appropriate permitted DSE X No—Enter zero and proceed to part 8. X No—Enter zero and proceed to part 8. CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE 0.00 0.00 TOTAL DSEs TOTAL DSEs

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (NH-ME), LLC 063	M ID# 3733	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	9.59	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. X No—Complete section 4 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 DSE		
	is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
	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 fgure 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	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.		
4a	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 DSE 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)		
	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	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (NH-ME), LLC							
		manne breakand (iii) mb/, bbe	063733					
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	ty							
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							
8 Computation	Instructions: You must complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part 6 was checked "Yes," use the total number of DSEs from part 5. • In block A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations.							
Computation of	 • If your answer is "No," compute your system's base rate fee in block B. Leave part 9 blank. • If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below 							
Base Rate Fee	• If your answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below blank.							
	What 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 "local						
	service	e area," see page (v) of the general instructions.						
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS						
	• Did yo	our cable system retransmit the signals of any partially distant television stations during the accounting period?						
	Yes—Complete part 9 of this schedule. No—Complete the following sections.							
	100 - Complete part of this scriedule.							
	0	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. (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)							
	Base Rate Fee.							
			i					

DSE SCH	IEDU	JLE. PAGE 17.				ACCOUNTING	9 PERIOD: 2020/2
		OF OWNER OF CABLE SYSTEM: Broadband (NH-ME), LLC				SYSTEM ID# 063733	Name
Section 4	If the	e figure in section 2 is more than 4.000 , compute your base	rate fee here	and leave section 3 blank	ζ.		0
•	A.	Enter 0.01064 of gross receipts					8
		(the amount in section 1)		<u> </u>			
	В.	Enter 0.00701 of gross receipts					Computation
		(the amount in section 1)	▶ \$				of
	C.	Multiply line B by 3.000 and enter here		<u></u> ▶ <u>\$</u>			Base Rate Fee
	D.	Enter 0.00330 of gross receipts (the amount in section 1)	<u> </u>				
	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		>	<u>\$</u>		
	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	
	be ı	IT: It is no longer necessary to report television signals reported on a community-by-community basis (subscri	•	•		•	9
In Gen	eral:	If any of the stations you carried were partially distant	t, the statute	allows you, in comput	ing your base rate	fee, to exclude	Computation

In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fee, to exclude receipts from subscribers located within the station's local service area, from your system's total gross receipts. To take advantage of this exclusion, you must:

First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to the same station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine the number of DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for each group. **Finally:** Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.

NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exempt in part 7, you must also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B below. However, if your cable system is wholly located outside all major television markets, complete block A only.

How to Identify a Subscriber Group for Partially Distant Stations

Step 1: For each community served, determine the local service area of each wholly distant and each partially distant station you carried to that community.

Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers were located outside the station's local service area. A subscriber located outside the local service area of a station is distant to that station (and, by the same token, the station is distant to the subscriber.)

Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. Each subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note that a cable system will have only one subscriber group when the distant stations it carried have local service areas that coincide.

Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of your system's subscriber groups.

In each section:

- Identify the communities/areas represented by each subscriber group.
- Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all of the subscribers in the group.
- If
- 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it in parts 2, 3, and 4 of this schedule; or.
- 2) any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in block B, part 6 of this schedule.
- ullet Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.
- Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general instructions in the paper SA3 form.
- Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the preceding page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (that is, the total DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do not need to show your actual calculations on the form.

Computation
of
Base Rate Fee
and
Syndicated
Exclusivity
Surcharge
for
Partially
Distant
Stations, and
for Partially
Permitted
Stations

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063733 Atlantic Broadband (NH-ME), 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 OWNE Atlantic Broadban						S	YSTEM ID# 063733	Name
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCRIB	ER GROUP		
FIRST SUBSCRIBER GROUP					SECOND :	SUBSCRIBER GROU	IP	•
COMMUNITY/ AREA Strafford County			COMMUNITY/ AREA	York County			9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WGBH	0.25	0.122.110.1		WGBH	0.25	0.122		Base Rate Fee
								and
								Syndicated
								Exclusivity
								Surcharge
								for
								Partially
							·····	Distant
					-		····	Stations
	···				···			
					···			
	<u></u>							
	···				<u> </u>			
Total DSEs			0.25	Total DSEs	'		0.25	
Gross Receipts First G	roup	\$ 2,500	,817.59	Gross Receipts Secon	d Group	\$ 1,6	89,132.30	
Base Rate Fee First G	roup	\$ 6	,652.17	Base Rate Fee Secon	d Group	\$	4,493.09	
	THIRD	SUBSCRIBER GROU	Р		FOURTH:	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA	Rocking	jham County		COMMUNITY/ AREA Belknap County				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WGME	0.25			WGBH	0.25			
	···							
					-			
	···				···			
Total DSEs			0.25	Total DSEs			0.25	
Gross Receipts Third Group \$ 486,896.09			Gross Receipts Fourth Group \$ 4,790,296.38			90,296.38		
Base Rate Fee Third Group \$ 1,		,295.14	Base Rate Fee Fourth Group \$ 12,7			12,742.19		
			per group as	s shown in the boxes abo	ve.	e 4	09 362 27	
Enter here and in block	3, line 1, sp	pace L (page 7)				\$ 1	09,362.27	

LEGAL NAME OF OWNE Atlantic Broadban						:	063733	Name
E	BLOCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	FIFTH	SUBSCRIBER GROU	JP		SIXTH	SUBSCRIBER GRO)UP	•
COMMUNITY/ AREA	Merrima	ick County		COMMUNITY/ ARE	A Grafton	County		9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
WGBH	0.25			WBTS.2	1.00	WBTS.3	1.00	Base Rate Fee
WGME	0.25			WBZ	0.25			and
				WBZ.2	1.00			Syndicated
				WCVB	0.25			Exclusivity
				WCVB.2	1.00			Surcharge
				WFXT	0.25			for
				WFXT.2	1.00			Partially
				WFXT.3	1.00			Distant
				WGBH	0.25			Stations
				WGME	0.25			
				WHDH	1.00			
				WHDH.2	1.00			
				WLVI	1.00			
				WLVI.2	1.00			
				WSBK	1.00			
Total DSEs			0.50	Total DSEs			12.25	
Gross Receipts First G	roup	\$ 1,066	5,148.50	Gross Receipts Sec	ond Group	\$	681,984.54	
Base Rate Fee First G		SUBSCRIBER GROU	5,671.91 JP	Base Rate Fee Sec	•	\$ SUBSCRIBER GRO	40,165.48	
COMMUNITY/ AREA	Carroll	County		COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
WBTS.2	1.00							
WBZ	0.25							
WBZ.2	1.00							
WCVB	0.25							
WCVB.2	1.00							
WFXT	0.25							
WFXT.2	1.00							
WFXT.3	1.00							
WGBH	0.25							
WLVI	1.00							
WLVI.2	1.00							
WSBK	1.00							
WBTS.3	1.00							
Total DSEs			10.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$ 744	,944.19	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	Group	\$ 38	3,342.28	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add th Enter here and in block			riber group a	as shown in the boxes	above.	\$		

DSE of Base Rate F and Syndicate Exclusivit	SUBSCRIBER GROUP unty CALL SIGN	SECOND	COMMUNITY/ AREA CALL SIGN		OCK A: COMPUTATION OF FIRST SUBSCRIBER GROUS Strafford County DSE CALL SIGN CALL SIG	FIRST Straffor	COMMUNITY/ AREA CALL SIGN
DSE of Base Rate F and Syndicated Exclusivity Surcharge for Partially Distant Stations	CALL SIGN	York Co	CALL SIGN		Strafford County	Straffor	
DSE of Base Rate F and Syndicate Exclusivity Surcharge for Partially Distant Stations	CALL SIGN		CALL SIGN	DSE			
DSE of Base Rate F and Syndicated Exclusivity Surcharged for Partially Distant Stations		DSE		DSE	DSE CALL SIGN	DSE	CALL SIGN
and Syndicate Exclusivity Surcharge for Partially Distant Stations	\$ 1,689						
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 132.30	\$ 1,689						
Partially Distant Stations 0.00 132.30	\$ 1,689						
Surcharge for Partially Distant Stations 0.00	\$ 1,689						
for Partially Distant Stations 0.00 132.30	\$ 1,689						
Partially Distant Stations 0.00 132.30	\$ 1,689						
0.00 32.30	\$ 1,689						
0.00	\$ 1,689						
32.30	\$ 1,689						
32.30	\$ 1,689						
32.30	\$ 1,689						
32.30	\$ 1,689						
32.30	\$ 1,689						
32.30	s 1,689						
	\$ 1,689		Total DSEs	0.00			Total DSEs
	+ -,	d Group	Gross Receipts Second	,817.59	up \$ 2,500	roup	Gross Receipts First Gr
0.00				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-r <u>, _,,,,,</u>		
	\$	d Group	Base Rate Fee Second	0.00	up \$	roup	Base Rate Fee First Gr
	SUBSCRIBER GROUP	FOURTH		JP	THIRD SUBSCRIBER GROU	THIRD	
	County	Belknap	COMMUNITY/ AREA		Rockingham County	Rocking	COMMUNITY/ AREA
DSE	CALL SIGN	DSE	CALL SIGN	DSE	DSE CALL SIGN	DSE	CALL SIGN
		<mark></mark>					
		···					
					·····		
0.00			Total DSEs	0.00			Total DSEs
296.38	\$ 4,790	Group	Gross Receipts Fourth	,896.09	s 486	roup	Gross Receipts Third G
0.00	\$	Group	Base Rate Fee Fourth	0.00	pup \$	iroup	3ase Rate Fee Third G

Mana	063733	`				E), LLC	d (NH-ME	Atlantic Broadban
		BER GROUP	SUBSCRIB	TE FEES FOR EACH	BASE RA	COMPUTATION OF	BLOCK A:	
	UP	SUBSCRIBER GRO	SIXTH		P	SUBSCRIBER GROU	FIFTH	
Computation		County	Grafton (COMMUNITY/ AREA		ack County	Merrima	COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F			0.25	WBTS				
and								
Syndicate								
Exclusivit								
Surcharge								
for								
Partially								
Distant								
Stations								
							<u> </u>	
	0.25			Total DSEs	0.00			Total DSEs
_	0.25			II	,148.50	\$ 1,066	oup	Gross Receipts First G
- - -	681,984.54	\$	d Group	Gross Receipts Secor			•	
- -]		\$ 6		Base Rate Fee Secon	0.00	\$		3ase Rate Fee First G
- -]	6,393.61		d Group		J	\$ SUBSCRIBER GROU	oup	
- -] =	6,393.61	\$	d Group		J	SUBSCRIBER GROU	oup	
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	6,393.61	\$	d Group	Base Rate Fee Secon	J	SUBSCRIBER GROU	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	d Group	Base Rate Fee Secon	P	SUBSCRIBER GROU County	SEVENTH Carroll	COMMUNITY/ AREA
- -] =	681,984.54 6,393.61 UP	\$ SUBSCRIBER GRO	DSE	Base Rate Fee Secon COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU County CALL SIGN	DSE 0.25	COMMUNITY/ AREA CALL SIGN WBTS

063733					E), LLC		LEGAL NAME OF OWNE Atlantic Broadbar
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			Base Rate Fee Second COMMUNITY/ AREA			ELEVENTH	
OUP				JP		ELEVENTH	
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OUP 0	SUBSCRIBER GROU	TWELVTH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ELEVENTH A	I COMMUNITY/ AREA
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Name	063733	•					R OF CABLE	Atlantic Broadbar
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LEGAL NAME OF OWN Atlantic Broadba						S	063733	Name
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Gross Receipts First (Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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		SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP	
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Base Rate Fee: Add the Enter here and in block			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWI Atlantic Broadba			•			:	063733	Name
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Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
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ase Rate Fee: Add nter here and in blo			criber group a	s shown in the boxes	above.	\$		

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	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN	JP 0	SUBSCRIBER GROU	Group Y-SEVENTH	TWENTY OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN	JP 0	SUBSCRIBER GROU	Group Y-SEVENTH	TWENTY OMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN	JP 0	SUBSCRIBER GROU	Group Y-SEVENTH	TWENTY OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN	JP 0	SUBSCRIBER GROU	Group Y-SEVENTH	ase Rate Fee First G TWENTY OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN	JP 0	SUBSCRIBER GROU	Group Y-SEVENTH	ase Rate Fee First G TWENTY OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	TY-EIGHTH	TWEN	JP 0	SUBSCRIBER GROU	Group Y-SEVENTH	TWENTY
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Name	063733	S			•			LEGAL NAME OF OWNER Atlantic Broadbane
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Name	063733	\$						LEGAL NAME OF OWNE Atlantic Broadbar
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0	0.00 UP	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco FIF COMMUNITY/ AREA	0 	SUBSCRIBER GRO	Group	Base Rate Fee First C FI COMMUNITY/ AREA
0	0.00 UP	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco FIF COMMUNITY/ AREA	0 	SUBSCRIBER GRO	Group	Base Rate Fee First C FI COMMUNITY/ AREA
0	0.00 UP	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco FIF COMMUNITY/ AREA	0 	SUBSCRIBER GRO	Group	Base Rate Fee First C FI COMMUNITY/ AREA
0	0.00 UP	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco FIF COMMUNITY/ AREA	0 	SUBSCRIBER GRO	Group	Base Rate Fee First C FI COMMUNITY/ AREA
0	0.00 UP	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco FIF COMMUNITY/ AREA	0 	SUBSCRIBER GRO	Group	Base Rate Fee First C FI COMMUNITY/ AREA
0	0.00 UP	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco FIF COMMUNITY/ AREA	0 	SUBSCRIBER GRO	Group	Base Rate Fee First (FI COMMUNITY/ AREA
O	0.00 UP 0 DSE	SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco FIF COMMUNITY/ AREA CALL SIGN	DUP 0 DSE	SUBSCRIBER GRO	Group	FICOMMUNITY/ AREA CALL SIGN
O	0.00 UP 0 DSE 0.00	SUBSCRIBER GROU	d Group Y-SECOND DSE	Base Rate Fee Seco FIF COMMUNITY/ AREA CALL SIGN Total DSEs	DUP DSE O.000	SUBSCRIBER GRO	Group FIFTY-FIRST DSE	FICOMMUNITY/ AREA CALL SIGN Total DSEs
O	0.00 UP 0 DSE	SUBSCRIBER GROU	d Group Y-SECOND DSE	Base Rate Fee Seco FIF COMMUNITY/ AREA CALL SIGN	DUP 0 DSE	SUBSCRIBER GRO	Group FIFTY-FIRST DSE	FICOMMUNITY/ AREA CALL SIGN Total DSEs
O	0.00 UP 0 DSE 0.00	CALL SIGN	d Group Y-SECOND DSE	Base Rate Fee Seco FIF COMMUNITY/ AREA CALL SIGN Total DSEs	DUP DSE O.000	SUBSCRIBER GRO	Group FIFTY-FIRST DSE	Base Rate Fee First C FI COMMUNITY/ AREA
0 0 == 0 0 0 0 0	0.00 UP 0 DSE 0.00	CALL SIGN	d Group Y-SECOND DSE	Base Rate Fee Seco FIF COMMUNITY/ AREA CALL SIGN Total DSEs	DUP DSE O.000	SUBSCRIBER GRO	Group FIFTY-FIRST DSE ONE ONE ONE ONE ONE ONE ONE O	FICOMMUNITY/ AREA CALL SIGN Total DSEs

LEGAL NAME OF OWN Atlantic Broadba			-			S	063733	Name
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
FI	FTY-THIRD	SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
	····		····		······		·····	Exclusivity
								Surcharge
								for
	<u>.</u>							Partially Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	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	
F	IFTY-FIFTH	SUBSCRIBER GRO	UP		FIFTY-SIXTH	I SUBSCRIBER GROU	JP	
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 t			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Atlantic Broadband			•			S	063733	Name
				TE FEES FOR EAC				
	SEVENTH	SUBSCRIBER GRO		l l		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		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
		_						
	ļ							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
FIFT	Y-NINTH	SUBSCRIBER GRO	UP		SIXTIETH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
	ļ							
								
							·····	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CAE Atlantic Broadband (NH-I	ME), LLC					
BLOCK /	A: COMPUTATION C	F BASE RA	ATE FEES FOR EAC	H SUBSCR	IBER GROUP	
	T SUBSCRIBER GRO		ii		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	٩		0.00 0.00 0.00
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
	\$ D SUBSCRIBER GRO		SI	XTY-FOURTH	\$ SUBSCRIBER GROU	0.00 0.00
SIXTY-THIR				XTY-FOURTH		JP
SIXTY-THIR DMMUNITY/ AREA		DUP	SI	XTY-FOURTH		JP 0
SIXTY-THIR DMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR DMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR DMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR OMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR OMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR OMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR OMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR OMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR OMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR OMMUNITY/ AREA	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR COMMUNITY/ AREA CALL SIGN DSE	O SUBSCRIBER GRO	0 0	SI:	XTY-FOURTH	I SUBSCRIBER GROU	JP 0
SIXTY-THIR COMMUNITY/ AREA CALL SIGN DSE	CALL SIGN	DUP O DSE O O O O O O O O O O O O O	COMMUNITY/ ARE. CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE
SIXTY-THIR COMMUNITY/ AREA CALL SIGN DSE	O SUBSCRIBER GRO	DUP 0	CALL SIGN	DSE	I SUBSCRIBER GROU	JP 0 DSE
COMMUNITY/ AREA	CALL SIGN	DUP O DSE O O O O O O O O O O O O O	COMMUNITY/ ARE. CALL SIGN Total DSEs	DSE THE Group	CALL SIGN	DSE DSE

Name	063733	\$					R OF CABLE	Atlantic Broadban
				TE FEES FOR EAC				
9		SUBSCRIBER GROU	IXTY-SIXTH	ii e		SUBSCRIBER GRO	XTY-FIFTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
Syndicated								
Exclusivity								
Surcharge								
for								
Partially								
Distant Stations								
Stations			···					
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Seco	0.00	\$	Group	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G
	UP	SUBSCRIBER GROU	TY-EIGHTH	SI	UP	SUBSCRIBER GRO	-SEVENTH	SIXTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
	DSE	CALL SIGN	DSE	Total DSEs	DSE	CALL SIGN	DSE	
		CALL SIGN				CALL SIGN		CALL SIGN CALL SIGN Total DSEs Gross Receipts Third G

LEGAL NAME OF OWNI Atlantic Broadbar						S	063733	Name
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
Siz	XTY-NINTH	SUBSCRIBER GRO		İ		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		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
			····					Stations
Total DSCs			0.00	Total DSFa			0.00	
Total DSEs Gross Receipts First G	2roup	•	0.00	Total DSEs Gross Receipts Sec	and Group	e	0.00	
Gioss Receipts Filst C	эгоир	\$	0.00	Gross Receipts Sec	orid Group	\$	0.00	
Base Rate Fee First G		\$	0.00	Base Rate Fee Sec		\$	0.00	
	NTY-FIRST	SUBSCRIBER GRO		H		SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩ 		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 t Enter here and in bloc			criber group a	as shown in the boxes a	above.	\$		

				TE FEES FOR EACH				
	JP 0	SUBSCRIBER GROU	Y-FOURTH	SEVENT COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	ITY-THIRD	SEVEN COMMUNITY/ AREA
Com	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base	202		202		202	07.122.01.01.1	332	
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Syr Exc								
Su			···		·			
		.						
-1			···		······································			
Distan Station								
Dista					<u> </u>			
•••								
Station								
	0.00			Total DSEs	0.00			otal DSEs
	0.00	\$	d Group	Gross Receipts Secor	0.00	\$	iroup	ross Receipts First Gr
	0.00	\$		Base Rate Fee Secon	0.00	\$	Froup	
	JP	\$ SUBSCRIBER GROU		SEVE	JP	\$ SUBSCRIBER GROU	Froup	SEVEN
							Froup	SEVEN
	JP			SEVE	JP		Froup	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN OMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN
	JP 0	SUBSCRIBER GROU	NTY-SIXTH	SEVE COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	NTY-FIFTH	SEVEN COMMUNITY/ AREA CALL SIGN
	DSE	SUBSCRIBER GROU	DSE	SEVE COMMUNITY/ AREA CALL SIGN	JP 0 DSE	SUBSCRIBER GROU	NTY-FIFTH DSE	SEVEN COMMUNITY/ AREA CALL SIGN Cotal DSEs
	DSE O.00	SUBSCRIBER GROU	DSE	SEVE COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE D.000	SUBSCRIBER GROU	NTY-FIFTH DSE	SEVEN

LEGAL NAME OF OW Atlantic Broadb			•			:	063733	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
SEVENT	Y-SEVENTH	SUBSCRIBER GRO)UP	SEVE	ENTY-EIGHTH	SUBSCRIBER GRO	UP	9
COMMUNITY/ AREA	Α		0	COMMUNITY/ ARE	Α		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	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First		\$	0.00	Base Rate Fee Sec		\$	0.00	
		SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	A		0	COMMUNITY/ ARE	A		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	ırth Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00	
Base Rate Fee: Ado Enter here and in blo			criber group a	s shown in the boxes	above.	\$		

Atlantic Broadband (NH-I	/IE), LLC				S	063733
BLOCK /	A: COMPUTATION C	F BASE RA	ATE FEES FOR EAC	CH SUBSCR	IBER GROUP	
	T SUBSCRIBER GRO		ii		SUBSCRIBER GROU	
COMMUNITY/ AREA		0	COMMUNITY/ ARE	Α		0
CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE
						0.00
						0.00
						0.00 0.00 0.00
						0.00 0.00
						0.00 0.00
						0.00 0.00
otal DSEs		0.00	Total DSEs			
ross Receipts First Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00
ase Rate Fee First Group	¢	0.00	Dana Bata Fan San			0.00
	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00
EIGHTY-THIR	D SUBSCRIBER GRC				I SUBSCRIBER GROU	•
				HTY-FOURTH		JP
DMMUNITY/ AREA		DUP	EIG	HTY-FOURTH		JP 0
DMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
DMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
DMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
DMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
OMMUNITY/ AREA	D SUBSCRIBER GRO	0 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0
CALL SIGN DSE	D SUBSCRIBER GRO	DUP 0	EIG COMMUNITY/ ARE	HTY-FOURTH	I SUBSCRIBER GROU	JP 0 DSE
CALL SIGN DSE	D SUBSCRIBER GRO	DUP O DSE O O O O O O O O O O O O O	CALL SIGN CALL SIGN Total DSEs	DSE	I SUBSCRIBER GROU	DSE DSE D.00
COMMUNITY/ AREA	D SUBSCRIBER GRO	DUP 0	EIG COMMUNITY/ ARE CALL SIGN	DSE	I SUBSCRIBER GROU	JP 0 DSE

Atlantic Broadba	ER OF CABL					S	063733	Name
				TE FEES FOR EAC	CH SUBSCRI	BER GROUP		
	HTY-FIFTH	SUBSCRIBER GRO		H		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computatio
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
								and
								Syndicated
								Exclusivity
								Surcharge
								for
				.				Partially Distant
			·····			-	·····	Stations
							····	Otations
		Щ						
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	
EIGHTY	-SEVENTH	SUBSCRIBER GRO)UP	EIC	HTY-EIGHTH	SUBSCRIBER GROU	JP	
COMMUNITY/ 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	
	Group	\$	0.00	Total DSEs Gross Receipts Fou	rth Group	\$	0.00	
Fotal DSEs Gross Receipts Third	·	\$	0.00	Gross Receipts Fou		\$	0.00	
	·	\$				\$		

Na	063733							
				TE FEES FOR EAC				
Comp	<u>0</u>	SUBSCRIBER GROU	NINTIETH	COMMUNITY/ AREA	0	SUBSCRIBER GRO	HIY-NINIH	COMMUNITY/ AREA
Comp	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base F								
a Synd					···			
Exclu								
Surc								
fo Part								
Dis								
Distant Station								
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Distan								
								
	0.00			Total DSEs	0.00			Γotal DSEs
		*	d Croup		0.00	•		Cuasa Danainta Finat C
	0.00	\$	u Group	Gross Receipts Seco	0.00	\$	iroup	aross Receipis Firsi G
	0.00	•	a Group	Gross Receipts Seco		3	eroup	Bross Receipts First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	Base Rate Fee First G
	0.00		d Group	Base Rate Fee Seco	0.00		Group	3ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	3ase Rate Fee First G
	0.00	\$	d Group	Base Rate Fee Seco	0.00	\$	Group	3ase Rate Fee First G
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco NINE COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group ETY-FIRST	Base Rate Fee First G NINI COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco NINE COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group ETY-FIRST	Base Rate Fee First G NINI COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco NINE COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group ETY-FIRST	Base Rate Fee First G NINI COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco NINE COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group ETY-FIRST	Base Rate Fee First G NINI COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco NINE COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group ETY-FIRST	Base Rate Fee First G NINI COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Seco NINE COMMUNITY/ AREA	0.00 JP	\$ SUBSCRIBER GRO	Group ETY-FIRST	Base Rate Fee First G NINI COMMUNITY/ AREA
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	DSE	\$ SUBSCRIBER GROU	d Group Y-SECOND DSE	Base Rate Fee Seco NINE COMMUNITY/ AREA CALL SIGN	0.00 JP O DSE	\$ SUBSCRIBER GRO	ETY-FIRST DSE	NINI COMMUNITY/ AREA CALL SIGN Total DSEs
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LEGAL NAME OF OWN Atlantic Broadba						S	063733	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
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								Surcharge
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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 (SUBSCRIBER GRO	0.00	Base Rate Fee Sec		SUBSCRIBER GROU	0.00	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		1 SUBSCRIBER GROU	0	
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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 Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWN Atlantic Broadba			•			:	063733	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		11		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
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	
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NIN	NETY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
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C.000 Receipts Tille	. Oroup	*	0.00	Cross Receipts Fou	iai Gioup	Ψ	0.00	
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Base Rate Fee: Add Enter here and in blo			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Atlantic Broadbanc						\$	063733	Name
В	LOCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
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COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro		\$	0.00	Base Rate Fee Secon		\$	0.00	
	D THIRD	SUBSCRIBER GRO		11	ED FOURTE	SUBSCRIBER GROU		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			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 Gr	oup	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
Base Rate Fee Third Gr	oup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block 3			riber group a	s shown in the boxes ab	oove.	•		

LEGAL NAME OF OWNER Atlantic Broadbane						\$	063733	Name
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COMMUNITY/ AREA			0	COMMUNITY/ ARE	4		0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED E	LEVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	SUBSCRIBER GRO	JP	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fou	th Group	\$	0.00	
Base Rate Fee: Add the								

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		BER GROUP	SUBSCRI	TE FEES FOR EAC				
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	UP	SUBSCRIBER GROU	WENTIETH	ONE HUNDRED	UP	SUBSCRIBER GRO	NTEENTH	ONE HUNDRED NI
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ME OF OWNER OF CABLE SYSTEM: Broadband (NH-ME), LLC		SYSTEM ID# 063733	NI
BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH S	SUBSCRIBER GRO	DUP	
UNDRED TWENTY-FIRST SUBSCRIBER GROUP ONE HUNDRED TWENTY	/-SECOND SUBSCRIE	BER GROUP	0
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LEGAL NAME OF OWN Atlantic Broadba							063733	9 Computation of
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAG	CH SUBSCR	IBER GROUP		
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otal DSEs			0.00	Total DSEs			0.00	
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NE HUNDRED TWEN	TY-SEVENTH	SUBSCRIBER GROU	Р	ONE HUNDRED TV	/ENTY-EIGHTH	SUBSCRIBER GROUP	1	
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Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
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LEGAL NAME OF OWI Atlantic Broadba			•			:	063733	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
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Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED	THIRTY-FIRST	SUBSCRIBER GROUI	P	ONE HUNDRED TH	HIRTY-SECOND	SUBSCRIBER GROUP	>	
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Nar	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (NH-ME), LLC 063733										
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LEGAL NAME OF OWN Atlantic Broadba			•			,	063733	Name
	BLOCK A:	COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED F	ORTY-FIFTH	SUBSCRIBER GROUI	D	ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP				9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
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Total DSEs			0.00	Total DSEs			0.00	
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Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group a	s shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Atlantic Broadband			•			S	YSTEM ID# 063733	Name
				TE FEES FOR EAC				
ONE HUNDRED FORT	Y-NINTH	SUBSCRIBER GROU		ONE HUNDRI	ED FIFTIETH	SUBSCRIBER GROU		9
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third Gr	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
				· ·	-			
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LEGAL NAME OF OWNE Atlantic Broadbar			•			•	063733	Name
				TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP ONE HUNDRED FIFTY-EIGHTH SUBSCRIBER GROUP								
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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		-						Syndicated Exclusivity
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								Partially
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								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	TY-NINTH	SUBSCRIBER GRO	UP	ONE HUNDR	ED SIXTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA 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 Fou	rth Group	\$	0.00	
	'				r	L*	3.00	
Base Rate Fee: Add the Enter here and in block	he base rat k 3, line 1, s	e fees for each subsc space L (page 7)	criber group a	s shown in the boxes	above.	\$		

FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (NH-ME), LLC 063733 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

ACCOUNTING PERIOD: 2020/2 FORM SA3E. PAGE 20 LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (NH-ME), LLC 063733 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a 9 Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation ☐ First 50 major television market ☐ Second 50 major television market INSTRUCTIONS: **Base Rate Fee** Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and **Syndicated** this schedule. Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as **Exclusivity** Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for Partially Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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