THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2017

SA3 Long Form

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

STATEMENT OF ACCOUNT		FOR COPYRIGH	HT OFFICE USE ONLY		Library of Congress Copyright Office-LS				
	ry Transmissions by ms (Long Form)	DATE RECEIVED	AMOUNT	101 In Washi	101 Independence Avenue Washington, DC 20557-640 (202) 707-8150				
	tions are at the n [pages i–viii].	8/25/23	ALLOCATION NUME		urier deliveries, age ii of the general ctions.				
A Accounting Period	ACCOUNTING PERIOD COV	VERED BY THIS STATEMEN	IT: (Check one of the bo)	4	he year date.)				
B Owner	corporate title of the subsidiary, r In line 2, list any other names of If there were different owners of a single statement of account and	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. Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section.							
		DWNER OF CABLE SYSTEM (II DWNER OF CABLE SYSTEM: ent, or suite number)	F DIFFERENT):		3253				
C	INSTRUCTIONS: In line 1, give a names already appear in space E								
System	1 IDENTIFICATION OF CAE ATMC ATMC 0 MAILING ADDRESS OF C PO Box 3198 (Number, street, rural route, apartm Shallotte, North Carolina (City, town, state, zip code)	CABLE SYSTEM:							
D Area	Instructions: For complete space all communities.	D instructions, see page 1b. Iden	tify only the first community se	erved below and r	elist on page 1b with				
Served	CITY OR TOWN								
First ► Community	Shallotte Below is a sample for reporting co	Shallotte NC Below is a sample for reporting communities if you report multiple channel line-ups in Space G. Space G.							
Commonly	CITY OR TOWN (SAMPLE)	CH LINE UP	SUB GRP#						
Community	OF TOM TOWN (GAMIFLE)								

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 Pil, 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.

LEGAL NAME OF ÖWNER OF CABLE SYSTEM:						
Atlantic Telephone Membership Corporation		32	253	Name		
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings.						
Note: Entities and properties such as hotels, apartments, condominiums, or mobile the identified city or town.	home parks sh	iould be reported ir	parentheses below	Served		
If all communities receive the same complement of television broadcast stations all communities with the channel line-up "A" in the appropriate column below of on a partially distant or partially permitted basis in the DSE Schedule, associate designated by a number (based on your reporting from Part 9).	or leave the col e each relevant	lumn blank, If you t community with a	report any stations a subscriber group,			
When reporting the carriage of television broadcast stations on a community-by channel line-up designated by an alpha-letter(s) (based on your Space G report (based on your reporting from Part 9 of the DSE Schedule) in the appropriate co	ing) and a subs	sis, associate eac scriber group desig	nated by a number			
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
SHALLOTTE	NC	A	1	 First 		
BOLIVIA	NC	A	1	Community		
BRICKLANDING	NC	A	1	-		
CALABASH	NC	A	1			
CAROLINA SHORES	NC	A	1			
HOLDEN BEACH	NC	Α	1			
OCEAN ISLE BEACH	NC	Α	1			
	NC	λ	1			
SUNSET BEACH		A				
SUNSET HARBOR	NC	A				
VARNAMTOWN	NC	.A	1			
TOWN OF LELAND	NC	.A	1			
UNINCORPORATED BRUNSWICK COUNTY	NC	.A	1			
TABOR CITY	NC	A	1			
WHITEVILLE	NC	Α	1			
UNINCORPORATED COLUMBUS COUNTY	NC	<u>A</u>	1			
ST JAMES	NC	A	1			
OAK ISLAND	NC	A	1			
,						
· · · · · · · · · · · · · · · · · · ·						
		• • • • • • • • • • • • • • • • • • •				
			•••••			
			•••••			
		•••••••••••••••••••••••••••••••••••••••				
			• • • • • • • • • • • • • • • • • •			
		1				
			1	I		

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Telephone Membership Corporation

3253

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLOCK	(1	BLOCK 2			
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS RA	
Residential: • Service to first set • Service to additional set(s)		\$39.25			
•FM radio (if separate rate) Motel, hotel					
Commercial Converter					
Residential Non-residential					

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2				
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services: • Pay cable • Pay cable — add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate) • Converter	\$6.50 \$6.50 \$80.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$80.00 \$80.00 \$20.00 \$90.00 \$20.00		

Secondary Transmission Service: Subscribers and

Rates

F

Services

Other Than

Secondary

Transmissions:

Rates

Ε

LEGAL NAME OF OWNER OF CABLE SYSTEM:		Name
Atlantic Telephone Membership Corporation	3253	Mame
 PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and carried by your cable system during the accounting period, <i>except</i> (1) stations carried FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certa 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (500 substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable 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 Stater station was carried <i>only</i> on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitut basis. For further information concerning substitute basis stations, see page (v) of the Column 1: List each station's call sign. <i>Do not</i> report origination program services sue each multicast stream associated with a station according to its over-the-air designaticast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each 	only on a part-time basis under in network programs [sections 2) certain stations carried on a system on a substitute program nent and Program Log)—if the e basis and also on some other ne general instructions. uch as HBO, ESPN, etc. Identify ion. For example, report multi-	G Primary Transmitters Television

Channel

Line-Up

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
					- •

Nam	e

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Telephone Membership Corporation

3253

PRIMARY TRANSMITTERS: RADIO

H

Transmitters:

Radio

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period.

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be *expected*, 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.

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
						_	
		-					
						_	
	-					_	
						1	
	-					<u> </u>	
	-					i—	
				·			
	- · · · · · · · · · · · · · · · · · · ·		,				
	-				·		· · · · · · · · · · · · · · · · · · ·
			<i>۲</i>				
· -							•
			\	·			•
				-			· · · · · · · · · · · · · · · · · · ·
						_	
		L	-				

LEGAL NAME OF OWNER OF CABLE SYSTEM:							Name	
Atlantic Telephone Membership Corporation 3253								
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (vi) of the general instructions.								
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 								
 2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast 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). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28:30 p.m. should be stated as "6:00–6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted for cleater unde								
SUBS	STITUTE I	PRÓGRAM			SUBSTITUTE	7. REASON FOR		
1. TITLE OF PROGRAM	2. LIVE? Yes orNo	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM – TO -	DELETION		
						- ,		
	,				, ,	- ,		
	;							
	 	·				·		
						- ,		
	; 		-,	- 	ī ī			
·····	·	· · · · · · · · · · · · · · · · · · ·	······································					
	:	<u>.</u>		r	<u> </u>	· ·		
		1 1 10					, ,	

FORM SA3. PAGE 5.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:							
Name	Atlantic Telephon	e Membership	Corporation				3253	
J Part-Time Carriage Log Part-Time Carriage Log Part-Time Carriage Log Part-Time Carriage Log Part-Time Carriage Log V Part-Time Carriage Log V Part-Time Carriage Log V								
			DATES AN	ND HOURS OF	PART-TIME CA	RRIAGE		
		WHEN CA	RRIAGE OC	CURRED		WHEN CA	ARRIAGE OCCU	JRRED
	CALL SIGN			URS	CALL SIGN		HOU	RS
		DATE	FROM	TO		DATE	FROM	TO
	······						•	· · · · · · · · · · · · · · · · · · ·
			-				-	
	·····	·····						·····
			· · · · · · · · · · · · · · · · · · ·					•
							*	
				-			-	
								• • • • • • • • • • • • • • • • • • •
	,							
		·····	· · · · · · · · · · · · · · · · · · ·	_			-	
		·····					-	
				. <u> </u>				·
				•			<u>-</u>	
				_			-	
		· • • • • • • • • • • • • • • • •						
							-	·····
					·			
2	 .	. 					· · · · · · · · · · · · · · · · · · ·	. , , , . , , , , , . , . , . , . , . , . , .
				-				
				-				
					.			
i I			· · · · · · · · · · · · · · · · · · ·	-	•			******
		······································	<u></u> . 	<u>-</u>		· · · · · · · · · · · · · · · · · · ·		·····
					.			
					·			
				· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	Andrew 1. 4 1. 4 1. 4
					11			

FORM	SA3.	PAGE	7.

LEGAL	NAME OF OWNER OF CABLE SYSTEM:	Nome
Atlan	tic Telephone Membership Corporation 3253	Name
Instr all an (as ic page Gi du	DSS RECEIPTS ructions : The figure you give in this space determines the form you file and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service dentified in space E) during the accounting period. For a further explanation of how to compute this amount, see a (vii) of the general instructions. Bross receipts from subscribers for secondary transmission service(s) uring the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts. Manual Content	K Gross Receipts
Instr • Co • Co • If y fee • If y ac	PYRIGHT ROYALTY AND FILING FEES ructions: Use the blocks in this space L to determine the royalty fee you owe: omplete block 1, showing your minimum fee. omplete block 2, showing whether your system carried any distant television stations. your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum e from block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the applicable parts of the DSE Schedule companying this form and attach the schedule to your statement of account. part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of lock 3 below.	L Copyright Royalty Fee
	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block below.	
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line in block 4 below.	
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	
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? Yes—Complete the DSE schedule. 	
Biock 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	-
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	Cable systems
	(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: Yorkan Provide the State of the Stat	submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the
	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.)	additional fees.

FORM SA3. PAGE 8.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	Name	
	Atlantic Telephone Membership Corporation	3253	
M Channels	 CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried televito its subscribers and (2) the cable system's total number of activated channels, during the a Enter the total number of channels on which the cable system carried television broadcast stations Enter the total number of activated channels on which the cable system carried television broadcast stations 	ccounting period.	
	and nonbroadcast services		
Ν	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)		
Individual to Be Contacted for Further Information	Name Telephone	910-755-1896 Area code)	
	Address (Number, street, rural route, apartment, or suite number)		
	Shallotte, NC 28459 (City, town, state, zip)		
	khughes@focusbroadband.com 910-755-187 Email (optional)	1	
0	CERTIFICATION (This statement of account must be certified and signed in accordance wit lations, as explained in the general instructions.)	th Copyright Office regu	
Certification	• I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)		
	(Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or		
	(Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B and that the owner is not a corporation or partnership; or		
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the le owner of the cable system in line 1 of space B.	gal entity identified as	
	I have examined the statement of account and hereby declare under penalty of law that a contained herein are true, complete, and correct to the best of my knowledge, information made in good faith. [18 U.S.C. sec. 1001] Handwritten signature:	Il statements of fact 1, and belief, and are	
	Typed or printed name: Kim Edwards		
	Title: Vice President-Accounting and Finance (Title of official position held in corporation or par Date: 9125 2023	(nership)	
	Date:		

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.