This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

## SA1-2E Short Form

STATEME	ENT OF ACCOUNT	FOR COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Seconda Cable Syste General instru	ry Transmissions by ms (Short Form) ctions are located of this workbook	DATE RECEIVED	AMOUNT    ALLOCATION NUMBER	<u>coplicsoa@loc.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
A	ACCOUNTING PERIOD COVERE	Period 1 = January 1 - June 30	<b>YYY/(Period))</b> Period 2 = July 1 - December 31	

	-		
A	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2021/1 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
• •		20211 Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
В		Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or names under which the owner conducts the business of the cable system.	
		If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	32958
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Atlantic Broadband (SC) LLC	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
		Quincy, MA 02169	
		(City, town, state, zip)	
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unl s already appear in space B. In line 2, give the mailing address of the system, if different from the address given in sp	
System	1	IDENTIFICATION OF CABLE SYSTEM:	
		Atlantic Broadband	
		MAILING ADDRESS OF CABLE SYSTEM:	
	2	520 Pine Log Road (Number, street, rural route, apartment, or suite number)	
		Aiken, SC 29803	
		(City, town, state, zip code)	

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Italilo	Atlantic Broadband (SC) LLC	32958
		A "community" is the same as a "community unit" as defined in FCC rules: "a
D		porated communities within unincorporated areas and including single, discrete
		you list will serve as a form of system identification hereafter known as the "first
	community." Please use it as the first community on all future filings.	
rea		s, or mobile home parks should be reported in parentheses below the identified
ved	city.	
	CITY OR TOWN	STATE
	City of Barnwell	SC
inity	Barnwell County	SC
	Blackville	SC
ecessary	Elko	SC
cessal y	Snelling	SC
	Williston	SC

	LEGAL NAME OF OWNER OF CA							FORM SA1-	2E. PAGE
Name	Atlantic Broadband (SC							515	3295
		, 220							
Е	SECONDARY TRANSMISSION								
-	In General: The information in s system, that is, the retransmission	•		Ũ		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period Number of Subscribers: Both						hla avatam	brokon	
Service: Sub- scribers and	down by categories of secondary	•							
Rates	each category by counting the n	•				•			
	separately for the particular serv							is and the	
	<b>Rate:</b> Give the standard rate c unit in which it is generally billed	-	-						
	category, but do not include disc	ounts allowed	for adva	nce payment.					
	Block 1: In the left-hand block	•		•					
	systems most commonly provide that applies to your system. <b>Not</b>								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca					in the count ur	nder "Servio	e to the	
	first set" and would be counted of Block 2: If your cable system					service that are	e different fi	rom those	
	printed in block 1 (for example, t	•							
	with the number of subscribers a	and rates, in th	e right-ha	and block. A tw	o- or three	e-word descript	ion of the s	ervice is	
	sufficient.	DCK 1					BLOCK	2	
		NO. OF						NO. OF	
	CATEGORY OF SERVICE Residential:	SUBSCRIB	ERS	RATE	CATE	GORY OF SEI	RVICE	SUBSCRIBERS	RAT
	Service to first set		808	39.99	Resider	ntial Expand	ed Basic	722	59.9
	Service to additional set(s)					inment +	ou Buon	771	29.9
	• FM radio (if separate rate)					BU Expande	d Basic	19	39.9
	Motel, hotel		7		Variety			98	49.9
	Commercial		57	39.99	Family	+		36	9.9
	Converter				Movie +	· Digital		182	29.9
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC		Nemice					-	
-	In General: Space F calls for rat					I your cable sys	stem's serv	ices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•				
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the						1'- <b>4</b> 1		
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and inclue	de the ra	te for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		ORY OF SERV		RATE	CATEGO	ORY OF SERVICE	RATE
	Continuing Services:     Pay cable	19.99		tion: Non-resided to the termination terminati Termination termination termination termination termination termination termination termination termination termi	dential		нво		19.9
	Pay cable—add'l channel	13.33		nmercial			Showti	ne	19.9
	Fire protection		_	cable			Cinema		19.9
	•Burglar protection		-	cable-add'l cha	annel		MovieP		9.0
	Burgiai protoction			protection			2 Premi		
	Installation: Residential			protootion					38.9
	<b>v</b> .	50.00		glar protection			3 Premi	um	•••••
	Installation: Residential	50.00 50.00	• Burę	•			5 FIEIII	um	•••••
	Installation: Residential <ul> <li>First set</li> </ul>		• Burç Other s	glar protection		40.00	5 Flein	um	38.9 55.9
	Installation: Residential • First set • Additional set(s)		• Burç <b>Other s</b> • Rec	glar protection		40.00	5 Freim	um	••••••
	Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	50.00	• Burg Other s • Rec • Disc • Outl	glar protection ervices: onnect		40.00 40.00 40.00	5 Freim	um	•••••

			SYSTEN
	C		32
<ul> <li>G carried by your cable system during the accounting period, exc FCC rules and regulations in effect on June 24, 1981, permittin 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 7 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant station basis under specific FCC rules, regulations, or authorizations:</li> <li>Do not list the station here in space G—but do list it in space station was carried only on a substitute basis.</li> <li>List the station here, and also in space I, if the station was carried only on a substitute basis statio Column 1: List each station's call sign. Do not report originatic multicast stream associated with a station according to its over "WETA-2" as the same on the form.</li> <li>Column 2: Give the channel number the FCC assigned to the of license. For example, WRC is channel 4 in Washington, D.C Column 3: Indicate in each case whether the station is a networ educational station, by entering the letter "N" (for network), "N-I (for independent multicast), "E" (for noncommercial educationa For the meaning of these terms, see page (iv) of the general in Column 4: Give the location of each station. For U.S. stations, FCC. For Mexican or Canadian stations, if any, give the name of the station is a network of the statican or Canadian stations, if any, give the name of the station of each station.</li> </ul>			
		ranslator stations and low power te	elevision stations)
e system during	the accounting period, except	(1) stations carried only on a part-t	ime basis under
e G, identify every television station (including translator stations and low power television stations) e system during the accounting period, except (1) stations carried only on a part-time basis under fations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (2)) certain stations carried on a basis, as explained in the next paragraph. tations: With respect to any distant stations carried by your cable system on a substitute program FCC rules, regulations, or authorizations: ion here in space G—but do list it in space I (the Special Statement and Program Log)—if the <i>only</i> on a substitute basis. e, and also in space I, if the station was carried both on a substitute basis and also on some other formation concerning substitute basis stations, see page (v) of the general instructions. thation's call sign. <i>Do not</i> report origination program services such as HBO, ESPN, etc. Identify each sociated with a station according to its over-the-air designation. For example, report multistream ime on the form. channel number the FCC assigned to the television station for broadcasting over the air in its community phe, WRC is channel 4 in Washington, D.C. in each case whether the station is a network station, an independent station, or a noncommercial by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" titcast), "E" (for nonommercial educational), or "E-M" (for noncommercial educational multicast). these terms, see page (iv) of the general instructions in the paper SA1-2 form. to catandian stations, if any, give the name of the community to which the station is identified. N <u>2. B'CAST CHANNEL NUMBER</u> <u>3. TYPE OF STATION</u> <u>4. LOCATION OF S</u> <u>33.3</u> <u>E</u> Allendale, SC <u>33.3</u> <u>E</u> Allendale, SC <u>33.3</u> <u>E</u> Allendale, SC <u>33.3</u> <u>E</u> Allendale, SC <u>33.3</u> <u>E</u> Allendale, SC <u>33.4</u> <u>N</u> Augusta, GA <u>4.1</u> <u>N</u> Augusta, GA			
		r(e)(2) and (4))], and (2) certain sta	
		rried by your cable system on a su	bstitute program
		e Special Statement and Program	Log)—if the
		beth an a substitute basis and als	
	• • •	-	•
	0	-air designation. For example, rep	ort multistream
	0	vision station for broadcasting over	the air in its community
•	<b>.</b>	station, an independent station, or a	a noncommercial
by entering the	letter "N" (for network), "N-M" (f	or network multicast), "I" (for indep	endent), "I-M"
			ional multicast).
location of eac	ch station. For U.S. stations, list	the community to which the station	
r Canadian stat	tions, if any, give the name of the	e community with which the station	n is identified.
N 2. B'	CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	30.4	N	Augusta, GA
	30.3	N	Augusta, GA
	6.1	E	Wrens, GA
	33.1	E	Allendale, SC
	33.2	E	Allendale, SC
	33.3	E	Allendale, SC
	54.1	Ν	Augusta, GA
	54.3	N	Augusta, GA
	54.2	N	Augusta. GA
		N	Augusta, GA
•			
		<u>N</u>	Augusta, GA
	12.1	N	Augusta, GA

EGAL NAME OF			ISIEW.					SYSTEM I
Atlantic Broa		) LLC						329
	every radio s	tation ca	rried on a separate and discre					н
eceivable if (1) on the basis of r For detailed info paper SA1-2 for Column 1: Id Column 2: St Column 3: If ignal, indicate t Column 4: Gi	it is carried by monitoring, to mation about m. entify the call tate whether the the radio stati this by placing ive the station	/ the sys be recei t the Co sign of e he statio on's sign g a check i's locatio	-Band FM Carriage: Under C tem whenever it is received at ved at the headend, with the s pyright Office regulations on the each station carried. n is AM or FM. hal was electronically processes mark in the "S/D" column. on (the community to which the	the system's heasystem's heasystem's FM anter his point, see page ed by the cable s e station is licens	adend, and (2 nna, during ce ge (v) of the ge ystem as a se sed by the FCC	) it can b ertain sta eneral in parate a	e expected, ated intervals. structions in the. nd discrete	Primary Transmitters Radio
		-				C/D		
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perio							FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF O		EM:					SYSTEM ID# 32958
Substitute	SUBSTITUTE CARRIAGE In General: In space I, identii substitute basis during the ac explanation of the programmi	fy every non counting pe	<i>network televisi</i> riod, under spe	<i>ion program,</i> broadcast by cific present and former FC	a <i>distant</i> statio C rules, regula	ations, or au	thorizations.	For a further
Carriage: Special Statement and Program Log	<ol> <li>SPECIAL STATEMENT</li> <li>During the accounting peribroadcast by a distant stat</li> <li>Note: If your answer is "No" log in block 2.</li> <li>LOG OF SUBSTITUTE</li> <li>In General: List each substiclear. If you need more spart Column 1: Give the title period, was broadcast by a under certain FCC rules, report on use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call se Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 give Column 6: State the time to the nearest five minutes.</li> </ol>	CONCERI od, did you ion? ', leave the <b>PROGRA</b> itute progra ce, please a of every nou distant stati gulations, o es like "mo" Bulls." n was broac sign of the s dcast static adian statio th and day e "5/7."	NING SUBST r cable system rest of this pag MS m on a separa add additional r nnetwork televi on and that you r authorizations vies" or "baske lcast live, enter station broadca n's location (th ns, if any, the o when your syst substitute pro	ITUTE CARRIAGE carry, on a substitute bas ge blank. If your answer is te line. Use abbreviations ows to the tables. ision program ("substitute ur cable system substitute s. See page (v) of the gen tball." List specific program r "Yes." Otherwise enter "I isting the substitute progra te community to which the community with which the tem carried the substitute gram was carried by your	"Yes," you mu "Yes," you mu wherever pos program") that d for the prog eral instructio n titles, for ex No." am. station is lice station is lice station is lice program. Use cable system	twork televi ust complete ssible, if their at, during the ramming of ns for furthe ample, "I Lo ensed by the ntified). e numerals, . List the tim	sion program YES e the progra ir meaning is e accounting i another sta er informatio ove Lucy" or e FCC or, in with the mole nes accurate	n X NO m s tion n.
	to delete under FCC rules a was substituted for program effect on October 19, 1976.	nd regulatio ming that y	ons in effect du	s permitted to delete unde	l; enter the lef er FCC rules a	tter "P" if the	TUTE	am 7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. 1 FROM	TIMES — TO —	DELETION
							— — —	
							— — —	
							_	

Accounting Period:	2021/1			FORMS	SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (SC) LLC			5	32958 SYSTEM ID#
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file an all amounts (gross receipts) paid to your cable system by subscribers for the s (as identified in space E) during the accounting period. For a further explanation page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period	ystem's see on of how to	condary transmi compute this a	ssion service mount, see \$20	<b>54,030.92</b> ross receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more in	but less tha	n \$527,600	63,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR I	ESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00			is six-month	
	Line 1. Royalty fee for accounting period				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin				0.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LES				
			. ,	00)	
	1. Base amount under statutory formula		•	•	
	2. Enter amount of gross receipts from space K				
	3. Subtract line 2 from line 1				
	4. Enter the amount of gross receipts from space K				
	5. Enter the amount from line 3				
	6. Subtract line 5 from line 4				
	7. Multiply line 6 by .005 (enter figure here)				
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8			
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263	8,800 (but	less than \$527	,600)	
	1. Enter the amount of gross receipts from space K	\$	264,030.92		
	2. Base amount under statutory formula	\$	263,800.00		
	3. Subtract line 2 from line 1	\$	230.92		
	4. Multiply line 3 by .01		\$	2.31	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8			0.00	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	, 5, and 6		\$	1,321.31
	FILING FEE AND TOTAL REMITTANCE DU	IE			
Film Film					
Filing Fee and Total Remittance Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)			1,321.31	
	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	1,341.31
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA1				jhts!

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7.
Name	LEGAL NAME OF OWNER Atlantic Broadband (					SYSTEM ID# 32958
M Channels		(2) the cable system's	total num	s on which the cable system carried televis per of activated channels during the accou e		8
	2. Enter the total numb on which the cable s	per of activated channe system carried televisio	els on broadca	ist stations		336
N Individual to Be Contacted	INDIVIDUAL TO BE C we can contact about t			RMATION IS NEEDED (Identify an individ	lual to whom	
for Further Information		ick Bratton atterymarch Park	Suite	205	Telephone	617-786-8800
	(Numb	er, street, rural route, apartr ncy, MA 02169 own, state, zip)	ment, or sui	e number)		
	Email	pbratton@atlant	ticbb.con	F	ax (optional	
O Certification	• I, the undersigned, here			ified and signed in accordance with Copyri <i>y one</i> , of the boxes.)	ight Office regulations)	
	(Agent of own	ner other than corpora	ation or pa	<ul> <li>) I am the owner of the cable system as iden</li> <li>rtnership) I am the duly authorized agent of</li> </ul>		
	X (Officer or pa			not a corporation or partnership; or ation) or a partner (if a partnership) of the leg	gal entity identified as owr	ner of the cable system
		correct to the best of m		lare under penalty of law that all statements ge, information, and belief, and are made in g		
			X	/s/ Patrick Bratton	v this statement.	
				ature using an "/s/ signature" (e.g., /s/ John S		
		Typed or printed	d name:	Patrick Bratton		
		Title: (Tit		Financial Officer position held in corporation or partnership)		
		Date:		A	August 30, 2021	

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	FORM SA1-2E. PAGE 8
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
antic Broadband (SC) LLC	32958
<ul> <li>SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS</li> <li>The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence:</li> <li>"In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119."</li> <li>For more information on when to exclude these amounts, see the note on page (vii) of the general instructions located in the paper SA1-2 form.</li> <li>During the accounting period, did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?</li> <li>X NO</li> <li>YES. Enter the total here and list the satellite carrier(s) below</li></ul>	P Special Statement Concerning Gross Receipts Exclusion
Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
x	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2       Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment
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Line 2 Multiply line 1 by the interest rate* and enter the sum here	Interest Assessment

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