

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015
 If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

**SA3
 Long Form**

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

For courier deliveries,
 see page ii of the general
 instructions.

STATEMENT OF ACCOUNT
 for Secondary Transmissions by
 Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
2/24/22	\$
	ALLOCATION NUMBER

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)			
	<input type="checkbox"/> January 1–June 30 (Year)		<input checked="" type="checkbox"/> July 1–December 31 ...2021 (Year)	
B Owner	<p>INSTRUCTIONS: Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other 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. <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division. <u>3253</u></p>			
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation		3253
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):		
	3	MAILING ADDRESS OF OWNER OF CABLE SYSTEM: PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip)		
C System	<p>INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.</p>			
	1	IDENTIFICATION OF CABLE SYSTEM: ATMC		
	2	MAILING ADDRESS OF CABLE SYSTEM: PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip code)		
D Area Served	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p>			
	CITY OR TOWN		STATE	
First Community	Shallotte		NC	
	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.			
Sample	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
	Alda	MD	A	1
	Alliance	MD	B	2
	Gering	MD	B	3

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	3253
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E Secondary Transmission Service: Sub- scribers and Rates	<p>SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be). Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service). Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment. Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. Note: Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)." Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">BLOCK 1</th> <th colspan="3" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="width:35%;">CATEGORY OF SERVICE</th> <th style="width:15%;">NO. OF SUBSCRIBERS</th> <th style="width:15%;">RATE</th> <th style="width:35%;">CATEGORY OF SERVICE</th> <th style="width:15%;">NO. OF SUBSCRIBERS</th> <th style="width:15%;">RATE</th> </tr> </thead> <tbody> <tr> <td>Residential:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to first set</td> <td style="text-align: center;">27,220</td> <td style="text-align: center;">\$35.05</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Service to additional set(s)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Motel, hotel</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Commercial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Converter</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Non-residential</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	BLOCK 1			BLOCK 2			CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	Residential:						• Service to first set	27,220	\$35.05				• Service to additional set(s)						• FM radio (if separate rate)						Motel, hotel						Commercial						Converter						• Residential						• Non-residential					
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F Services Other Than Secondary Transmissions: Rates	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: center;">BLOCK 1</th> <th colspan="2" style="text-align: center;">BLOCK 2</th> </tr> <tr> <th style="width:30%;">CATEGORY OF SERVICE</th> <th style="width:10%;">RATE</th> <th style="width:30%;">CATEGORY OF SERVICE</th> <th style="width:10%;">RATE</th> <th style="width:20%;">CATEGORY OF SERVICE</th> <th style="width:10%;">RATE</th> </tr> </thead> <tbody> <tr> <td>Continuing Services:</td> <td></td> <td>Installation: Non-residential</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Pay cable</td> <td style="text-align: center;">\$6.50</td> <td>• Motel, hotel</td> <td style="text-align: center;">\$80.00</td> <td></td> <td></td> </tr> <tr> <td>• Pay cable—add'l channel</td> <td style="text-align: center;">\$6.50</td> <td>• Commercial</td> <td style="text-align: center;">\$80.00</td> <td></td> <td></td> </tr> <tr> <td>• Fire protection</td> <td></td> <td>• Pay cable</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Burglar protection</td> <td></td> <td>• Pay cable—add'l channel</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Installation: Residential</td> <td></td> <td>• Fire protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• First set</td> <td style="text-align: center;">\$80.00</td> <td>• Burglar protection</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• Additional set(s)</td> <td></td> <td>Other services:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>• FM radio (if separate rate)</td> <td></td> <td>• Reconnect</td> <td style="text-align: center;">\$20.00</td> <td></td> <td></td> </tr> <tr> <td>• Converter</td> <td></td> <td>• Disconnect</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>• Outlet relocation</td> <td style="text-align: center;">\$90.00</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>• Move to new address</td> <td style="text-align: center;">\$20.00</td> <td></td> <td></td> </tr> </tbody> </table>	BLOCK 1				BLOCK 2		CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	Continuing Services:		Installation: Non-residential				• Pay cable	\$6.50	• Motel, hotel	\$80.00			• Pay cable—add'l channel	\$6.50	• Commercial	\$80.00			• Fire protection		• Pay cable				• Burglar protection		• Pay cable—add'l channel				Installation: Residential		• Fire protection				• First set	\$80.00	• Burglar protection				• Additional set(s)		Other services:				• FM radio (if separate rate)		• Reconnect	\$20.00			• Converter		• Disconnect						• Outlet relocation	\$90.00					• Move to new address	\$20.00		
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LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	3253	Name
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PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

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

- Do *not* list the station here in space G—but *do* list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.
- List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

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 multi-cast 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.

Column 4: If the station is outside the local service area, (i.e. “distant”), enter “Yes”. If not, enter “No”. For an explanation of local service area, see page (v) of the general instructions.

Column 5: If you have entered “Yes” in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering “LAC” if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation “E” (exempt). For simulcasts, also enter “E”. If you carried the channel on any other basis, enter “O.” For a further explanation of these three categories, see page (v) of the general instructions.

Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Note: If you are utilizing multiple channel line-ups, identify the line-up in the far right column here in Space G based on your channel line-up reported in Space D. Use a separate space G for each channel line-up.


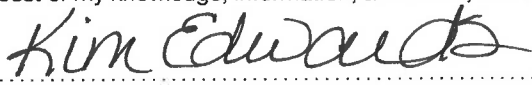
1. CALL SIGN	2. B’CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WWAY	3	N	NO		WILMINGTON, NC
WECT	6	N	NO		WILMINGTON, NC
WSFX	26	N	NO		WILMINGTON, NC
WUNJ	39	E	NO		WILMINGTON, NC
WILM	10	N	NO		WILMINGTON, NC

G

Primary Transmitters: Television

Channel Line-Up

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	3253	Name
GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.....▶		K Gross Receipts
IMPORTANT: You must complete a statement in space P concerning gross receipts.		\$3,216,793.59 <small>(Amount of gross receipts)</small>
COPYRIGHT ROYALTY AND FILING FEES 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. ▶ If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ▶ If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ▶ If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.		L Copyright Royalty Fee
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K.....▶ \$3,216,793.59 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.....▶	\$ 34,226.68
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.	
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero.....▶ \$ Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero.....▶ Line 3. Add lines 1 and 2 and enter here.....▶ \$	\$
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger.....▶ \$ 34,226.68 Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero.....▶ \$ Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet).....▶ \$ Line 4. FILING FEE:▶ \$ 725.00 TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here.....▶ \$ 34,951.68 Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)	\$ 34,951.68
		Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	Name 3253
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	14
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	375
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
	Name	Keith Hughes
	Telephone	910-755-1896 <small>(Area code)</small>
	Address	PO Box 3198 <small>(Number, street, rural route, apartment, or suite number)</small>
	Shallotte, NC 28459 <small>(City, town, state, zip)</small>
	Email (optional)	khughesf@focusbroadband.com
	Fax (optional)	910-755-1871
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	
	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)	
	<input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or	
	<input type="checkbox"/> (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or	
	<input checked="" type="checkbox"/> (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the cable system in line 1 of space B.	
	• I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained herein are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C. sec. 1001]	
		Handwritten signature:
		
	Typed or printed name:	
	Kim Edwards	
	Title:	
	Vice President-Accounting and Finance	
	<small>(Title of official position held in corporation or partnership)</small>	
	Date:	
	2-21-2022	

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Confirmation

Your payment has been submitted to the designated government agency through Pay.gov and the details are below. Please note that this is just a confirmation of transaction submission. To confirm that the payment processed as expected, you may refer to your bank statement on the scheduled payment date. If you have any questions or wish to cancel this payment, you will need to contact the agency you paid at your earliest convenience.

Tracking Information

Pay.gov Tracking ID: 26V39575

Agency Tracking ID: 76205572937

Form Name: Royalty Fee Collection

Application Name: Royalty License Fees Form

Payment Information

Payment Type: Bank account (ACH)

Payment Amount: \$34,951.68

Transaction Date: 02/24/2022 03:56:17 PM EST

Payment Date: 02/25/2022

Account Information

Account Holder Name: Atlantic Telephone Membership Corporation

Routing Number: 053101121

Account Number: *****9673