THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

General instructions are at the end of this form [pages i-viii].

FOR COPYRIGHT	OFFICE USE ONLY
DATE RECEIVED	AMOUNT
08/15/2018	\$ ALLOCATION NUMBER

SA3 Long Form

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave SE Washington, DC 20557-6400 (202) 707-8150

For courier deliveries, see page ii of the general instructions

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)									
Accounting Period	■ January 1–June 30 2018 . (Year)	July 1-December 31 (Year)								
B Owner	INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. I corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts tit if there were different owners during the accounting period, only a single statement of account and royalty fee payment covering the Check here if this is the system's first filing. If not, enter the system's first filing.	ne business of the cable system. The owner on the last day of the accounting period should submit entire accounting period								
	1 LEGAL NAME OF OWNER OF CABLE SYSTEM:									
	Atlantic Telephone Membership Corporation	3253								
	2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF	DIFFERENT):								
	3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM:									
	PO Box 3198 (Number street rural route, apartment or suite number) Shallotte NC 28459 (City, town, state, zip)									
С	INSTRUCTIONS: In line 1, give any business or trade names used to names already appear in space B. In line 2, give the mailing address									
System	1 IDENTIFICATION OF CABLE SYSTEM: ATMC									
	MAILING ADDRESS OF CABLE SYSTEM: PO Box 3198 (Number street rural route apartment or suite number) Shallotte. NC 28459 (City, town, state, zip code)									
D Area	Instructions: For complete space D instructions, see page 1b. Identifiall communities.	y only the first community served below and relist on page 1b with								
Served	CITY OR TOWN STATE									
First >	Shallotte NC									
Community	Below is a sample for reporting communities if you report multiple cha	annel line-ups in Space G.								
	CITY OR TOWN (SAMPLE)	STATE CH LINE UP SUB GRP#								
Sample ▶	Alda MD A 1 Alliance MD B 2 Gering MD B 3									

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

LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 3253 Atlantic Telephone Membership Corporation Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. Area Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below Served 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 SUB GRP# STATE CITY OR TOWN NC SHALLOTTE **⋖** First BOLIVIA ŅÇ Community NC Α BRICKLANDING ŅÇ CALABASH NC CAROLINA SHORES NC HOLDEN BEACH NC OCEAN ISLE BEACH ŅÇ SUNSET BEACH NC SUNSET HARBOR NÇ VARNAMTOWN NC TOWN OF LELAND. ... NC UNINCORPORATED BRUNSWICK COUNTY NC TABOR CITY NC WHITEVILLE. NC UNINCORPORATED COLUMBUS COUNTY NÇ ST JAMES NC OAK ISLAND

Name
Atlantic Telephone Membership Corporation

Atlantic Telephone Membership Corporation

3253

E

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BLOCK	 [1		BLOCK	2	
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE
Residential:	27,417	\$25 90			
Converter Residential 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	y
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: Pay cable Pay cable—add'l channel Fire protection Burglar protection Installation: Residential First set	\$6.95 \$6.95	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	\$80 00 \$80 00		
 Additional set(s) FM radio (if separate rate) Converter 		Other services: "Reconnect "Disconnect "Outlet relocation Move to new address	\$20 00 \$90 00 \$20 00		

FORM SA3. PAGE	∃3 .						
LEGAL NAME OF OV	VNER OF CABLE SYSTEM	f.				Name	
Atlantic Telep	hone Membership	Corporation			3253		
In General: In carried by you FCC rules and 76.59(d)(2) and substitute pro Substitute basis under spart of the station was List the station was Column 1: I each multicas cast stream as WETA-simulca Column 2:	ir cable system dual regulations in ef de (4), 76.61 (e)(2) a gram basis, as ex Basis Stations: We be cific FCC rules, the station here in carried only on a ion here, and also urther information ist each station's testeam associates "WETA-2". Simulation ist).	every television uring the accountect on June 24 and (4), or 76.63 plained in the new lith respect to an regulations, or an space G—but substitute basis in space I, if the concerning substitute basis call sign. Do not ed with a station loast streams mumber the FCC	station (including ting period, exce, 1981, permitting (referring to 76.6 ext paragraph by distant stations; do list it in spaces station was carriestitute basis station to according to its ust be reported in the station of the station was assigned to th	pt (1) stations can g the carriage of 51(e)(2) and (4))]; c carried by your can e I (the Special S ed both on a sub- tions, see page (v on program services over-the-air des on column 1 (list eather the television state	ns and low power television stations) ried only on a part-time basis under certain network programs (sections and (2) certain stations carried on a lable system on a substitute program statement and Program Log)—if the stitute basis and also on some other of the general instructions. es such as HBO, ESPN, etc. Identify ignation. For example, report multipach stream separately; for example ation for broadcasting over-the-air in is may be different from the channel	G Primary Transmitters: Television	
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) "Eror the meaning of these terms see page (v) of the general instructions. 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. 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 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. 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, identify the line-up in the far right column here in Space G based on							
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		
WWAY	3	N	NO		WILMINGTON, NC		
WECT	6	N	NO		WILMINGTON, NC		
WSFX	26	N	NO		WILMINGTON, NC		
WUNJ	39	E	NO		WILMINGTON, NC		
WILM							
	:						

								FORM SA3. PAGE 4
Name	LEGAL NAME OF	OWNER OF CABL	E SYSTE	EM-				
Name	Atlantic Tele	phone Mem	bershi	p Corporation				3253
Н	in General: I	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.						
Transmitters: Radio	on the basis of For detailed in Column 1: Column 2: Column 3: signal, indica Column 4:	of monitoring information a lidentify the state whether the radio items by place the state this by place the state the state the state the state the state in the	, to be bout t call s her the station acing ation's	he system whenever it is received at the headend, when the Copyright Office reguign of each station carried estation is AM or FM. n's signal was electronically a check mark in the "S/D" of a location (the community with the community with t	ith the system's lations on this p processed by to column. which the stat	s FM antenna point, see pag the cable sy- ion is licens	a, duri ge (vi) stem a	ing certain stated intervals. of the general instructions. as a separate and discrete
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
			<u> </u>					
			 					
			-					

FORM SA3 PAGE 5.								
LEGAL NAME OF OWNER OF CABLE SYSTE	M:						Name	
Atlantic Telephone Membersh	ip Corpora	tion			3253			
SUBSTITUTE CARRIAGE: In General: In space I, identify a carried on a substitute basis du authorizations. For a further exp instructions.	every nonne	etwork televisio counting perio	<i>n program</i> broadcast by d. under specific prese	/ a <i>distant</i> s nt and form	ier FCC rules, reg	ulations, or 🕆	Substitute Carriage:	
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? Ves No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2.								
2. LOG OF SUBSTITUTE PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of period, was broadcast by a di station under certain FCC rule information. Do not use gener Love Lucy" or "NBA Basketba Column 2: If the program w Column 3: Give the call sign Column 4: Give the broadc the case of Mexican or Canadi Column 5: Give the month a first. Example: for May 7 give ' Column 6: State the times w to the nearest five minutes. Estated as "6:00–6:30 p.m." Column 7: Enter the letter "I to delete under FCC rules and gram was substituted for prog effect on October 19, 1976.	te program please atta every nonristant statises, regulatial all categorials 76 of the station and day who should be supported by the station of the station and day who should be supported by the supported by t	ach additional network televison and that you on an author es like "movies. Bulls." ast live, enter "ation broadcast's location (the s, if any, the coen your system bestitute program carried program carried program was in effect duri	pages. sion program (substitution cable system substitutions. See page (vi) s" or "basketball." List "Yes." Otherwise enter ting the substitute programmunity to which to mmunity with which the carried the substitute arm was carried by your ed by a system from 6 as substituted for program the accounting period as substituted for program the accounting period size as substituted for program the size as substituted for	e program) ituted for t of the ger specific pr "No." fram. he station is program. U cable syste :01:15 p.m	that, during the and the programming operal instructions ogram titles, for each selection of the identified). The senumerals, with the identified of the ide	accounting of another for further example, "I FCC or, in a the month accurately should be as required listed pro-		
SUE	STITUTE I	PROGRAM			SUBSTITUTE GE OCCURRED	7 REASON FOR		
1 TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION S CALL SIGN	4 STATION S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION		
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							FORM SA3	PAGI
Ma	LEGAL NAME OF OWNER	R OF CABLE SYSTEM	A :					
Name	Atlantic Telephon	e Membership	Corporation				3253	
J Part-Time Carriage Log	time carriage due hours your systen Column 1 (Cal column 5 of space Column 2 (Dat curred during the Give the month "4/10." State the startir of the televisior "app." Example	space ties in vito lack of action carried that I sign): Give the Given accounting potential and day when and and ending in station's brost if 12:30 a.m.	vated channel capa station. If you need the call sign of every soft carriage: For eriod, not the carriage occultimes of carriage to badcast day, you madcast day, you madcast day, app."	city, you more sp distant each sta rred. Use the nea ay give a	are required to opace, please atta station whose button, list the dat e numerals, with rest quarter housen approximate	complete this log ach additional parasis of carriage yes and hours whethe month first. In any case wheending hour, following	arriage as "LAC" fo giving the total date ges. you identified by "L en part-time carriag Example: for April 1 ere carriage ran to the bowed by the abbrew e: "5/10-5/14, 6:00	es ar AC" ge o ge o giv ne er viatio
			DATES AND HO	URS OF	PART-TIME CAI	RRIAGE		
		WHEN CA	ARRIAGE OCCURR	ED		WHEN CA	ARRIAGE OCCURR	ED
	CALL SIGN	DATE	HOURS FROM	TO	CALL SIGN	DATE	HOURS FROM	== T
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roniv.	SA3. PAGE 7.	Anna co	1
LEGA	NAME OF OWNER OF CABLE SYSTEM:		Name
Atla	ntic Telephone Membership Corporation	3253	
Inst all a (as i page	OSS RECEIPTS ructions: The figure you give in this space determines the form you file and mounts (gross receipts) paid to your cable system by subscribers for the system time space E) during the accounting period. For a further explanation (vii) of the general instructions. Fross receipts from subscribers for secondary transmission service(s) uring the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	stem's secondary transmission service n of how to compute this amount, see \$ 3,261,815.25	K Gross Receipts
Inst	PYRIGHT ROYALTY AND FILING FEES ructions: Use the blocks in this space L to determine the royalty fee you or	we:	L
· C	omplete block 1, showing your minimum fee. omplete block 2, showing whether your system carried any distant television system did not carry any distant television stations, leave block 3 blate from block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the companying this form and attach the schedule to your statement of accounts.	ink. Enter the amount of the minimum applicable parts of the DSE Schedule	Copyright Royalty Fee
b	part 8 or part 9, block A, of the DSE schedule was completed, the base r lock 3 below.		
3	part 6 of the DSE schedule was completed, the amount from line 7 of block below. $ \\$		
	part 7 or part 9, block B of the DSE schedule was completed, the surcha in block 4 below.	rge amount should be entered on line	
Block i	MINIMUM FEE: All cable systems with semiannual gross receipts of \$5; least the minimum fee, regardless of whether they carried any distant states 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.	tions. This fee is 1.064 percent of the 1,815 25	
	This is your minimum fee.	\$ 34 705 71	
Block 2 Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, sec 4, or part 9, block A of the DSE schedule. If none, enter zero	g "Yes" in column 4, you must check counting period? w blank and complete line 1, block 4.	
	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the D schedule. If none, enter zero	SE ▶	
	Line 3. Add lines 1 and 2 and enter here.	\$	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the mir from block 1 or the sum of the base rate fee/3.75 fee from block whichever is larger	nimum fee 3, line 3, 34 705 71	
	Line 2 SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from eit (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If n zero.	ther part 7 one, enter \$	Cable systems submitting additional deposits under
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page Worksheet)	▶ \$	Section 111(d)(7) should contact the Licensing
	Line 4. FILING FEE:	▶ \$725,00	Division for the
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIAD Add Lines 1, 2, 3 and 4 of block 4 and enter total here	\$ 35 430 71	appropriate form for submitting the
	Remit this amount via electronic payment payable to Register of Cojinstructions for more information)	oyrights. (See page (i) of the general	additional fees.

LEGAL NAME OF OWNER OF CABLE SYSTEM:	Name
Atlantic Telephone Membership Corporation	3253
CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried teleto its subscribers and (2) the cable system's total number of activated channels, during the an entire 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	vision broadcast stations accounting period.
INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Laura Graff	910-755-1782
Name Telephone :	Area code)
Email (optional) Igraff@atmc com Fax (optional) 910-755-187	1
lations, as explained in the general instructions.) 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 ic of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent the cable system as identified in line 1 of space B and that the owner is not a corporation (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the le 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 contained herein are true, complete, and correct to the best of my knowledge, information made in good faith. [18 U.S.C. sec. 1001]	dentified in line 1 of the owner of or partnership; or gal entity identified as
8/13/2018	tnership)
	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried telet to its subscribers and (2) the cable system's total number of activated channels, during the at 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 INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Laura Graff Telephone Address PO Box 3198 (Oity town state sip) Email (optional) Igraff@atmc com Fax (optional) Fax (optional) Part (agent of owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation ovner of the cable system as identified in line 1 of space B. I have examined the statement of account and hereby declare under penalty of law that al contained herein are true, complete, and correct to the best of my knowledge, information made in good faith. [18 U S C. sec. 1001] Handwritten signature: When Bresident, Accounting and Einance When Bresident, Accounting and Einance When Bresident, Accounting and Einance

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