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										
	, ,										
				06373620211							
				063736 2021/1							
	2 Batterymarch Park, Suite 205										
	Quincy, MA 02169										
	INSTRUCTIONS: In line 1, give any business or trade names used to id	lentify the busines	s and operation of the syste	m unless these							
С	names already appear in space B. In line 2, give the mailing address of										
System	1 IDENTIFICATION OF CABLE SYSTEM:										
	Atlantic Broadband										
	MAILING ADDRESS OF CABLE SYSTEM:										
	2 120 Southmont Blvd. (Number, street, rural route, apartment, or suite number)										
	Johnstown, PA 15905										
	(City, town, state, zip code)										
D	Instructions: For complete space D instructions, see page 1b. Identify	only the frst comm	nunity served below and reli	st on page 1b							
Area	with all communities.			-							
Served	CITY OR TOWN	STATE									
First	BERWICK	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	В	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.

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 063736 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 **BERWICK** PA 1 **First BEACH HAVEN** PA Α 1 Community **BENTON BORO** PA Α 1 **BENTON TWP** PA Α 1 **BLACK CREEK** PA Α 1 1 **BLACK CREEK TWP** PA Α See instructions for **BRIAR CREEK BORO** PA Α 1 additional information on alphabetization. **BRIAR CREED TWP** PA Α **CONYNGHAM** PA Α 1 **DAVIDSON TWP** PA 1 Α PA 1 DORRANCE Α Add rows as necessary. **FISHING CREEK TWP** PA Α **GREENWOOD TWP** PA Α 1 **HOLLENBACK TWP** PA Α 1 **HUNLOCK CREEK** PA Α 1 **JACKSON TWP** PA Α 1 **LARKSVILLE** Α 1 PA MIFFLIN TWP PA Α 1 **MILLVILLE** 1 PA Α N CENTRE TWP PA Α 1 **NESCOPECK BORO** Α 1 PA **NESCOPECK TWP** 1 PA Α **NEWPORT TWP** PA Α 1 **NORTH UNION TWP** PA Α **NUONGOLA** PA Α **ORANGEVILLE BORO** Α 1 PA **ORANGEVILLE TWP** PA Α 1 **PLYMOUTH TWP** 1 PA Α **RICE TWP** PA Α 1 **S CENTRE TWP** PA Α 1 1 **SALEM TWP** PA Α SHICKSHINNY PA Α 1 SLOCUM PA 1 Α 1 **STILLWATER** PA Α SUGARLOAF PA Α 1 **UNION TWP** PA 1

WAPWALLOPEN

Α

Α

PΑ

······································
······································

063736

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

Atlantic Broadband (Penn) LLC

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	SU	BSCRIBERS		RATE
Residential:								
 Service to first set 	7,089	\$	39.99	Res Expanded		6,178	\$	59.99
 Service to additional set(s) 				Digital Value		1,675	\$	29.99
 FM radio (if separate rate) 				Digital Plus		421	\$	9.99
Motel, hotel	47	\$	39.99	HD Ultra		109	\$	9.99
Commercial	210	\$	39.99					
Converter								
Residential	497	\$	4.99					
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 1						BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVICE RATE			CATEGORY OF SERVICE	F	RATE
Continuing Services:		Installation: Non-residential						
Pay cable	7.99 - 19.	• Motel, hotel				Expanded Basic	\$	59.99
 Pay cable—add'l channel 		Commercial				Digital Basic	\$	29.99
Fire protection		• Pay cable				Digital Plus	\$	9.99
 Burglar protection 		Pay cable-add'l channel				HD Ultra	\$	9.99
Installation: Residential		Fire protection						
• First set	\$ 50.	• Burglar protection						
 Additional set(s) 	\$ 40.	00 Other services:						
 FM radio (if separate rate) 		Reconnect	\$	40.00				
Converter		Disconnect						
		Outlet relocation	\$	20.00				
		 Move to new address 	\$	40.00				

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063736 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 A 2. B'CAST 3. TYPE 4. DISTANT? 5. BASIS OF 6. LOCATION OF STATION 1. CALL CARRIAGE SIGN **CHANNEL** OF (Yes or No) NUMBER **STATION** (If Distant) **WBRE** 28 Ν No WILKES BARRE, PA WBRE.2 No **WILKES BARRE, PA** 28.2 I-M See instructions for WBRE.3 28.3 I-M No **WILKES BARRE, PA** additional information n alphabetization. **WNEP** 16 Ν No SCRANTON, PA WNEP.2 16.2 I-M No SCRANTON, PA No WOLF 56 Ν No HAZELTON, PA **WQMY** 53 I WILLIAMSPORT, PA No WQPX 64 No SCRANTON, PA ı **WSWB** SCRANTON, PA 38 No WSWB.2 38.2 I-M SCRANTON, PA No WSWB.3 38.3 I-M No SCRANTON, PA WSWB.4 38.4 I-M SCRANTON, PA No **WVIA** Ε 44 No SCRANTON, PA WVIA.2 SCRANTON, PA 44.2 E-M No WVIA.3 E-M SCRANTON, PA 44.3 No **WWOR** SECAUCUS, NJ 9 ı Yes 0

FORM SA3E. PAGE 3.						,				
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name				
Atlantic Broadb	and (Penn)	LLC			063736					
PRIMARY TRANSMITTE	RS: TELEVISIO	N								
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, a basis. For further in in the paper SA3 for	and also in spa formation conc rm.	ce I, if the sta erning substit	ute basis statior	ns, see page (v) o	ute basis and also on some other f the general instructions located					
each multicast stream	associated with	n a station acc	cording to its over	er-the-air designa	s such as HBO, ESPN, etc. Identify tion. For example, report multi- n stream separately; for example					
Column 2: Give the its community of licens on which your cable sy	e. For example stem carried th	e, WRC is Cha e station.	annel 4 in Wash	ington, D.C. This	on for broadcasting over-the-air in may be different from the channel					
educational station, by (for independent multic For the meaning of the	entering the le cast), "E" (for no se terms, see p	tter "N" (for ne oncommercial page (v) of the	etwork), "N-M" (f educational), or e general instruc	or network multica r "E-M" (for nonco tions located in th	pendent station, or a noncommercial ast), "I" (for independent), "I-M" mmercial educational multicast). he paper SA3 form. s". If not, enter "No". For an ex-					
planation of local service Column 5: If you ha	ce area, see pa ave entered "Ye	age (v) of the es" in column	general instructi 4, you must con	ons located in the						
carried the distant stati For the retransmiss	on on a part-tir ion of a distant	ne basis beca multicast stre	ause of lack of a eam that is not s	ctivated channel on the court of the court o						
tion "E" (exempt). For s explanation of these th Column 6: Give the	simulcasts, also ree categories, location of ea	enter "E". If y see page (v) ch station. Fo	you carried the o of the general in r U.S. stations, I	channel on any oth nstructions locate list the community	y transmitter, enter the designa- her basis, enter "O." For a further d in the paper SA3 form. to which the station is licensed by the which the station is identifed.					
Note: If you are utilizing	g multiple char	inel line-ups,	use a separate s	space G for each	channel line-up.					
	T	CHANN	EL LINE-UP	Α						
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION					
WYLN	36	I	No	(II DISIAIII)	HAZELTON, PA					
WYOU	22	N	No		SCRANTON, PA					
WYOU (2)	109	N	No		SCRANTON, PA					

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name 063736 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

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		ЕМ:				SYSTEM ID# 063736	Namo			
SUBSTITUTE CARRIAGE	E: SPECIA	L STATEMEN	NT AND PROGRAM LOG	ì						
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	CONCER	NING SUBST	TITUTE CARRIAGE				Carriage: Special			
	• During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program									
Note: If your answer is "No log in block 2.	", leave the	rest of this pag	ge blank. If your answer is	'Yes," you m	ust complete the progra	am	Program Log			
2. LOG OF SUBSTITUTE	PROGRA	MS								
In General: List each subst				wherever po	ssible, if their meaning	is				
clear. If you need more spa			al pages. ision program (substitute p	roaram) that	during the accounting					
period, was broadcast by a						ation				
under certain FCC rules, re	gulations, c	or authorization	s. See page (vi) of the ger	eral instructi	ons located in the pape	er				
SA3 form for futher informa titles, for example, "I Love L	tion. Do no	ot use general α RA Baskethall·	categories like "movies", oi 76ers vs. Bulls "	"basketball"	. List specific program					
			r "Yes." Otherwise enter "N	o."						
	•		asting the substitute progra		d bth - FOO i-					
the case of Mexican or Can			ne community to which the community with which the							
Column 5: Give the mon	th and day		tem carried the substitute p			nth				
first. Example: for May 7 giv		substitute nro	gram was carried by your	ahle system	List the times accurate	alv				
to the nearest five minutes.						Siy				
stated as "6:00-6:30 p.m."	"D" :f 4l					1				
to delete under FCC rules a			was substituted for progra			eu				
gram was substituted for pr	ogramming					ı				
effect on October 19, 1976.										
	LIDOTITUT				EN SUBSTITUTE	7. REASON				
	2. LIVE?	E PROGRAM 3. STATION'S		5. MONTH	6. TIMES	FOR DELETION				
TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	BEELTION	1			
					_					
					_					
					_					
ļ										
					_					
					_					
	 	 	 							

ACCOUNTING PERIOD: 2021/1 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (Penn) LLC 063736 PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-J time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in Part-Time column 5 of space G. Carriage Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage oc-Log curred during the accounting period. · Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give • State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m.- 3:15 a.m. app." You may group together any dates when the hours of carriage were the same. Example: "5/10-5/14, 6:00 p.m.-12:00 p.m." DATES AND HOURS OF PART-TIME CARRIAGE WHEN CARRIAGE OCCURRED WHEN CARRIAGE OCCURRED **CALL SIGN CALL SIGN** HOURS HOURS DATE **FROM** TO DATE **FROM** TO

	AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID# 063736	Name				
Atla	antic Broadband (Penn) LLC		003730					
Inst all a (as	OSS RECEIPTS ructions: The figure you give in this space determines the form you fle and the amount you mounts (gross receipts) paid to your cable system by subscribers for the system's second identified in space E) during the accounting period. For a further explanation of how to core (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s)	dary tr	ansmission service	K Gross Receipts				
IMP	during the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.		(Amount of gross receipts)					
 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. 								
	art 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be ε k 3 below.	entere	d on line 1 of					
	art 6 of the DSE schedule was completed, the amount from line 7 of block ${\sf C}$ should be enterlow.	tered o	on line 2 in block					
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should block 4 below.	d be ei	ntered on line					
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more a least the minimum fee, regardless of whether they carried any distant stations. This fee is 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		\$ 2,247,610.13					
	Enter the result here. This is your minimum fee.	\$	23,914.57					
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the ir space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in column "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period X Yes—Complete the DSE schedule. 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	า 4, you d?	u must check					
3	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	\$	23,914.57					
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		\$ 23,914.57	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		0.00	submitting additional				
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	deposits under Section 111(d)(7) should contact the Licensing				
	Line 4. FILING FEE		\$ 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	\$	24,639.57	appropriate form for submitting the additional fees.				
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (Se general instructions located in the paper SA3 form for more information.)	ee pag	e (i) of the	200.00000000000000000000000000000000000				

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Atlantic Broadband (Penn) LLC	063736
М	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast sta	tions
Channels	to its subscribers and (2) the cable system's total number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable	
	system carried television broadcast stations	19
	2. Enter the total number of activated channels	
	on which the cable system carried television broadcast stations and nonbroadcast services	228
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
Be Contacted for Further Information	Name Patrick Bratton Telephone 6'	17-786-8800
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)	
	Quincy, MA 02169 (City, town, state, zip)	
	Email pbratton@atlanticbb.com Fax (optional)	
0	CERTIFICATION (This statement of account must be certifed and signed in accordance with Copyright Office regulation	ons.)
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 identifed 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 in line 1 of space B and that the owner is not a corporation or partnership; or	em as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identifed as owner of in line 1 of space B.	f the cable system
	I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here 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)]	ein
	X /s/ Patrick Bratton	
	Enter an electronic signature on the line above using an "/s/" signature to certify this statement. (e.g., /s/ John Smith). Before entering the first forward slash of the /s/ signature, place your cursor in the button, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotus compatibit	
	Typed or printed name: Patrick Bratton	
	Title: Chief Financial Officer (Title of official position held in corporation or partnership)	
	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	OF CABLE SYSTEM:			SYSTEM ID#	
Atlantic Broadba				063736	Name
The Satellite Hom lowing sentence: "In determ service of	e Viewer Act of 1988 ame ning the total number of s roviding secondary trans	ended Title 17, section subscribers and the grossmissions of primary bro	EIPTS EXCLUSIONS 111(d)(1)(A), of the Copyrion ss amounts paid to the cab adcast transmitters, the system secondary transmissions p	le system for the basic stem shall not include sub-	P Special Statement Concerning
paper SA3 form.			note on page (vii) of the ge		Gross Receipts Exclusion
	ing period did the cable arriers to satellite dish ow		ounts of gross receipts for	secondary transmissions	
X NO					
YES. Enter th	e total here and list the sa	atellite carrier(s) below.	<u>\$</u>		
Name Mailing Address			Name Mailing Address		
INTEREST AS	SESSMENTS				
•			nitted as a result of a late peneral instructions in the pa	payment or underpayment. per SA3 form.	Q
Line 1 Enter the	mount of late payment o	r underpayment			Interest Assessment
Line 2 Multiply lir	e 1 by the interest rate* a	and enter the sum here	······ <u>·</u>	x 1% -	
Line 3 Multiply lir	e 2 by the number of day	s late and enter the sur	m here	x days x 0.00274	
	e 3 by 0.00274** enter he pace L, (page 7)			\$ - (interest charge)	
	nterest rate chart click on icensing Division at (202		ensing/interest-rate.pdf. Fo @loc.gov.		
** This is the o	ecimal equivalent of 1/36	5, which is the interest	assessment for one day la	re.	
· ·	-	-	ount already submitted to the unting period, and ID numb		
Owner Address					
First community s Accounting period ID number	rved				

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 11. (CONTINUED)

1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC									
	SUM OF DSEs OF CATEGORY "O" STATIONS:									
	Add the DSEs of each station									
	Enter the sum here and in line		schedule.		1.00					
		. o. pa o o. ao	5511544151							
2	Instructions: In the column headed "Call S	i gn": list the cal	I signs of all distant stations i	dentified by the	e letter "O" in column 5					
	of space G (page 3).			#4.6P						
	In the column headed "DSE" mercial educational station, give			as "1.0"; for ea	ach network or noncom-					
Category "O"	merciai educationai station, givi	e the DSE as .2	CATEGORY "O" STATION	IQ: DQEa						
Stations	CALL SIGN	DSE	CALL SIGN	DSE DSE	CALL SIGN	DSE				
Stations	WWOR	1.000	CALL SIGN	DSE	CALL SIGN	DSE				
	WWOR	1.000								
Add rows as										
Add rows as										
necessary. Remember to copy all										
formula into new										
rows.										
TOWS.										
				<u> </u>		 				
				 						
										

	 P	p	 	

Name		wner of cable system: dband (Penn) LLC					S	963736
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2: figure should c Column 3: Column 4: be carried out Column 5: give the type-v Column 6:	t the call sign of all distar For each station, give the correspond with the inform For each station, give the Divide the figure in colu- at least to the third decim For each independent stalue as ".25."	ne number of the mation given in the total number mn 2 by the figural point. This station, give the fumn 4 by the fumn 4 by the	nours your cable system space J. Calculate on er of hours that the statigure in column 3, and g is the "basis of carriage e "type-value" as "1.0."	n carried the stati- ily one DSE for ea on broadcast ove jive the result in de e value" for the st For each network	on during the accounting pach station. If the air during the accounting the acco	nting period. figure must tional station,	
Capacity			CATEGOR	Y LAC STATIONS:	COMPUTATI	ON OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEN	JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OF CARRIAG VALUE	SE VALUE	6. DS	E
			- +			x x		
			÷		=	x	=	
			÷		=	x	=	
			÷		=	x		
			÷		=	x x		
			÷		=	x	=	
Computation of DSEs for Substitute-Basis Stations	Instructions: Column 1: Give • Was carried tions in effee • Broadcast or space I). Column 2: F at your option. T Column 3: E Column 4: E	e the call sign of each state by your system in substict on October 19, 1976 (and or more live, nonnetwork for each station give the This figure should correst the number of days Divide the figure in column	ation listed in s tution for a pro- as shown by the ork programs d number of live spond with the in the calenda in 2 by the figu	space I (page 5, the Log ogram that your system ne letter "P" in column 7 uring that optional carri e, nonnetwork programs information in space I. ar year: 365, except in a tre in column 3, and giv	g of Substitute Pro was permitted to of space I); and age (as shown by the secarried in substitute a leap year. the the result in col	ograms) if that station: delete under FCC rules a the word "Yes" in column 2 c tution for programs that w umn 4. Round to no less t te general instructions in t	ind regular- if ere deleted han the third).
	accimiai pointi i		`				рарог от 10 топп	<i>,</i> .
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMB OF DA' IN YEA	YS	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		:		=		÷		=
		-		=		÷		=
			-			+		=
			+	=		÷		=
		+	÷	=		÷		=
	Add the DSEs of	OF SUBSTITUTE-BASIS of each station. on here and in line 3 of pa				0.00		
5		R OF DSEs: Give the amo		boxes in parts 2, 3, and	4 of this schedule	and add them to provide th	ne total	
Total Number	1. Number	of DSEs from part 2 ●				>	1.00	
of DSEs	2. Number	of DSEs from part 3 ●				<u> </u>	0.00	
	3. Number	of DSEs from part 4 ●				>	0.00	
								
	TOTAL NUMBER	R OF DSEs						1.00

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

LEGAL NAME OF O							S	YSTEM ID# 063736	Name
Instructions: Bloc In block A: • If your answer if ' schedule. • If your answer if '	'Yes," leave the re	mainder of pa	·	of the DSE schedu	ıle blank and	complete part t	8, (page 16) of the		6
			BLOCK A:	TELEVISION MA	ARKETS				Computation of 3.75 Fee
effect on June 24,	1981?	schedule—D0	•	er markets as defin LETE THE REMAIN			C rules and regula	tions in	0.70100
		BLO	CK B: CARF	RIAGE OF PERM	/IITTED DS	Es			
Column 1: CALL SIGN	FCC rules and re	gulations prio e DSE Sched	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 station	ns, see the	,	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru A Stations carrie 76.61(b)(c)] B Specialty static C Noncommerica D Grandfathered instructions fo E Carried pursua *F A station previous	les and regular de pursuant to a sedimed al educational station (76.6 r DSE scheduant to individuationally carried HF station with	titions cited be the FCC mar in 76.5(kk) (76 station [76.59 5) (see paragr le). al waiver of FC on a part-tim hin grade-B c	e or substitute basis ontour, [76.59(d)(5)	e in effect on was to see in effect on was 57, 76.59(b), (1), 76.63(a), (a) referring the stitution of grades prior to June	June 24, 1981. 76.61(b)(c), 76 referring to 76.4 to 76.61(d)] andfathered sta	.63(a) referring to 61(e)(1) tions in the		
Column 3:		stations iden	tified by the le	parts 2, 3, and 4 of tter "F" in column 2			ksheet on page 14	of	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WWOR	Α	1.00							
								1.00	
		Е	LOCK C: CC	OMPUTATION OF	3.75 FEE				
Line 1: Enter the	total number of I	OSEs from p	art 5 of this s	schedule					
Line 2: Enter the	sum of permitted	d DSEs from	block B abo	ve					
				of DSEs subject t 7 of this schedule)		ate.			
Line 4: Enter gro	ss receipts from	space K (pa	ge 7)				x 0.03	375	Do any of the DSEs represent
Line 5: Multiply li	ne 4 hv 0 0375 a	nd enter sun	n here				X 0.03		partially permited/
Line 6: Enter tota	·						х		partially nonpermitted carriage? If yes, see part
				2. block 3. space L	(0.00	9 instructions.

	OWNER OF CABLE S							YSTEM ID# 063736	Name
				SION MARKETS					•
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation of 3.75 Fee
									5 6

ACCOUNTING PERIOD: 2021/1

Name	LEGAL NAME OF OWN Atlantic Broadb								SYSTEM ID#
	Atlantic Broads	and (Penn	LLC						063736
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried prio Column 1: List the of Column 2: Indicate the Column 3: Indicate the Column 4: Indicate the (Note that the FC A—Part-time spentific the column 5: S—Substitute cannot be column 5: Indicate the Column 6: Compare in the	r to June 25, and sign for each eacounting the basis of cacc rules and recipitation (6.59 (d) (1), 76 (o) (6.61 (e) (3)). The station's Details and recipitation of the station's Details and the statio	1981, under former ch distant station id is station for a singly period and year in uriage on which the egulations cited belinming: Carriage, on .61(e)(1), or 76.63 (arriage under FCC certain FCC rules, restions in the paper S SE for the current ares listed in columnin 3 of part 6 for this u give in columns 2	FCC rules gover entifed by the let le accounting per which the carriage station was carrow pertain to the a part-time basi referring to 76.6 rules, sections 7 rules, sections, or au SA3 form. accounting periods 2 and 5 and lists station.	ning ter "Friod, ge an ried be see in s, of 11(e)(16.59 thorized as of the the see in t	ed by the letter "F" in part-time and substit F" in column 2 of part occurring between Jand DSE occurred (e.gov) listing one of the form effect on June 24, 1 specialty programmin 1)). (d)(3), 76.61(e)(3), or zations. For further ecomputed in parts 2, smaller of the two figure and is subject.	tute carriage t 6 of the DS anuary 1, 1! g., 1981/1). bllowing lett 1981.) ng under For r 76.63 (refor xplanation, 3, and 4 of gures here.	e.) SE schedule. 978 and June 30, 19 ers: CC rules, sections erring to see page (vi) of the this schedule. This figure should be	981.
		PERMIT	TED DSE FOR STA	ATIONS CARRIE	D O	N A PART-TIME ANI	D SUBSTIT	UTE BASIS	
	1. CALL	2. PRIC		COUNTING		4. BASIS OF			6. PERMITTED
	SIGN	DSE	P	ERIOD		CARRIAGE	I	DSE	DSE
7	Instructions: Block A	must be com	pleted						
7	In block A:		protou.						
Computation			te blocks B and C, I						
of the	If your answer is	"No," leave blo	ocks B and C blank	and complete pa	art 8	of the DSE schedule	١.		
Syndicated			BLOC	K A: MAJOR	TEL	EVISION MARKE	ĒΤ		
Exclusivity		-1-1	ithin - t 100i-			d-fd b	E - 1 E 0 0	l :#+ l 04	40040
Surcharge	• Is any portion of the o	-		r television marke	et as			ies in effect June 24	, 1981?
	Yes—Complete	blocks B and	C .		L	No—Proceed to	part 8		
	DI OCK Di C	arriage of VIII	-/Crada B Cantaur	Ctations		DI OCK	C. Campu	tation of Evennt D	250
			F/Grade B Contour		╢		· · ·	tation of Exempt D	
	Is any station listed in commercial VHF station					as any station listed ty served by the cable		•	,
	or in part, over the cal		a grade b contour,	iii wiiole	111	former FCC rule 76.		ioi to March 31, 19	72: (Telel
	Yes—List each st	ation below with	h its appropriate perm	nitted DSE		Yes—List each sta	ation below w	rith its appropriate pe	rmitted DSE
	X No—Enter zero a	nd proceed to p	art 8.			X No—Enter zero an	d proceed to	part 8.	
			1				Ī	T	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIGN	DSE
				<u></u>			ļ		
		l		<u>.</u>			l		
				<u></u>					
				<u> </u>					
			TOTAL DSEs	0.00	\parallel			TOTAL DSEs	0.00

Section Enter the amount of gross receipts from space K (page 7) \$ 2,247,810.13	LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 063736	Name
In white the amount of given keepisk trom space it, plage it)		BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
A. Enter the total DSEs from block 8 of part 7.		Enter the amount of gross receipts from space K (page 7)	2,247,610.13	7
Section B. Enter the total number of exampl DSEs from block C of part 7		A. Enter the total DSEs from block B of part 7	0.00	•
subject to the sucharge computation, if zero, proceed to part 8		B. Enter the total number of exempt DSEs from block C of part 7	0.00	Syndicated
Section Yes—Complete section 3 below. SeCTION 3: TOP 50 TELEVISION MARKET Section Did your cable system retransmit the signals of any partially distant television stations during the accounting period? No—Complete the applicable section below. No—Complete the applicable section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts the amount in section 1). No—Section 3b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts (the amount in section 1). No—Section 3b blank. No—Complete the section 3b blank. No—Complete the application 3b blank. No—Comple			0.00	Surcharge
Section 3a Section Did your 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 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 goes receipts by 0.0599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section 1). S. S	• Is an			
Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 3b blank, NOTE: If the DSE is 10.00 reless, multiply the gross receipts (the amount in section 1). \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		SECTION 3: TOP 50 TELEVISION MARKET		
is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below. A. Enter 0.00599 of gross receipts (the amount in section 1) B. Enter 0.00377 of gross receipts (the amount in section 1) C. Subbract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space 1 (page 7) Syndicated Exclusivity Surcharge. Section 3b A. Enter 0.00599 of gross receipts (the amount in section 1) B. Enter 0.00377 of gross receipts (the amount in section 1) C. Multiply line B by 3.000 and enter here. D. Enter 0.00176 of gross receipts (the amount in section 1) E. Subtract 4.000 from 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 of block 4 in space 1 (page 7) Syndicated Exclusivity Surcharge. SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Syndicated Exclusivity Surcharge. SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Syndicated Exclusivity Surcharge. SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Syndicated Exclusivity Surcharge. SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Syndicated Exclusivity Surcharge. SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Syndicated Exclusivity Surcharge. SECTION 4: SECOND 50 TELEVISION MARKET Did y		X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.	SE.	
B. Enter 0.00377 of gross receipts (the amount in section 1)		is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.		
C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. A. Enter 0.00599 of gross receipts (the amount in section 1). B. Enter 0.00377 of gross receipts (the amount in section 1). C. Multiply line B by 3.000 and enter here. D. Enter 0.00178 of gross receipts (the amount in section 1). E. Subtract 4.000 from total DSEs (the figure on line C in section 2) and enter here G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge. SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant levision stations during the accounting period? SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant levision stations during the accounting period? SECTION 4: SECOND 50 TELEVISION MARKET SECTION 4: SECOND 50 TELEVISION MARKET DID your cable system retransmit the signals of any partially distant levision stations during the accounting period? SECTION 4: SECOND 50 TELEVISION MARKET SECTION 5: SECOND 50 TELEVISION MAR				
line C in section 2) and enter here				
D. Multiply line B by line C and enter here E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge Section 3b A. Enter 0.00599 of gross receipts (the amount in section 1)				
Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank. A. Enter 0.00599 of gross receipts (the amount in section 1)		D. Multiply line B by line C and enter here		
A. Enter 0.00599 of gross receipts (the amount in section 1) B. Enter 0.00377 of gross receipts (the amount in section 1) C. Multiply line B by 3.000 and enter here D. Enter 0.00178 of gross receipts (the amount in section 1) E. Subtract 4.000 from total DSEs (the 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 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) B. Enter 0.00189 of gross receipts (the amount in section 1) C. Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here D. Multiply line B by line C and enter here E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		Enter here and on line 2 of block 4 in space L (page 7)		
B. Enter 0.00377 of gross receipts (the amount in section 1)		If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 3a blank.		
C. Multiply line B by 3.000 and enter here		A. Enter 0.00599 of gross receipts (the amount in section 1)		
D. Enter 0.00178 of gross receipts (the amount in section 1)		B. Enter 0.00377 of gross receipts (the amount in section 1) ▶ \$		
E. Subtract 4.000 from 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 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Tyes—Complete part 9 of this schedule. No—Complete the applicable section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1). B. Enter 0.00189 of gross receipts (the amount in section 1). C.Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here. D. Multiply line B by line C and enter here. E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		C. Multiply line B by 3.000 and enter here		
F. Multiply line D by line E and enter here G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? Section 4a Did your cable system retransmit the signals of any partially distant television stations during the accounting period? The figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 4b blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below. A. Enter 0.00300 of gross receipts (the amount in section 1) B. Enter 0.00189 of gross receipts (the amount in section 1) C.Subtract 1.000 from total permitted DSEs (the figure on line C in section 2) and enter here D. Multiply line B by line C and enter here E. Add lines A and D. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7)		D. Enter 0.00178 of gross receipts (the amount in section 1)		
G. Add lines A, C, and F. This is your surcharge. Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule.		E. Subtract 4.000 from total DSEs (the fgure on line C in section 2) and enter here		
Enter here and on line 2 of block 4 in space L (page 7) Syndicated Exclusivity Surcharge SECTION 4: SECOND 50 TELEVISION MARKET Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X Yes—Complete part 9 of this schedule.		F. Multiply line D by line E and enter here		
Did your cable system retransmit the signals of any partially distant television stations during the accounting period? X		Enter here and on line 2 of block 4 in space L (page 7)		
Section 4a X Yes—Complete part 9 of this schedule. No—Complete the applicable section below. If the figure in section 2, line C is 4.000 or less, compute your surcharge here and leave section 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) \$		SECTION 4: SECOND 50 TELEVISION MARKET		
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)		Did your cable system retransmit the signals of any partially distant television stations during the accounting period?		
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)		X Yes—Complete part 9 of this schedule. No—Complete the applicable section below.		
C.Subtract 1.000 from total permitted DSEs (the fgure on line C in section 2) and enter here		is 1.0 or less, multiply the gross receipts by 0.003 by the DSE. Enter the result on line A below.	SE .	
and enter here		B. Enter 0.00189 of gross receipts (the amount in section 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)				
Enter here and on line 2 of block 4 in space L (page 7)		D. Multiply line B by line C and enter here		
		Enter here and on line 2 of block 4 in space L (page 7)		

Name	-	ME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 063736
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). \$\begin{array}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	
8 Computation of Base Rate Fee	You m 6 was In blo If you If you blank What i	ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of perchecked "Yes," use the total number of DSEs from part 5. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. Lock A, indicate, by checking "Yes" or "No," whether your system carried part 9 blank. Lock A, indicate, by checking "Yes" or "No," whether your system carried part 9. Leave block B be a partially distant is, if you carried one or more partially distant stations), you must complete part 9. Leave block B be a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers occated within that station's local service area and others were located outside that area. For the definition of a station's "lock A of partially distant station's local service area and others were located outside that area. For the definition of a station's "lock A of partially distant stations" in the partially distant station is "partially distant" if, at the time your system carried it, some of your subscribers occated within that station's local service area and others were located outside that area. For the definition of a station's "lock A of partially distant station is "partially distant" if, at the time your system carried any partially distant station.	low
	• Did y	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. X No—Complete the following sections.	
	Section	BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section 2	Enter the amount of gross receipts from space K (page 7)	1.00
	Section 3	If the figure in section 2 is 4.000 or less, compute your base rate fee here and leave section 4 blank. NOTE: If the DSE is 1.0 or less, multiply the gross receipts by 0.01064 by the DSE. Enter the result on line A below. A. Enter 0.01064 of gross receipts (the amount in section 1)	- 23 914 57

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

BOL GONEBOLL. FACE III.	7.0000111110	5 · L05 · LULL, I
LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID# 063736	Name
Atlantic Broadband (Penn) LLC	003730	
Section If the figure in section 2 is more than 4.000 , compute your base rate fee here and leave section 3 blank.		•
A. Enter 0.01064 of gross receipts		8
(the amount in section 1) 		
B. Enter 0.00701 of gross receipts		Computation
(the amount in section 1) \$		of
C. Multiply line B by 3.000 and enter here ▶\$		Base Rate Fee
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	
Dase Rate Fee		
IMPORTANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television be	proadcast signals shall	
instead be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple Space G.	channel line-ups in	9
In General: If any of the stations you carried were partially distant, the statute allows you, in computing your base receipts from subscribers located within the station's local service area, from your system's total gross receipts. To		Computation
exclusion, you must:	take advantage of this	of
First: Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are o	distant to the same	Base Rate Fee and
station or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Det		Syndicated
DSEs and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate	- ·	Exclusivity Surcharge
Finally: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your systems.		for
NOTE: If any portion of your cable system is located within the top 100 television market and the station is not exe also compute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A a if your cable system is wholly located outside all major television markets, complete block A only.		Partially Distant Stations, and for Partially
How to Identify a Subscriber Group for Partially Distant Stations		Permitted
Step 1: For each community served, determine the local service area of each wholly distant and each partially distanted to that community.	ant station you	Stations
Step 2: For each wholly distant and each partially distant station you carried, determine which of your subscribers outside the station's local service area. A subscriber located outside the local service area of a station is distant to the same token, the station is distant to the subscriber.)		
Step 3: Divide your subscribers into subscriber groups according to the complement of stations to which they are subscriber group must consist entirely of subscribers who are distant to exactly the same complement of stations.		
system will have only one subscriber group when the distant stations it carried have local service areas that coinci		
Computing the base rate fee for each subscriber group: Block A contains separate sections, one for each of ye groups.	our system's subscriber	
In each section:		
 Identify the communities/areas represented by each subscriber group. Give the call sign for each of the stations in the subscriber group's complement—that is, each station that is distanced in the subscriber group is complement. 	ant to all of the	
subscribers in the group.	and the	
If: 1) your system is located wholly outside all major and smaller television markets, give each station's DSE as you get the station of th	rave it in parts 2.2 and	
4 of this schedule; or,	jave it ili parts 2, 3, and	
 any portion of your system is located in a major or smaller televison market, give each station's DSE as you gave part 6 of this schedule. 	e it in block B,	
Add the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
• Calculate gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the g in the paper SA3 form.	eneral instructions	
Compute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule		
page. In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber gr DSEs for that group's complement of stations and total gross receipts from the subscribers in that group). You do actual calculations on the form.		

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 063736 Atlantic Broadband (Penn) LLC Guidance for Computing the Royalty Fee for Partially Permitted/Partially NonPermitted Signals Step 1: Use part 9, block A, of the DSE Schedule to establish subscriber groups to compute the base rate fee for wholly and partially permitted distant signals. Write "Permitted Signals" at the top of the page. Note: One or more permitted signals in these subscriber groups may be partially distant. Step 2: Use a separate part 9, block A, to compute the 3.75 percent fee for wholly nonpermitted and partially nonpermitted distant signals. Write "Nonpermitted 3.75 stations" at the top of this page. Multiply the subscriber group gross receipts by total DSEs by .0375 and enter the grand total 3.75 percent fees on line 2, block 3, of space L. Important: The sum of the gross receipts reported for each part 9 used in steps 1 and 2 must equal the amount reported in space K. Step 3: Use part 9, block B, to compute a syndicated exclusivity surcharge for any wholly or partially permitted distant signals from step 1 that is subject to this surcharge. Guidance for Computing the Royalty Fee for Carriage of Distant and Partially Distant Multicast Streams Step 1: Use part 9, Block A, of the DSE Schedule to report each distant multicast stream of programming that is transmitted from a primary television broadcast signal. Only the base rate fee should be computed for each multicast stream. The 3.75 Percent Rate and Syndicated Exclusivity Surcharge are not applicable to the secondary transmission of a multicast stream. You must report but not assign a DSE value for the retransmission of a multicast stream that is the subject of a written agreement entered into on or before June 30, 2009 between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter.

Atlantic Broadban	R OF CABLE d (Penn)					•	063736	Nam
	BLOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACI	H SUBSCRI	BER GROUP		
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ase Rate Fee First Gr	roup	\$ 23	,914.57	Base Rate Fee Seco	ond Group	\$	0.00	
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EGAL NAME OF OWN Atlantic Broadba						\$	063736	Name
	BLOCK A:	COMPUTATION (OF BASE RA	ATE FEES FOR EAC	H SUBSCRI	BER GROUP		
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ase Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
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ase Rate Fee: Add	the base ret	e fees for each subs	criher group c	as shown in the boxes	ahove			
nter here and in blo			onbor group a	o chown in the boxes	a	\$		
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LEGAL NAME OF OWNE Atlantic Broadban			-			:	063736	Name
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Base Rate Fe									
and									
Syndicated									
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for					<u> </u>				
Partially Distant					<u>. </u>				
Stations									
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	0.00			Total DSEs	0.00	,		Total DSEs	
	0.00	\$	Group	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gro	
	0.00	\$	Group	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro	
	IP	SUBSCRIBER GROU	-FOURTH	TWENT	JP	SUBSCRIBER GROU	ry-third	TWENT	
	0			COMMUNITY/ AREA	0	0		COMMUNITY/ AREA	
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
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	0.00			Total DSEs	0.00			Total DSEs	
	0.00								
	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	oup	Gross Receipts Third Gr	

Name	YSTEM ID# 063736	· ·					R OF CABLE d (Penn)	Atlantic Broadban
9 Computation	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION C SUBSCRIBER GRO		
	COMMUNITY/ AREA 0							COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe						-		
and Syndicated					<u> </u>			
Exclusivity					<mark></mark>			
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	Y-EIGHTH	TWEN	JP	SUBSCRIBER GRO	SEVENTH	TWENTY-
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
		Ц			<mark></mark>			
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	963736	S						LEGAL NAME OF OWNER Atlantic Broadband
9 Computation	P	BER GROUP SUBSCRIBER GROU		TE FEES FOR EACH		COMPUTATION C SUBSCRIBER GRO		
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fee								
and Syndicated								
Exclusivity							<u> </u>	
Surcharge								
for Partially								
Distant						<u> </u>		
Stations								
	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	l Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gro
	Р	SUBSCRIBER GROU	'-SECOND			SUBSCRIBER GRO	RTY-FIRST	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	s	Group	Total DSEs Gross Receipts Third Gr

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 063736								
	BLOCK A	COMPUTATION (OF BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP		
TH	THIRTY-THIRD SUBSCRIBER GROUP			THII	RTY-FOURT	SUBSCRIBER GROU	JP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	٩		0	Computati
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
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		H						Partially Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TH	IIRTY-FIFTH	SUBSCRIBER GRO)UP	Т	HIRTY-SIXTI	H SUBSCRIBER GROU	JP	
COMMUNITY/ AREA	MMUNITY/ AREA		_		٩		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Γotal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
Base Rate Fee Third	Group	q	0.00	Base Rate Fee Fou	rth Group	•	0.00	
			0.00		Огоир		3.00	
e Fee: Add	the base rat	\$ e fees for each subseque L (page 7)	0.00	Base Rate Fee Fou		\$	0.00	

Name	063736						ia (Penn)	Atlantic Broadban	
				TE FEES FOR EACH					
9		SUBSCRIBER GROU	Y-EIGHTH			HIRTY-SEVENTH SUBSCRIBER GROUP			
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	CALL SIGN DSE		E CALL SIGN DSE		DSE	CALL SIGN	
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for		<u> </u>							
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G	
	0.00	\$ I SUBSCRIBER GROU		Base Rate Fee Secon	,	\$ SUBSCRIBER GROU			
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	0.00 JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-NINTH	THIR	
	0.00 JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-NINTH	THIR	
	0.00 JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-NINTH	THIR	
	0.00 JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-NINTH	THIR	
	0.00 JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-NINTH	THIR	
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	0.00 JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-NINTH	COMMUNITY/ AREA	
	0.00 JP 0	SUBSCRIBER GROU	FORTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	RTY-NINTH	THIR	
	DSE	SUBSCRIBER GROU	FORTIETH	CALL SIGN	JP 0	SUBSCRIBER GROU	RTY-NINTH	THIR COMMUNITY/ AREA CALL SIGN	
	0.00 JP O O O O O O O O O O O O O	CALL SIGN	DSE	COMMUNITY/ AREA CALL SIGN Total DSEs	DSE	CALL SIGN	DSE DSE	THIR COMMUNITY/ AREA CALL SIGN Fotal DSEs	
	DSE	SUBSCRIBER GROU	DSE	CALL SIGN	JP 0	SUBSCRIBER GROU	DSE DSE	THIR	

LEGAL NAME OF OWNER Atlantic Broadbane						\$	063736	Name
				TE FEES FOR EAC				
	FORTY-FIRST SUBSCRIBER GROUP			11		SUBSCRIBER GROU		9
COMMUNITY/ AREA		0	COMMUNITY/ AREA			0	Computatio	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
		-						and
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			<mark></mark>	·			·····	Distant
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
		SUBSCRIBER GROU	JP	FOR	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 G	oup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Raca Pata Eas Third C	oup.	¢	0.00	Base Rate Fee Four	th Group	£	0.00	
Base Rate Fee Third G	Jup	4	0.00	Dase Nate 1-66 Four	ai Oloup	\$	0.00	

9 Computati						LLC	d (Penn)	Atlantic Broadban
_		BER GROUP	SUBSCR	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:	
_	FORTY-SIXTH SUBSCRIBER GROUP					FORTY-FIFTH SUBSCRIBER GROUP		
Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	CALL SIGN DSE		E CALL SIGN DSE		DSE	CALL SIGN
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	0.00			Total DSEs	0.00			Total DSEs
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	JP	SUBSCRIBER GROU	ΓY-EIGHTH	FOR	JP	SUBSCRIBER GRO	SEVENTH	FORTY-
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Name 9 Computatio	063736							
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of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FTY-FIRST	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FTY-FIRST	Base Rate Fee First G FII COMMUNITY/ AREA
	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FTY-FIRST	Base Rate Fee First G FII COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FTY-FIRST	Base Rate Fee First G FII COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FTY-FIRST	Base Rate Fee First G FII COMMUNITY/ AREA
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	0.00 JP 0	\$ SUBSCRIBER GROU	d Group Y-SECOND	Base Rate Fee Secon	0.00 UP	\$ SUBSCRIBER GRO	FTY-FIRST	Base Rate Fee First G FII COMMUNITY/ AREA
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	0.00 JP O O O O O O O O O O O O O	SUBSCRIBER GROU	d Group (-SECOND DSE	Base Rate Fee Second FIFT COMMUNITY/ AREA CALL SIGN	0.00 UP 0 DSE	SUBSCRIBER GRO CALL SIGN	FTY-FIRST DSE Group	Base Rate Fee First G FII COMMUNITY/ AREA

LEGAL NAME OF OWN Atlantic Broadba						,	063736	Name
	BLOCK A:	COMPUTATION (OF BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
		SUBSCRIBER GRO		ii –		SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	A		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
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		H						
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FIFTY-FIFTH	SUBSCRIBER GRO)UP		FIFTY-SIXTH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			·····					
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Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	th Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group a	as shown in the boxes	above.	\$		

9 Computatio	063736						nd (Penn)	
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION O	BLOCK A:	[
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_	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	•	\$ SUBSCRIBER GROU		Base Rate Fee Second		\$ SUBSCRIBER GROU		
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	0 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROI	TY-NINTH	FIF
	0 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROI	TY-NINTH	FIF
	0 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROI	TY-NINTH	FIF
	0 0	SUBSCRIBER GROU	SIXTIETH	COMMUNITY/ AREA	JP 0	SUBSCRIBER GROI	TY-NINTH	COMMUNITY/ AREA
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GROUP SCRIBER GROUP O Computation of Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 O.00 O.00 SCRIBER GROUP O ALL SIGN DSE		TE FEES FOR EACH SIXTY COMMUNITY/ AREA	JP		1.001/.4	
O Computation Of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 SCRIBER GROUP 0		H				
Computation of Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 SCRIBER GROUP 0	SE	COMMUNITY/ AREA		SUBSCRIBER GROU	TY-FIRST	
ALL SIGN DSE Base Rate Ference and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 CCRIBER GROUP 0	SE		0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 SCRIBER GROUP 0		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 SCRIBER GROUP 0						
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SCRIBER GROUP 0	oup	Gross Receipts Second	0.00	\$	oup	Gross Receipts First Gr
0	oup	Base Rate Fee Second	0.00	\$	oup	Base Rate Fee First Gro
	OURTH S	SIXT	JP	SUBSCRIBER GROU	Y-THIRD	SIX
ALL SIGN DSE		COMMUNITY/ AREA	0			COMMUNITY/ AREA
	SE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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	JP 0	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IFTEENTH	ONE HUNDRED F
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	JP 0	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IFTEENTH	ONE HUNDRED F
	JP 0	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IFTEENTH	ONE HUNDRED F
	JP 0	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IFTEENTH	ONE HUNDRED F
	JP 0	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IFTEENTH	ONE HUNDRED F
	JP 0	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IFTEENTH	ONE HUNDRED F
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	JP 0	SUBSCRIBER GROU	IXTEENTH	ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROU	IFTEENTH	ONE HUNDRED F COMMUNITY/ AREA CALL SIGN
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LEGAL NAME OF OWNER Atlantic Broadband			.			S	063736	Name
В	LOCK A:	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	BER GROUP		
	ITY-FIRST	SUBSCRIBER GROUP		ii e	ITY-SECOND	SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Secon		\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROUP			NTY-FOURTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						<u> </u>		
Total DSEs			0.00	Total DSEs	-1		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			ber group a	s shown in the boxes at	oove.	\$		

Name	063736						ia (Penn)	Atlantic Broadban
		BER GROUP	SUBSCRI	TE FEES FOR EACH	F BASE RA	COMPUTATION O	BLOCK A:	
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9 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED TWEI COMMUNITY/ AREA	0	SUBSCRIBER GROUP	roup Y-SEVENTH	Base Rate Fee First GI INE HUNDRED TWENTY COMMUNITY/ AREA
	0.00	SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED TWEI COMMUNITY/ AREA	0	SUBSCRIBER GROUP	roup Y-SEVENTH	Base Rate Fee First GI INE HUNDRED TWENTY COMMUNITY/ AREA
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	0.00	SUBSCRIBER GROUP	d Group	Base Rate Fee Secon ONE HUNDRED TWEI COMMUNITY/ AREA	0	SUBSCRIBER GROUP	roup Y-SEVENTH	Base Rate Fee First Gr DINE HUNDRED TWENTY COMMUNITY/ AREA
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		COMMUNITY/ AREA	0			COMMUNITY/ AREA
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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		Total DSEs	0.00			Total DSEs
	Group	Gross Receipts Second	0.00	\$	roup	Gross Receipts First Gr
	Group	Base Rate Fee Second	0.00	\$	roup	3ase Rate Fee First Gr
CRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THI
		COMMUNITY/ AREA	0			COMMUNITY/ AREA
ALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
				 		
		Total DSEs	0.00			Total DSEs
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LEGAL NAME OF OWNE Atlantic Broadbar						\$	063736	Name
	BLOCK A:	COMPUTATION C	OF BASE RA	TE FEES FOR EAC	H SUBSCR	IBER GROUP		
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Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
ase Rate Fee First 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
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CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
otal DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
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Zono Boto For This I	-(C)(I)	\$	0.00	Base Rate Fee Four	ui Group	\$	0.00	
ase Rate Fee Third					<u> </u>		0.00	

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 063736								
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 063736								
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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 063736								
		BER GROUP	SUBSCRIE	TE FEES FOR EACH	F BASE RA	COMPUTATION C	BLOCK A:		
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FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (Penn) LLC 063736 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Exclusivity Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIRST SUBSCRIBER GROUP SECOND SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE THIRD SUBSCRIBER GROUP FOURTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

EGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (Penn) LLC 063736 BLOCK B: COMPUTATION OF SYNDICATED EXCLUSIVITY SURCHARGE FOR EACH SUBSCRIBER GROUP If your cable system is located within a top 100 television market and the station is not exempt in Part 7, you must also compute a Syndicated Exclusivity Surcharge. Indicate which major television market any portion of your cable system is located in as defined by section 76.5 of FCC rules in effect on June 24, 1981: Computation Second 50 major television market First 50 major television market of INSTRUCTIONS: Base Rate Fee Step 1: In line 1, give the total DSEs by subscriber group for commercial VHF Grade B contour stations listed in block A, part 9 of and Syndicated this schedule. Exclusivity Step 2: In line 2, give the total number of DSEs by subscriber group for the VHF Grade B contour stations that were classified as Surcharge Exempt DSEs in block C, part 7 of this schedule. If none enter zero. Step 3: In line 3, subtract line 2 from line 1. This is the total number of DSEs used to compute the surcharge. for **Partially** Step 4: Compute the surcharge for each subscriber group using the formula outlined in block D, section 3 or 4 of part 7 of this Distant schedule. In making this computation, use gross receipts figures applicable to the particular group. You do not need to show **Stations** your actual calculations on this form. FIFTH SUBSCRIBER GROUP SIXTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs Line 2: Enter the Exempt DSEs Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE SEVENTH SUBSCRIBER GROUP EIGHTH SUBSCRIBER GROUP Line 1: Enter the VHF DSEs Line 1: Enter the VHF DSEs Line 2: Enter the Exempt DSEs. . Line 2: Enter the Exempt DSEs. . Line 3: Subtract line 2 from line 1 Line 3: Subtract line 2 from line 1 and enter here. This is the and enter here. This is the total number of DSEs for total number of DSEs for this subscriber group this subscriber group subject to the surcharge subject to the surcharge SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE **SURCHARGE** SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

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