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 | | | | | | | | |
| 8-30-21 | \$ 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 | ACCOUNTING PERIOD COVERED BY THIS STATEMENT: | | | | | | | | | | |
|-------------------|--|---------------------------------|------------------------------|---------------|--|--|--|--|--|--|--|
| Accounting Period | 2021/1 | | | | | | | | | | |
| B | Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. List any other name or names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. | | | | | | | | | | |
| | LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM | | | | | | | | | | |
| | Atlantic Broadband (Penn) LLC | | | | | | | | | | |
| | | | | 01063120211 | | | | | | | |
| | | | | 010631 2021/1 | | | | | | | |
| | 2 Batterymarch Park, Suite 205 Quincy, MA 02169 | | | | | | | | | | |
| С | INSTRUCTIONS: In line 1, give any business or trade names used to id | | | | | | | | | | |
| C | names already appear in space B. In line 2, give the mailing address of | the system, if diffe | erent from the address giver | ı in space B. | | | | | | | |
| System | 1 IDENTIFICATION OF CABLE SYSTEM: Atlantic Broadband | | | | | | | | | | |
| | MAILING ADDRESS OF CABLE SYSTEM: | | | | | | | | | | |
| | 2 (Number, street, rural route, apartment, or suite number) | | | | | | | | | | |
| | Johnstown, PA 15905 | | | | | | | | | | |
| | (City, town, state, zip code) | | | | | | | | | | |
| D Area | Instructions: For complete space D instructions, see page 1b. Identify with all communities. | only the frst comm | nunity served below and reli | st on page 1b | | | | | | | |
| Served | CITY OR TOWN | STATE | | | | | | | | | |
| First | Altoona | PA | | | | | | | | | |
| Community | Below is a sample for reporting communities if you report multiple cha | nnel line-ups in S _l | pace G. | | | | | | | | |
| | CITY OR TOWN (SAMPLE) | STATE | CH LINE UP | SUB GRP# | | | | | | | |
| Sample | Alda | MD | A | 1 | | | | | | | |
| • | Alliance | MD | B | 2 | | | | | | | |
| | Gering | 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 suffciency of the fling, a determination that would be made by a court of law.

FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 010631 Atlantic Broadband (Penn) LLC Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined 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 SUB GRP# CITY OR TOWN **STATE Altoona** PA 2 **First Allegheny Township** PA 2 Community **Antis Township** PA **Bellwood** PA 1 Birmingham Borough PA 1 **Blair Township** 2 PA See instructions for **Bloomfield Township** PA 2 additional information on alphabetization. **Broadtop, Bedford County** 2 PA 2 Cass PA Cassville 2 PA **Catherine Township** PA Add rows as necessary Clay PA **Duncansville** PA Frankstown Township PA 2 Freedom PA 2 Gallitzin PA 3 Greenfield 2 PA Hollidaysburgh PA 2 **Huston Township** 2 PA Juniata, Blair County PA 2 Kimmel Township 2 PA 2 Logan PA Mapleton PA Martinsburg PA Newry PA 2 **North Woodbury** PA 2 **Pavia** PA **Roaring Springs** PA 2 Saltillo PA **Snyder Township** PA **Spruce Creek** PA **Taylor** PΑ **Three Springs** 2 PA Todd PA **Tyrone** PA 1 2 Union PA

PA

PA

Warriors Mark

Wells, Huntingdon County

2

| l | Wood | PA | 2 | 1 |
|---|------------------------|----|------|----------|
| l | Woodbury, Blair County | PA | 2 | |
| | | | | |
| | | | | |
| | | | | |
| L | | | | <u> </u> |

Name
LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (Penn) LLC

010631

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

| BL | OCK 1 | BLOCK 2 | | | | | | |
|--|-------------|---------|-------|---------------------|--|-------------|----|--------|
| | NO. OF | | | | | NO. OF | | |
| CATEGORY OF SERVICE | SUBSCRIBERS | RATE | | CATEGORY OF SERVICE | | SUBSCRIBERS | | RATE |
| Residential: | | | | | | | | |
| Service to first set | 19,115 | \$ | 39.99 | Res Expanded | | 16,657 | \$ | 59.99 |
| Service to additional set(s) | | | | Digital Value | | 2,898 | \$ | 69.98 |
| FM radio (if separate rate) | | | | Digital Plus | | - | \$ | 109.97 |
| Motel, hotel | 79 | \$ | 39.99 | | | | | |
| Commercial | 931 | \$ | 39.99 | | | | | |
| Converter | | | | | | | | |
| Residential | | \$ | 14.99 | | | | | |
| Non-residential | | | | | | | | |
| | | 1 | | | | | | |

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

| | | BLOCK 2 | | | | | | | |
|---|---|-----------|-------------------------------|----|-------|-----|-----------|----|-------|
| CATEGORY OF SERVICE | F SERVICE RATE CATEGORY OF SERVICE RATE | | | | | | | F | RATE |
| Continuing Services: | | | Installation: Non-residential | | | | | | |
| Pay cable | 7.99 | 9 - 19.99 | Motel, hotel | | | НВ | 80 | \$ | 19.99 |
| Pay cable—add'l channel | | | Commercial | | | Cir | петах | \$ | 19.99 |
| Fire protection | | | Pay cable | | | Sh | owtime | \$ | 19.99 |
| Burglar protection | | | Pay cable-add'l channel | | | Мо | viePlex | \$ | 9.00 |
| Installation: Residential | | | Fire protection | | | 2 P | remium | \$ | 34.95 |
| First set | \$ | 50.00 | Burglar protection | | | 3 P | Premium | \$ | 49.95 |
| Additional set(s) | \$ | | Other services: | | | NF | L RedZone | \$ | 49.99 |
| FM radio (if separate rate) | | | Reconnect | \$ | 40.00 | | | | |
| Converter | | | Disconnect | | | | | | |
| | | | Outlet relocation | \$ | 40.00 | | | | |
| | | | Move to new address | \$ | 40.00 | | | | |
| | | | | | | | | | |

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010631 Atlantic Broadband (Penn) 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 **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 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 AA 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL SIGN **CHANNEL** OF (Yes or No) **CARRIAGE** NUMBER **STATION** (If Distant) **WATM** 12 Ν No Altoona, PA See instructions for **WJAC** 6 Ν No Johnstown, PA additional information n alphabetization. **WKBS** 5 No Altoona, PA ı WJAC - 2 15 No Johnstown, PA ı **WPSU** 3 Ε No Clearfield, PA WTAE 4 N Yes 0 Pittsburgh, PA **WTAJ** 10 Ν No Altoona, PA **WWCP** 8 Ν Johnstown, PA No WHVL 2 ı No State College, PA WINP Pittsburgh, PA 22 ı No

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (Penn) LLC

Name

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 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.

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G

Primary Transmitters: Television

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (Penn) LLC

Name

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 under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

- Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions 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 | IE-UP AC | | | |
| 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 | | |
| WATM | 12 | N | No | | Altoona, PA | | |
| WJAC | 6 | N | No | | Johnstown, PA | | |
| WKBS | 5 | I | No | | Altoona, PA | | |
| WJAC - 2 | 15 | I | No | | Johnstown, PA | | |
| WPSU | 3 | E | No | | Clearfield, PA | | |
| WTAE | 4 | N | No | | Pittsburgh, PA | | |
| WTAJ | 10 | N | No | | Altoona, PA | | |
| WWCP | 8 | N | No | | Johnstown, PA | | |
| WHVL | 2 | I | Yes | 0 | State College, PA | | |
| WINP | 22 | I | No | | Pittsburgh, PA | | |
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G

Primary Transmitters: Television

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4. LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 010631 Atlantic Broadband (Penn) LLC 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. **Primary** Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally 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 AM or FM S/D LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION NOAA FΜ STATE COLLEGE, PA RIS FΜ ALTOONA, PA WALY FΜ ALTOONA, PA **WAMO** FΜ PITTSBURGH, PA WAYC FΜ BEDFORD, PA **WBVE** FΜ BEDFORD, PA **WBXQ** FΜ CRESSON, PA FM **WDBA DUBOIS, PA WDUQ** FΜ PITTSBURGH, PA **WDVE** FΜ PITTSBURGH, PA WFGY FΜ ALTOONA, PA **WFRJ** JOHNSTOWN, PA FΜ **WGLU** FΜ JOHNSTOWN, PA **WGMR** FΜ TYRONE, PA **WJSM** FΜ MARTINGSBURG, PA **WKYE** FΜ JOHNSTOWN, PA WLTJ FΜ PITTSBURGH, PA **WMAJ** FΜ ALTOONA, PA WMTZ JOHNSTOWN, PA FΜ WORD FΜ PITTSBURGH, PA **WPRR** FΜ ALTOONA, PA **WPSU** FΜ STATE COLLEGE, PA **WQED** FΜ PITTSBURGH, PA **WQKK** FΜ EBENSBURGH, PA **WRRK** FΜ BRADDOCK, PA **WSHH** FΜ PITTSBURGH, PA **WSRA** FΜ **CENTRAL CITY, PA WTLR** FΜ STATE COLLEGE, PA **WVTY** FΜ PITTSBURGH, PA **WWSW** FΜ PITTSBURGH, PA **WXDX** PITTSBURGH, PA FΜ

FORM SA3E. PAGE 5. ACCOUNTING PERIOD: 2021/1

| TORWI SAJE. TAGE 3. | | | | | | ACCOUNTING | 11 LINIOD. 2021/1 | | | | | |
|---|---------------|-------------------|---|-----------------|-----------------------------|----------------------|-------------------|--|--|--|--|--|
| LEGAL NAME OF OWNER OF Atlantic Broadband (Po | | EM: | | | | SYSTEM ID# 010631 | 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? | | | | | | | | | | | | |
| 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 PROGRAMS | | | | | | | | | | | | |
| | | | ite line. Use abbreviations | wherever po | ssible. if their meaning | is | | | | | | |
| In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. | | | | | | | | | | | | |
| Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station | | | | | | | | | | | | |
| under certain FCC rules, re | | | | | | | | | | | | |
| SA3 form for futher informa | tion. Do no | t use general o | categories like "movies", o | | | | | | | | | |
| titles, for example, "I Love L | | | | l - " | | | | | | | | |
| | | | r "Yes." Otherwise enter "Nasting the substitute progra | | | | | | | | | |
| Column 4: Give the broa | idcast static | on's location (th | ne community to which the | station is lice | | 1 | | | | | | |
| the case of Mexican or Can | | | | | | anth. | | | | | | |
| first. Example: for May 7 give | | when your sys | tem carried the substitute | orogram. Use | e numerais, with the mo | oriuri | | | | | | |
| Column 6: State the time | es when the | | gram was carried by your | | | ely | | | | | | |
| to the nearest five minutes. | Example: a | a program carri | ed by a system from 6:01: | 15 p.m. to 6:2 | 28:30 p.m. should be | | | | | | | |
| stated as "6:00–6:30 p.m." Column 7: Enter the letter | er "R" if the | listed program | was substituted for progra | mming that | our system was requir | ed | | | | | | |
| to delete under FCC rules a | and regulati | ons in effect du | uring the accounting period | l; enter the le | etter "P" if the listed pro | | | | | | | |
| gram was substituted for pr | - | that your syste | em was permitted to delete | under FCC | rules and regulations in | ı | | | | | | |
| effect on October 19, 1976. | | | | | | | | | | | | |
| | LIBOTITLIT | E PROGRAM | 1 | | EN SUBSTITUTE | 7. REASON | | | | | | |
| TITLE OF PROGRAM | 2. LIVE? | 3. STATION'S | | 5. MONTH | 6. TIMES | FOR DELETION | | | | | | |
| 1. TITLE OF PROGRAM | Yes or No | CALL SIGN | 4. STATION'S LOCATION | AND DAY | FROM — TO | | | | | | | |
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ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

| Name | LEGAL NAME OF C | | | | | | | | S | 3YSTEM ID# 010631 | | | | |
|-----------------------------------|---|------|-----------------|-------|--|-----------|------|--------------|-----|----------------------|--|--|--|--|
| | | | | | | | | | | | | | | |
| J 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-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 column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." 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 | N CARRIAGE OCCU | JRRED | | | 13HW | N CARRIAGE O | CCU | RRED | | | | |
| | CALL SIGN | DATE | HOU | | | CALL SIGN | | Н | OUR | S | | | | |
| | | DATE | FROM | TO | | | DATE | FROM | | ТО | | | | |
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| LEG | IL NAME OF OWNER OF CABLE SYSTEM: | | SYSTEM ID# | Nama | | | | | | |
|--|---|-------------------|--------------------------|--|--|--|--|--|--|--|
| Atla | antic Broadband (Penn) LLC | | 010631 | Name | | | | | | |
| GROSS RECEIPTS Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$ 6,264,962.21 | | | | | | | | | | |
| IMP | ORTANT: You must complete a statement in space P concerning gross receipts. | (An | nount of gross receipts) | | | | | | | |
| InstruConConIf youfeeIf you | COPYRIGHT ROYALTY FEE Instructions: Use the blocks in this space L to determine the royalty fee you owe: Complete block 1, showing your minimum fee. Complete block 2, showing whether your system carried any distant television stations. If your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum fee from block 1 on line 1 of block 4, and calculate the total royalty fee. If your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule accompanying this form and attach the schedule to your statement of account. | | | | | | | | | |
| | rt 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be k 3 below. | entered on | line 1 of | | | | | | | |
| - | rt 6 of the DSE schedule was completed, the amount from line 7 of block C should be en low. | ntered on li | ne 2 in block | | | | | | | |
| ▶ If pa | rt 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount shou block 4 below. | ld be entere | ed on line | | | | | | | |
| Block 1 | 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 | \$ | 6,264,962.21 | | | | | | | |
| | Enter the result here. | | | | | | | | | |
| | This is your minimum fee. | \$ | 66,659.20 | | | | | | | |
| Block 2 | DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the 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 perio X Yes—Complete the DSE schedule. No—Leave block 3 below blank and column to the period of the period | n 4, you mu d? | st check | | | | | | | |
| 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 | \$ | 71,895.22 | | | | | | | |
| | Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero | _ | 0.00 | | | | | | | |
| | Line 3. Add lines 1 and 2 and enter here | \$ | 71,895.22 | | | | | | | |
| 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 | _\$ | 71,895.22 | Cable systems | | | | | | |
| | 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. | | 0.00 | submitting additional deposits under | | | | | | |
| | Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) | | | | | | | | | |
| | Line 4. FILING FEE | <u> \$</u> | 725.00 | additional fees. Division for the | | | | | | |
| | TOTAL ROYALTY AND FILING FEES DUE FOR ACCOUNTING PERIOD. Add Lines 1, 2 and 3 of block 4 and enter total here | \$ | 72,620.22 | appropriate form for submitting the additional fees. | | | | | | |
| | Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (S general instructions located in the paper SA3 form for more information.) | See page (i) | of the | | | | | | | |

| | LEGAL NAME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | | | | | | | | |
|---------------|--|----------------|--|--|--|--|--|--|--|--|
| Name | Atlantic Broadband (Penn) LLC | 010631 | | | | | | | | |
| | Andrew Discussific (1 offin) 220 | | | | | | | | | |
| | CHANNELS | | | | | | | | | |
| M | 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. | | | | | | | | | |
| Channels | | | | | | | | | | |
| | Enter the total number of channels on which the cable | 10 | | | | | | | | |
| | system carried television broadcast stations | | | | | | | | | |
| | 2. Enter the total number of activisted sharpels | | | | | | | | | |
| | Enter the total number of activated channels on which the cable system carried television broadcast stations | | | | | | | | | |
| | and nonbroadcast services | 227 | | | | | | | | |
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| N | INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual | | | | | | | | | |
| Individual to | we can contact about this statement of account.) | | | | | | | | | |
| Be Contacted | | | | | | | | | | |
| for Further | N. Detriel Duetten | 8800 | | | | | | | | |
| Information | Name Patrick Bratton releptione 617-786- | | | | | | | | | |
| | | | | | | | | | | |
| | Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) | | | | | | | | | |
| | | | | | | | | | | |
| | Quincy, MA 02169 (City, town, state, zip) | | | | | | | | | |
| | (Oity, town, state, zip) | | | | | | | | | |
| | Email pbratton@atlanticbb.com Fax (optional) | | | | | | | | | |
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| | CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulations.) | | | | | | | | | |
| 0 | | | | | | | | | | |
| 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 iden | tified | | | | | | | | |
| | 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 identifed 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)] | | | | | | | | | |
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| | /s/ Patrick Bratton | | | | | | | | | |
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| | 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 p | press the "F2" | | | | | | | | |
| | button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibility setting | | | | | | | | | |
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| | Typed or printed name: Patrick Bratton | | | | | | | | | |
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| | Title. Chief Financial Officer | | | | | | | | | |
| | Title: Chief Financial Officer (Title of official position held in corporation or partnership) | | | | | | | | | |
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| | Date: August 30, 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 sufficiency of the fling, a determination that would be made by a court of law.

| LEGAL NAME OF OWNER | R OF CABLE S | YSTEM: | | | SYSTEM ID# | |
|---|--|---|--|--|--|------------------------------------|
| Atlantic Broadba | | | | | 010631 | Name |
| The Satellite Home lowing sentence: "In determi service of p | e Viewer Actining the total providing se | et of 1988 amended T al number of subscrib condary transmission | itle 17, section of the gross and the gross of primary bro | SIPTS EXCLUSIONS 111(d)(1)(A), of the Copyrights amounts paid to the call padcast transmitters, the system of the control of the call padcast transmissions processes of the control of the call padcast transmissions processes of the call padca | ole system for the basic ystem shall not include sub- | Special Statement Concerning |
| For more informati paper SA3 form. | ion on wher | i to exclude these am | ounts, see the r | note on page (vii) of the ge | eneral instructions in the | Gross Receipts Exclusion |
| | | did the cable system of atellite dish owners? | exclude any am | ounts of gross receipts for | secondary transmissions | |
| X NO | | | | | | |
| YES. Enter the | e total here | and list the satellite c | arrier(s) below. | <u>\$</u> | | |
| Name Mailing Address | | | | Name Mailing Address | | |
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| INTEREST AS | SESSME | NTS | | | | |
| • | | | | nitted as a result of a late neral instructions in the pa | payment or underpayment. per SA3 form. | Q |
| Line 1 Enter the a | amount of la | ate payment or under | payment | | | Interest Assessment |
| Line 2 Multiply lin | ne 1 by the i | nterest rate* and ente | er the sum here | | | |
| Line 3 Multiply lin | ne 2 by the r | number of days late a | nd enter the sur | m here | x days x 0.00274 | |
| | - | 274** enter here and ge 7) | | 4, | \$ - (interest charge) | |
| | | chart click on www.co | | | or further assistance please | |
| ** This is the d | lecimal equi | valent of 1/365, which | n is the interest | assessment for one day la | te. | |
| • | - | - | | ount already submitted to tl unting period, and ID num | he Copyright Offce, ber as given in the original | |
| Owner Address | | | | | | |
| First community se Accounting period | ••••• | | | | | |

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: 2021/1

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 permitted 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.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE

SCHEDULE

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.

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.

| service areas (| or stations B, D, and E. | 1 |
|-----------------|----------------------------------|-----------|
| Santa Rosa | Stations A and C 35 mile zone | N |
| | Fairvale | F (|
| Rapid City | Bodega Bay | E \$ \$ E |
| ∖ an | ns B, D, d E le zone | |

| Distant Stations Carri | ied | 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 |

 Winimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6,324.00

| | | \$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: 2021/1

DSE SCHEDULE. PAGE 11. (CONTINUED)

| DOL GOTILDULL, FAGI | | | | | | STEM ID# | | | | |
|----------------------|--|---------------------|----------------------|----------|-----------|----------|--|--|--|--|
| 1 | LEGAL NAME OF OWNER OF CABLE SYSTEM: | | | | | | | | | |
| • | Atlantic Broadband (Penn) LLC 010 | | | | | | | | | |
| | SUM OF DSEs OF CATEGOR | Y "O" STATION | S: | | | | | | | |
| | Add the DSEs of each station | | | | | | | | | |
| | Enter the sum here and in line | 1 of part 5 of this | schedule. | | 2.25 | | | | | |
| | Instructions: | | | | | • | | | | |
| | In the column headed "Call Sign": list the call signs of all distant stations identified by the letter "O" in column 5 | | | | | | | | | |
| | of space G (page 3). | | | | | | | | | |
| | In the column headed "DSE": for each independent station, give the DSE as "1.0"; for each network or noncom- | | | | | | | | | |
| Category "O" | moreiai educational etation, giv | 0 1110 D 0 L 40 .E. | CATEGORY "O" STATION | IS: DSFs | | | | | | |
| Stations | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | | | | |
| | WPCW | 1.000 | | | | | | | | |
| | WTAE | 0.250 | | | | | | | | |
| | WHVL | 1.000 | | | | | | | | |
| | ******* | 1.000 | | | | | | | | |
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| Add rows as | | | | | | | | | | |
| necessary. | | | | | | | | | | |
| Remember to copy all | | | | | | | | | | |
| formula into new | | | | | | | | | | |
| rows. | | | | | | | | | | |
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| Name | | adband (Penn) LLC | | | | | S | 010631 |
|---|--|--|--|--|--|--|---|--------|
| Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel | Column 2 figure should Column 3 Column 4 be carried out Column 5 give the type- Column 6 | CAPACITY st the call sign of all distart: For each station, give the correspond with the inform of the correspond with the inform of the correspond with the inform of the corresponding to the corres | ne number of hour mation given in spot total number of mn 2 by the figure nal point. This is thation, give the "ty umn 4 by the figur | s your cable system ace J. Calculate on hours that the static in column 3, and go the "basis of carriage pre-value" as "1.0." | n carried the station carried the station one DSE for each properties of the result in devalue" for the state of the result in the state of the stat | on during the accounting ach station. r the air during the accouncecimals in column 4. This ation. t or noncommercial educations of the column 6. Round to no le | nting period. Ifigure must ational station, | |
| Capacity | | (| CATEGORY LA | AC STATIONS: | COMPUTATI | ON OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBE OF HOL CARRIE SYSTEN | R 3. JRS ED BY | NUMBER OF HOURS STATION ON AIR | 4. BASIS OF CARRIAG VALUE | 5. TYPE | 6. DS | SE |
| | | | ÷ | | = | x | = | |
| | | | ÷ ÷ | | = | x x | = | |
| | | | ÷ | | | x | = | |
| | | | ÷ | | = | x | = | |
| | | | ÷ | | _ | x | = | |
| | | | | | = | x x | = | |
| Computation of DSEs for Substitute-Basis Stations | Instructions: Column 1: Giv • Was carried tions in effe • Broadcast of space I). Column 2: at your option. Column 3: Column 4: | This figure should correst Enter the number of days Divide the figure in column to the figure in column. | art 5 of this schedulation listed in space tution for a programs shown by the leark programs during number of live, no spond with the infoin the calendar years 2 by the figure in | te I (page 5, the Log m that your system etter "P" in column 7 g that optional carria onnetwork programs ormation in space I. ear: 365, except in a n column 3, and giv | of Substitute Pro was permitted to of space I); and age (as shown by the carried in substitute a leap year. e the result in colu | delete under FCC rules and the word "Yes" in column 2 dution for programs that would be a Round to no less | and regular- of vere deleted |). |
| | | Sl | JBSTITUTE-B | ASIS STATION | S: COMPUTA | TION OF DSEs | | |
| | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE | 1. CALL SIGN | 2. NUMBER OF PROGRAMS | 3. NUMBER OF DAYS IN YEAR | 4. DSE |
| | | 4 | | = | | ÷ | | = |
| | | - | | = | | ÷ | | = |
| | | ÷ | | = | | ÷ | | = |
| | | - | | = | | - | | = |
| | Add the DSEs | of SUBSTITUTE-BASIs of each station. Im here and in line 3 of pa | S STATIONS: | | | 0.00 |] | |
| 5 | | ER OF DSEs: Give the amo | | es in parts 2, 3, and | 4 of this schedule | and add them to provide t | ne total | |
| Total Number | 1. Number | of DSEs from part 2 ● | | | | | 2.25 | |
| of DSEs | 2. Number | of DSEs from part 3 ● | | | | <u> </u> | 0.00 | |
| | 3. Number | of DSEs from part 4 ● | | | | - | 0.00 | |
| | TOTAL NUMBE | ER OF DSEs | | | | | | 2.25 |

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2021/1

| EGAL NAME OF C | WNER OF CABLE S | SYSTEM: | | | | | S | YSTEM ID# | |
|--|---|---|---|--|--|---|----------------------|--------------|--|
| Atlantic Broad | lband (Penn) L | LC | | | | | | 010631 | Name |
| nstructions: Blo | ck A must be comp | leted. | | | | | | | |
| n block A: If your answer if | "Yes " leave the re | mainder of pa | rt 6 and part 7 | of the DSE schedu | ıle blank and | complete part | 8 (page 16) of the | | 6 |
| schedule. | "No," complete blo | • | · | of the Boll conlege | no blank and | complete part | o, (pago 10) or are | | |
| ii your ariswer ii | No, complete blo | | | TELEVISION MA | ARKETS | | | | Computation of |
| | | utside of all ma | ajor and small | er markets as defin | ed under sect | tion 76.5 of FC | C rules and regula | tions in | 3.75 Fee |
| ffect on June 24, | | schodulo DC | | LETE THE REMAIN | IDED OF DA | DT 6 AND 7 | | | |
| | plete blocks B and | | NOT COMP | LLIL IIIL IXLIVIAII | IDEN OF PAI | VI O AND I. | | | |
| | | | N/ D 04 D | 24.05.05.05.05.0 | ###################################### | | | | |
| Column 1: | 12.60 | | | RIAGE OF PERM | | | | | |
| CALL SIGN | FCC rules and re | gulations prio e DSE Sched | r to June 25, 1 ule. (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 ru A Stations carrie 76.61(b)(c)] B Specialty statio | les and regula ed pursuant to on as defined | ations cited be the FCC mar in 76.5(kk) (76 | sis on which you can slow pertain to those ket quota rules [76. 6.59(d)(1), 76.61(e) 9(c), 76.61(d), 76.63 | e in effect on 3 57, 76.59(b), (1), 76.63(a) r | June 24, 1981. 76.61(b)(c), 76 referring to 76. | 5.63(a) referring to | | |
| | instructions fo E Carried pursua *F A station prev | r DSE schedu ant to individua viously carried HF station wit | le). al waiver of F(l on a part-tim hin grade-B c | e or substitute basis ontour, [76.59(d)(5) | s prior to June | e 25, 1981 | | | |
| Column 3: | | stations iden | tified by the le | parts 2, 3, and 4 of etter "F" in column 2 | | | rksheet on page 14 | of 3. DSE | |
| SIGN | BASIS | J. DOL | SIGN | BASIS | J. DOL | SIGN | BASIS | J. DOL | |
| WPCW WTAE | D D | 1.00 0.25 | | | | | | | |
| WHVL | A | 1.00 | | | | | | | |
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| | | | | | | | | 2.25 | |
| | | Е | BLOCK C: CO | OMPUTATION OF | 3.75 FEE | | | | |
| ne 1: Enter the | total number of I | DSEs from p | art 5 of this s | schedule | | | | | |
| | | | | | | | | | |
| ne 2: Enter the | sum of permitted | d DSEs from | block B abo | ve | | | | | |
| | | | | of DSEs subject t 7 of this schedule) | | ite. | | | |
| ne 4: Enter gro | oss receipts from | space K (pa | ge 7) | | | | x 0.03 | 375 | Do any of the DSEs represer partially |
| ne 5: Multiply li | ine 4 by 0.0375 a | nd enter sun | n here | | | | x | | permited/ partially nonpermitted |
| ne 6: Enter tota | al number of DSE | s from line 3 | ; | | | | | | carriage? If yes, see par 9 instructions |
| ine 7: Multiply I | ine 6 by line 5 and | d enter here | and on line 2 | 2, block 3, space L | _ (page 7) | | | 0.00 | |

| | FOWNER OF CABLE : adband (Penn) L | | | | | | S` | 4STEM ID# 010631 | Name |
|-----------------|--------------------------------------|----------|-----------------|-----------------------|-----------|-----------------|-----------------------|---------------------|----------------------|
| | | BLOCK | (A: TELEVIS | SION MARKETS | S (CONTIN | UED) | | | |
| 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 3.75 Fee |
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ACCOUNTING PERIOD: 2021/1

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (Penn) LLC 010631 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 Worksheet for stations carried prior to June 25, 1981, under former FCC rules governing part-time and substitute carriage.) 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 Carriage 76.59(d)(1),76.61(e)(1), or 76.63 (referring to 76.61(e)(1)). 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 1. CALL 2. PRIOR 3. ACCOUNTING 4. BASIS OF 5. PRESENT 6. PERMITTED SIGN DSF **PERIOD CARRIAGE** DSE DSE Instructions: Block A must be completed. 7 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? X 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** Was any station listed in block B of part 7 carried in any commu-Is any station listed in block B of part 6 the primary stream of a commercial 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 (Penn) LLC | 010631 | Name |
|---------------|--|------------|---------------------------|
| | BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE | | |
| Section 1 | Enter the amount of gross receipts from space K (page 7) | 264,962.21 | 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 any | y portion of the cable system within a top 50 television market as defined by the FCC? Yes—Complete section 3 below. | | 1 |
| | SECTION 3: TOP 50 TELEVISION MARKET | | ı |
| Section 3a | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Tyres—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. | | l |
| | A. Enter 0.00599 of gross receipts (the amount in section1) | | 1 |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | ı |
| | C. Subtract 1.000 from total permitted DSEs (the figure on | | ı |
| | line C in section 2) and enter here | | ı |
| | D. Multiply line B by line C and enter here | | 1 |
| | 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 | | 1 |
| Section 3b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. | | ı |
| | A. Enter 0.00599 of gross receipts (the amount in section 1) | | ı |
| | B. Enter 0.00377 of gross receipts (the amount in section 1) | | ı |
| | C. Multiply line B by 3.000 and enter here | | ı |
| | D. Enter 0.00178 of gross receipts (the amount in section 1) | | ı |
| | E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here | | ı |
| | F. Multiply line D by line E and enter here | | ı |
| | 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 | | l |
| | SECTION 4: SECOND 50 TELEVISION MARKET | | ı |
| 0" | Did your cable system retransmit the signals of any partially distant television stations during the accounting period? | | ı |
| Section 4a | X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. | | ı |
| | 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) | | l |
| | B. Enter 0.00189 of gross receipts (the amount in section 1) | | ı |
| | C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here | | ı |
| | D. Multiply line B by line C and enter here | | 1 |
| | 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 | | l |

| Name | | | SYSTEM ID# 010631 |
|---|--|--|----------------------|
| Computation of the Syndicated Exclusivity Surcharge | Section 4b | If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank. 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. 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) | |
| 8 Computation of Base Rate Fee | syndicated Exclusivity Surcharge. Syndicate S | rt w | |
| | | BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS 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. BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE | |
| | Section 2 Section 3 | Enter the amount of gross receipts from space K (page 7). 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.). 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) | 0.00 |

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2021/1

| _ | ME OF OWNER OF CABLE SYSTEM: | SYSTEM ID# | Name |
|-----------------------------|---|--------------------|---------------------------------------|
| Atlant | ic Broadband (Penn) LLC | 010631 | |
| Section 4 | If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank. | | _ |
| 4 | A. Enter 0.01064 of gross receipts | | 8 |
| | (the amount in section 1) > \$ | | |
| | B. Enter 0.00701 of gross receipts | | |
| | (the amount in section 1) \$ | | Computation of |
| | C. Multiply line B by 3.000 and enter here ▶\$ | | Base Rate Fee |
| | C. Wultiply life B by 3.000 and effect field | | |
| | D. Enter 0.00330 of gross receipts | | |
| | (the amount in section 1) \$ | | |
| | 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 \$ | | |
| | 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 | |
| | | | |
| | TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadd be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple chanr 3. | J | 9 |
| In Gen | eral: If any of the stations you carried were partially distant, the statute allows you, in computing your base rate fe | e, to exclude | Computation |
| | from subscribers located within the station's local service area, from your system's total gross receipts. To take on, you must: | advantage of this | of |
| CACIUSI | ni, you must. | | Base Rate Fee |
| | ivide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determin | | and Syndicated |
| | nd the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for | | Exclusivity |
| Finally | Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system. | | Surcharge for |
| also co | If any portion of your cable system is located within the top 100 television market and the station is not exempt in mpute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B t able system is wholly located outside all major television markets, complete block A only. | | Partially Distant Stations, and |
| How to | Identify a Subscriber Group for Partially Distant Stations | | for Partially Permitted |
| Step 1: carried | For each community served, determine the local service area of each wholly distant and each partially distant stoto that community. | ation you | Stations |
| outside | For each wholly distant and each partially distant station you carried, determine which of your subscribers were I the station's local service area. A subscriber located outside the local service area of a station is distant to that see 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 | t. Each | |
| | per group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note Will have only one subscriber group when the distant stations it carried have local service areas that coincide. | hat a cable | |
| Compu groups. | ting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys | stem's subscriber | |
| In each | section: | | |
| | y the communities/areas represented by each subscriber group. | | |
| | ne call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to a pers in the group. | all of the | |
| • If: | | | |
| , - | system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it schedule; or, | in parts 2, 3, and | |
| , . | ortion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in 6 of this schedule. | block B, | |
| • Add th | e DSEs for each station. This gives you the total DSEs for the particular subscriber group. | | |
| | ate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general paper SA3 form. | instructions | |
| Comp page. I DSEs for | the a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the naking this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (to that group's complement of stations and total gross receipts from the subscribers in that group). You do not not alculations on the form. | that is, the total | |

| Nome | LEGAL NAME OF OWNER OF CABLE SYSTEM: | STEM ID# |
|------|--|----------|
| Name | Atlantic Broadband (Penn) LLC | 010631 |
| | 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. | |
| | transmitter of an association representing the primary transmitter. | |
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| THIRD SUBSCRIBER GROUP THIRD SUBSCRIBER GROUP COMMUNITY/ AREA TOURTH SUBSCRIBER GROUP TO | otal DSES | | | | Total DSES | | | | |
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| CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE VHVL 1.00 | | THIRD | SUBSCRIBER GRO | UP | | FOURTH: | SUBSCRIBER GROL | JP | |
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| otal DSEs 1.00 Total DSEs 0.00 Gross Receipts Third Group \$ 2,038.55 Gross Receipts Fourth Group \$ 0.00 | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | |
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| | ın) LLC | | | | | 010631 | Name |
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| BLOCK | A: COMPUTATION (| OF BASE RA | ATE FEES FOR FAC | CH SUBSCRI | BER GROUP | | |
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| 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 Seco | ond Group | \$ | 0.00 | |
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| | | COMPUTATION C SUBSCRIBER GRO | | TE FEES FOR EACH | | IBER GROUP SUBSCRIBER GROU | JP | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts First G | roup | \$ 58 | 9,750.66 | Gross Receipts Secon | d Group | \$ 5,0 | 673,173.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Second | d Group | \$ | 0.00 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third G | Group | \$ | 2,038.55 | Gross Receipts Fourth | Group | \$ | 0.00 | |
| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Fourth | Group | \$ | 0.00 | |
| | | | | <u>II</u> | | | | |
| Base Rate Fee: Add the Enter here and in block | | | criber group a | s shown in the boxes ab | ove. | \$ | 0.00 | |

| Name | 010631 | | | | | | er of Cable nd (Penn) | Atlantic Broadbar |
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| Gross Receipts Third | l Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee Third | l Group | \$ | 0.00 | Base Rate Fee Fou | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group a | as shown in the boxes | above. | \$ | | |

| LEGAL NAME OF OWN Atlantic Broadba | | | | | | • | 010631 | Name |
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| Gross Receipts First | Group | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
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| | FIFTEENTH | SUBSCRIBER GRO | UP | | SIXTEENTH | SUBSCRIBER GRO | UP | |
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| Gross Receipts Third | Group | \$ | 0.00 | Gross Receipts Fou | rth Group | \$ | 0.00 | |
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| Base Rate Fee Third | Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| Base Rate Fee: Add Enter here and in blo | | | criber group a | as shown in the boxes | above. | \$ | | |

| 0 9 Computation E of Base Rate F and Syndicate | | BER GROUP SUBSCRIBER GROU | | TE FEES FOR EACH | F BASE RA | COMPLITATION O | | |
|--|--------|------------------------------|----------|-----------------------|---------------|----------------|----------|------------------------|
| Computation E of Base Rate F | | SUBSCRIBER GROU | | | DAOLIV | COMPUTATION | BLOCK A: | |
| Computation E of Base Rate F | ^ | OODOONIDEN ONOO | SHTEENTH | EIC | | SUBSCRIBER GRO | NTEENTH | |
| E of Base Rate F | U | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| and | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
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| <u>o</u> | 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | roup | Base Rate Fee First G |
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| 0 | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| 0 | 0.00 | \$ | Group | Base Rate Fee Fourth | 0.00 | \$ | Group | Base Rate Fee Third G |

| Name | 010631 | 5 | | | | | | LEGAL NAME OF OWNER Atlantic Broadband |
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| 9 | | SUBSCRIBER GROU | Y-SECOND | | | SUBSCRIBER GROU | TY-FIRST | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
| of | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN |
| Base Rate F | | | | | | | | |
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| | 0.00 | \$ | d Group | TWEN | IP | | | TWEN |
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| Name | 010631 | | | | | | id (Penn) | Atlantic Broadban |
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| Name | 010631 | S | | | | | | LEGAL NAME OF OWNER Atlantic Broadband |
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| Name | 910631 | S | | | | | | LEGAL NAME OF OWNER Atlantic Broadband | |
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| | 0.00 | | | Total DSEs | 0.00 | | | Total DSEs | |
| | 0.00 | S | Group | Total DSEs Gross Receipts Fourth | 0.00 | | Group | | |
| | 0.00 | \$ | Group | Total DSEs Gross Receipts Fourth | 0.00 | \$ | Group | Total DSEs Gross Receipts Third Gr | |

| LEGAL NAME OF OWNER Atlantic Broadband | | | | | | S | 010631 | Name |
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| | | | | TE FEES FOR EACH | | | | |
| | Y-NINTH | SUBSCRIBER GROU | | | | H SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
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| | | | | | | | | Base Rate Fee |
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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 | |
| FIF [*] | TY-FIRST | SUBSCRIBER GROU | IP | FIF. | TY-SECONE | SUBSCRIBER GROU | JP | |
| 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 Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee Third Gr | oup | \$ | 0.00 | Base Rate Fee Fourt | h Group | \$ | 0.00 | |
| Base Rate Fee: Add the Enter here and in block | | | iber group a | as shown in the boxes a | bove. | \$ | | |

| LEGAL NAME OF OWNE Atlantic Broadbar | | | - | | | \$ | 010631 | Name |
|--------------------------------------|-----------|----------------|------------|----------------------|-------------|-----------------|--------|--------------------------|
| | BLOCK A: | COMPUTATION (| OF BASE RA | TE FEES FOR EAC | H SUBSCR | IBER GROUP | | |
| | TY-THIRD | SUBSCRIBER GRO | | | | SUBSCRIBER GROU | JP | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | Computation |
| CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | CALL SIGN | DSE | of |
| | | | | | | | | Base Rate Fee |
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| Total DSEs | · | | 0.00 | Total DSEs | · | | 0.00 | |
| Gross Receipts First G | roup | \$ | 0.00 | Gross Receipts Sec | ond Group | \$ | 0.00 | |
| Base Rate Fee First G | roup | \$ | 0.00 | Base Rate Fee Sec | ond Group | \$ | 0.00 | |
| FI | FTY-FIFTH | SUBSCRIBER GRO | UP | | FIFTY-SIXTI | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | A | | 0 | |
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| Total DSEs | | | 0.00 | Total DSEs | | | 0.00 | |
| Gross Receipts Third (| Group | \$ | 0.00 | Gross Receipts Four | rth Group | \$ | 0.00 | |
| Base Rate Fee Third (| Group | \$ | 0.00 | Base Rate Fee Four | rth Group | \$ | 0.00 | |
| | | | | s shown in the boxes | above. | \$ | | |

| Name | 010631 | S | | | | | | LEGAL NAME OF OWNER Atlantic Broadband |
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| | | | | TE FEES FOR EACH | | | | |
| 9 | | SUBSCRIBER GROU | ΓΥ-EIGHTH | | | SUBSCRIBER GROU | SEVENTH | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Base Rate F | | | | | | | | |
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| Name | 010631 | s | | | | | | LEGAL NAME OF OWNER Atlantic Broadband |
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| 9 | | SUBSCRIBER GROU | Y-SECONE | | JP 0 | SUBSCRIBER GRO | TY-FIRST | |
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| | 0.00 | \$ | d Group | Base Rate Fee Secon | 0.00 | \$ | oup | Base Rate Fee First Gro |
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| LEGAL NAME OF OWNER Atlantic Broadband | | | | | | S | 010631 | Name |
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| | | | | TE FEES FOR EACH | SUBSCR | IBER GROUP | | |
| | TY-FIFTH | SUBSCRIBER GROU | | ii | IXTY-SIXTH | SUBSCRIBER GROU | | 9 |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 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 Gro | oup | \$ | 0.00 | Gross Receipts Secon | nd Group | \$ | 0.00 | |
| Base Rate Fee First Gro | oup | \$ | 0.00 | Base Rate Fee Secon | nd Group | \$ | 0.00 | |
| SIXTY-S | SEVENTH | SUBSCRIBER GROU | Р | SIX | TY-EIGHTH | SUBSCRIBER GROU | JP | |
| COMMUNITY/ AREA | | | 0 | COMMUNITY/ AREA | | | 0 | |
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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 | | | iber group a | as shown in the boxes al | bove. | \$ | | |

| Name | 010631 | S | | | | | d (Penn) | Atlantic Broadban |
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| 9 | IP | SUBSCRIBER GROU | VENTIETH | Si | JP | SUBSCRIBER GRO | TY-NINTH | SIX |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| Base Rate F | | | | | | | | |
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| | 0.00 | | - О.очр | Gross receipts occor | | - | | order redespite i met er |
| | 0.00 | \$ | | Base Rate Fee Secon | 0.00 | \$ | | |
| | 0.00 | \$ SUBSCRIBER GROU | d Group | Base Rate Fee Secon | - | | roup | 3ase Rate Fee First Gr |
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| | 0.00 | SUBSCRIBER GROU | d Group Y-SECOND | Base Rate Fee Secon SEVENT COMMUNITY/ AREA | JP 0 | \$ SUBSCRIBER GRO | roup | Base Rate Fee First Gr SEVEN COMMUNITY/ AREA |
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| | 0.00 | SUBSCRIBER GROU | d Group Y-SECOND | Base Rate Fee Secon SEVENT COMMUNITY/ AREA | JP 0 | \$ SUBSCRIBER GRO | roup | Base Rate Fee First Gr SEVEN COMMUNITY/ AREA |
| | 0.00 | SUBSCRIBER GROU | d Group Y-SECOND | Base Rate Fee Secon SEVENT COMMUNITY/ AREA | JP 0 | \$ SUBSCRIBER GRO | roup | Base Rate Fee First Gr SEVEN COMMUNITY/ AREA |
| | 0.00 | SUBSCRIBER GROU | d Group Y-SECOND | Base Rate Fee Secon SEVENT COMMUNITY/ AREA | JP 0 | \$ SUBSCRIBER GRO | roup | Base Rate Fee First Gr SEVEN COMMUNITY/ AREA |
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| | 0.00 | SUBSCRIBER GROU | d Group Y-SECOND DSE | Base Rate Fee Secon SEVENT COMMUNITY/ AREA CALL SIGN | JP 0 DSE | \$ SUBSCRIBER GRO | DSE | SEVEN COMMUNITY/ AREA CALL SIGN Total DSEs |
| | 0.00 | SUBSCRIBER GROU | d Group Y-SECOND DSE | Base Rate Fee Secon SEVENT COMMUNITY/ AREA CALL SIGN Total DSEs | DSE DSE DOMESTICATION OF THE PROPERTY OF THE P | SUBSCRIBER GRO CALL SIGN | DSE | SEVEN COMMUNITY/ AREA CALL SIGN |

| Name | 010631 | | | | | | R OF CABLE | Atlantic Broadban |
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| 9 | | SUBSCRIBER GROU | Y-FOURTH | ii — | | SUBSCRIBER GRO | ITY-THIRD | |
| Computation | 0 | | | COMMUNITY/ AREA | 0 | | | COMMUNITY/ AREA |
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| | 0.00 | \$ | d Group | Base Rate Fee Second | 0.00 | \$ | roup | 3ase Rate Fee First G |
| | SEVENTY-SIXTH SUBSCRIBER GROUP | | | | | SUBSCRIBER GRO | SEVEN | |
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| Base Rate Fee: Add the base rate fees for each subscriber group as shown in the boxes above. Enter here and in block 3, line 1, space L (page 7) \$ | |

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| ONE HUNDRED FIF | TY-NINTH | SUBSCRIBER GRO | UP | ONE HUNDRI | ED SIXTIETI | H SUBSCRIBER GRO | UP | | | | | |
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| Base Rate Fee Third G | Group | \$ | 0.00 | Base Rate Fee Four | th Group | \$ | 0.00 | | | | | |
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| Base Rate Fee: Add th Enter here and in block | | | criber group a | as shown in the boxes a | above. | \$ | | | | | | |

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