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						
03/01/2018	\$ 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	2017/2			
	Instructions:			
Bowner	Give the full legal name of the owner of the cable system. If the owner is a rate title of the subsidiary, not that of the parent corporation List any other name or names under which the owner conducts the busine If there were different owners during the accounting period, only the owner a single statement of account and royalty fee payment covering the entire account conducts the system's first filing. If not, enter the system's ID	ss of the cable system on the last day of the counting perion	em the accounting period should s	
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM			
	Atlantic Broadband (Penn) LLC			
				01044320172
				010443 2017/2
	2 Batterymarch Park, Suite 205			
	Quincy, MA 02169			
	INSTRUCTIONS: In line 1, give any business or trade names used to id	dentify the busines	ss and operation of the syst	em 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 (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 rel	ist on page 1b
Area	with all communities.			
Served	CITY OR TOWN	STATE		
First	Benson	PA		
Community	Below is a sample for reporting communities if you report multiple cha	nnel line-ups in S	pace G.	
	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#
Sample	Alda	MD	Α	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 th 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: 2017/2 FORM SA3E. PAGE 1b. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: 010443 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 Area 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 of system identification hereafter known as the "first community." Please use it as the first community on all future fillings. 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. CITY OR TOWN STATE CH LINE UP SUB GRP# **Benson** PA **First** PA **Brownstown** Community Conemaugh Township (Cambria) PA Conemaugh Township (Somerset) PA Daisytown PA 2 Dale PA See instructions for **East Taylor** PA additional information on alphabetization. 2 **Ferndale** PA Franklin PA Geistown PA 2 2 PA Jackson Add rows as necessary. PA Jenner PA Johnstown PA 2 Lorain PA **Lower Yoder** PA Middle Taylor Paint (Somerset) PA Quemahoning PA Richland PA Southmont PA 2 Stonycreek PA **Upper Yoder** PA **West Taylor** PA PA Westmont

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Broadband (Penn) LLC

010443

Ε

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

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

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

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

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

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

BLO	OCK 1		BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS		RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	ı	RATE
Residential:							
Service to first set	16,800	\$	38.49	Expanded Basic	14,648	\$	55.17
 Service to additional set(s) 		Ţ		Value	31,448	\$	93.66
 FM radio (if separate rate) 				Digital Value	3,025	\$	76.99
Motel, hotel	23	\$	38.49				
Commercial	1,035	\$	38.49				
Converter							
 Residential 	117	\$	2.99				
 Non-residential 							
						T	

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

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

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

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

	BLOCK 2							
CATEGORY OF SERVICE	F	RATE	CATEGORY OF SERVICE	CATEGORY OF SERVIC	E !	RATE		
Continuing Services:			Installation: Non-residential					
• Pay cable	\$	19.99	Motel, hotel			НВО	\$	19.99
 Pay cable—add'l channel 			Commercial			Showtime	\$	19.99
Fire protection			Pay cable			Cinemax	\$	19.99
Burglar protection			Pay cable-add'l channel			Movie Ples	\$	9.00
Installation: Residential			Fire protection			2 Premium	\$	34.95
First set	\$	40.00	Burglar protection			3 Premium	\$	49.95
 Additional set(s) 	\$	40.00	Other services:			NFL Red Zone	\$	49.99
FM radio (if separate rate)	ļ		Reconnect	\$	40.00			
Converter			Disconnect					
			Outlet relocation	\$	40.00			
			Move to new address	\$	40.00			

FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Namo	
Atlantic Broadl	band (Penn)	LLC			010443		
Atlantic Broads PRIMARY TRANSMITTE In General: In space (carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the sta planation of local servi Column 5: If you ha cable system carried th carried the distant stati	band (Penn) ERS: TELEVISIO G, identify even system during the ions in effect or 6.61(e)(2) and (sis, as explaine Stations: With I CC rules, regular In the properties of the Interest of t	y television state accounting in June 24, 19 4), or 76.63 (in the next respect to any ations, or auth G—but do listitute basis. ace I, if the state in a station ace streams must be the FCC in the station. Whether the station. Whether the state in the local serving (v) of the the local serving (v) of the es" in column on during the me basis became basis became in the local serving (v) of the lo	period, except 81, permitting the referring to 76.6 paragraph. of distant stations orizations: to the station was carried to the station was assigned to the station is a network of the station is a network, "N-M" (I educational), or egeneral instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area of lack of a station is a network or general instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area, (i.e. "or general instructivice area of lack of a station is a network or general instructivice area, (i.e. "or general instructivice area of lack of a station is a network or general instructivity or general instructivi	(1) stations carried ecarriage of certal (e)(2) and (4))]; is carried by your of the Special Statement of both on a substitute, see page (v) of the seep pag	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a cable system on a substitute program ent and Program Log)—if the tute basis and also on some other of the general instructions located as such as HBO, ESPN, etc. Identify ation. For example, report multi- th stream separately; for example tion for broadcasting over-the-air in may be different from the channel expendent station, or a noncommercial cast), "I" (for independent), "I-M" commercial educational multicast). The paper SA3 form. The paper SA3 form. The paper SA3 form. The stating the basis on which your tering "LAC" if your cable system capacity.	Namo	
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	ng multiple char	• •	EL LINE-UP	•	channel line-up.	-	
4.001	o DIOACT		1		C LOCATION OF STATION	-	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION		
WATM	12	N	No		Altoona, PA		
WJAC	6	N	No		Johnstown, PA	See instructions for	
WKBS	5	l	No		Altoona, PA	additional information on alphabetization.	
WPCW	15	<u> </u>	No		Jeanette, PA	on diphabetization.	
WPSU	3	E	No		Clearfield, PA		
WQED	13	E	No		Pittsburgh, PA		
WTAE	4	N	No		Pittsburgh, PA		
WTAJ	10	N	No		Altoona, PA		
WWCP	8	N	No		Johnstown, PA		
WHVL	2	I	Yes	0	State College, PA		
WINP	22	I	No		Pittsburgh, PA		

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Broadband (Penn) LLC 010443 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 in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions located in the paper SA3 form. Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation of local service area, see page (v) of the general instructions located in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete column 5, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity. For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O." For a further explanation of these three categories, see page (v) of the general instructions located in the paper SA3 form. Column 6: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identifed. Note: If you are utilizing multiple channel line-ups, use a separate space G for each channel line-up.

-					
		CHANN	EL LINE-UP	AB	
1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE (If Distant)	6. LOCATION OF STATION
WATM	12	N	No		Altoona, PA
WJAC	6	N	No		Johnstown, PA
WKBS	5	I	No		Altoona, PA
WPCW	15	l	Yes	0	Jeanette, PA
WPSU	3	E	No		Clearfield, PA
WQED	13	E	No		Pittsburgh, PA
WTAE	4	N	No		Pittsburgh, PA
WTAJ	10	N	No		Altoona, PA
WWCP	8	N	No		Johnstown, PA
WHVL	2	ı	Yes	0	State College, PA
WINP	22	<u> </u>	No		Pittsburgh, PA

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	NER OF CABLE SY	/STEM:			SYSTEM ID#	N
Atlantic Broadl	band (Penn)	LLC			010443	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat	system during to ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (i	period, except 81, permitting the referring to 76.6	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S	Stations: With	respect to any	distant stations	s carried by your o	able system on a substitute program	Television
	here in space	G-but do lis		e Special Stateme	ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			tute basis and also on some other if the general instructions located	
Column 1: List eac	ch station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
Column 2: Give the			ū		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy			tation is a notwo	urk station an inde	ependent station, or a noncommercial	
					ast), "I" (for independent), "I-M"	
(for independent multion For the meaning of the	,,		,,	,	ommercial educational multicast).	
Column 4: If the st	ation is outside	the local serv	vice area, (i.e. "d	distant"), enter "Ye	es". If not, enter "No". For an ex-	
planation of local servi Column 5: If you ha					e paper SA3 form. stating the basis on which your	
cable system carried tl	he distant statio	on during the	accounting perio	od. Indicate by ent	tering "LAC" if your cable system	
carried the distant stat For the retransmiss	•				capacity. y payment because it is the subject	
of a written agreement	t entered into o	n or before Ju	ine 30, 2009, be	tween a cable sys	stem or an association representing	
•			•	• .	ry transmitter, enter the designa- ther basis, enter "O." For a further	
explanation of these th	ree categories	, see page (v)	of the general i	instructions locate	d in the paper SA3 form.	
				•	y to which the station is licensed by the n which the station is identifed.	
Note: If you are utilizing		. ,		•		
		CHANN	EL LINE-UP	AC		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		

	<u> </u>	<u> </u>			-	
	<u> </u>	<u> </u>				
	<u> </u>			<u> </u>		
	T					

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broadk	pand (Penn)	LLC			010443	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space C carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76 substitute program bas Substitute Basis S basis under specifc FC Do not list the station station was carried List the station here, s basis. For further in in the paper SA3 for Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 5: If you had cable system carried th carried the distant stati For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For s explanation of these th Column 6: Give the	G, identify even ystem during the ons in effect or .61(e)(2) and (sis, as explaine tations: With record on a substant also in space only on a substant also in space on the cast of	y television streams accounting in June 24, 194, or 76.63 (in d in the next prespect to any ations, or auth G—but do listitute basis. In the statement of the station acceptable with the local service of the station. Whether the station whether the station acceptable (v) of the local service of the loca	g period, except 81, permitting the referring to 76.6 paragraph. If the distant stations orizations: at it in space I (the station was carried the basis station to be reported in the referring to the period of the general instruct 14, you must correct accounting period accounting p	(1) stations carried be carriage of certa- (1(e)(2) and (4))]; as carried by your case special Statement of both on a substitution, see page (v) on program services er-the-air designal column 1 (list each the television stationington, D.C. This bork station, an indefor network multicor "E-M" (for noncoctions located in the distant"), enter "Yesions located in the activated channel of subject to a royalty etween a cable systement of the primal channel on any of instructions located list the community with the community with	es". If not, enter "No". For an expaper SA3 form. stating the basis on which your tering "LAC" if your cable system capacity. y payment because it is the subject stem or an association representing ry transmitter, enter the designather basis, enter "O." For a further in the paper SA3 form. y to which the station is licensed by the a which the station is identifed.	G Primary Transmitters: Television
		CHANN	EL LINE-UP	AD		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		
	• • • • • • • • • • • • • • • • • • • •					
	• • • • • • • • • • • • • • • • • • • •					
	• • • • • • • • • • • • • • • • • • • •					

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broadl	pand (Penn)	LLC			010443	
PRIMARY TRANSMITTE	ERS: 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 76.659(d)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.61(e)(2) and (4), 76.63 (e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I' (for independ						
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed.	
-		CHANN	EL LINE-UP	AE		
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	

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broadl	pand (Penn)	LLC			010443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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 76.65/9(d)/2) and (4), 76.61(e)/2) and (4), 0, or 76.63 (referring to 76.61(e)/2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent, "I-M" (for independent multicast), "E" (for noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I						
Note: If you are utilizing				•		
		CHANN	EL LINE-UP	AF		
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	

FORM SA3E. PAGE 3.					Accookii	14G 1 EMOD. 2017/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Atlantic Broadl	oand (Penn)	LLC			010443	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	N				
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	system during the ons in effect or i.61(e)(2) and (he accounting n June 24, 198 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
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 specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-N" (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, is expected and expected in the paper SA3 form. Column 5: If you have entered "Yes" in column 4, you must complete c						
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.	
	T .	CHANN	EL LINE-UP	AG		
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	

Atlantic Broa	VNER OF CABLE S	/STEM:			SYSTEM ID#	A1
	dband (Penn)	LLC	010443	Name		
PRIMARY TRANSMIT	TERS: TELEVISION	ON				
carried by your cable FCC rules and regul	e system during t ations in effect or 76.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (i	g period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) I'd only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis	Stations: With	respect to any	distant stations	s carried by your o	able system on a substitute program	Television
	on here in space	G—but do lis		e Special Stateme	ent and Program Log)—if the	
	e, and also in spa information cond	ace I, if the sta			ute basis and also on some other f the general instructions located	
Column 1: List e	ach station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- n stream separately; for example	
its community of lice	nse. For example	e, WRC is Ch	ū		on for broadcasting over-the-air in may be different from the channel	
	ité in each case v	whether the st			pendent station, or a noncommercial	
					ast), "I" (for independent), "I-M" mmercial educational multicast).	
For the meaning of t					ne paper SA3 form. s". If not, enter "No". For an ex-	
planation of local se	rvice area, see pa	age (v) of the	general instructi	ions located in the	paper SA3 form.	
•			•	•	stating the basis on which your rering "LAC" if your cable system	
carried the distant st	ation on a part-ti	me basis beca	ause of lack of a	ctivated channel	capacity.	
					payment because it is the subject stem or an association representing	
the cable system an	d a primary trans	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
` ',			•	•	her basis, enter "O." For a further d in the paper SA3 form.	
Column 6: Give	the location of ea	ch station. Fo	or U.S. stations,	list the community	to which the station is licensed by the	
FCC. For Mexican o Note: If you are utilize		. ,		ne community with		
· · · · · · · · · · · · · · · · · · ·	-		use a separate	space G for each		
1 CALL	2 B'CAST	CHANN	EL LINE-UP	AH	channel line-up.	
1. CALL SIGN	2. B'CAST CHANNEL					
		CHANN 3. TYPE	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	
	CHANNEL	CHANN 3. TYPE OF	EL LINE-UP 4. DISTANT?	AH 5. BASIS OF CARRIAGE	channel line-up.	

FORM SA3E. PAGE 3.					ACCOUNT	NG PERIOD: 2017/2	
LEGAL NAME OF OWN	ER OF CABLE SY	STEM:			SYSTEM ID#	Name	
Atlantic Broad	oand (Penn)	LLC			010443	Name	
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, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "F" (for independent), "I-M" (for							
explanation of these the Column 6: Give the FCC. For Mexican or C	ree categories, location of eac Canadian statio	see page (v) ch station. For ns, if any, give	of the general in the state of	instructions locate list the community ne community with	d in the paper SA3 form. to which the station is licensed by the which the station is identifed.		
Note: If you are utilizin	g multiple char	• •	•		channel line-up.		
		CHANNI	EL LINE-UP	Al			
1. CALL	2. B'CAST		4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL NUMBER	OF STATION	(Yes or No)	CARRIAGE (If Distant)			
		0.7		(ii Diotain)			
				••••••			
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						
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FORM SA3E. PAGE 3.					Accoonti	14G 1 EMOD. 2017/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Atlantic Broadl	oand (Penn)	LLC			010443	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream 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) nor						
Note: If you are utilizing	g multiple chai	•	•		cnannel line-up.	
	I	CHANN	EL LINE-UP	AJ		
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	
	•					

FORM SA3E. PAGE 3.					Accookii	14G 1 EMOD. 2017/2	
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name	
Atlantic Broadl	oand (Penn)	LLC			010443	Name	
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
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 he station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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 inde							
Note: If you are utilizing	g multiple char	nnel line-ups,	use a separate	space G for each	channel line-up.		
	T	CHANN	EL LINE-UP	AK			
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		

FORM SA3E. PAGE 3.						•
LEGAL NAME OF OWN					SYSTEM ID#	Name
Atlantic Broadl	pand (Penn)	LLC			010443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
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),0,0,76,63 (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 specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "E" (for independent), "I-M" (for indep						
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each		
		CHANN	EL LINE-UP	AL		
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	

FORM SA3E. PAGE 3.					Account	NGT EMOD. 2017/2
LEGAL NAME OF OWN	IER OF CABLE SY	STEM:			SYSTEM ID#	Name
Atlantic Broadl	band (Penn)	LLC			010443	Name
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON				
carried by your cable s	system during to ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For e explanation of these the	Stations: With a CC rules, regular here in space only on a substand also in space only on a substand also in space only on a substand also in space only on a substand associated with associated with a channel number of the in each case of the interest in each case of the interest into one a primary transisting as in the interest into one a primary transisting as in the interest into one a primary transisting as in the interest into one a primary transisting as in the interest into one a primary transisting as in the interest into one a primary transisting as in the interest into one a primary transisting as in the interest into one a part-time interest into one a primary transisting as in the interest into one a prim	respect to any ations, or auth G—but do listitute basis. Ince I, if the state rining substitute is a station acceptable with the station. It is station acceptable with the local service in column and uning the sme basis becamulticast stream or before Jumitter or an acceptage (v) and the local service in column and uning the sme basis becamulticast stream or before Jumitter or an acceptage (v) and uning the sme basis becamulticast stream or before Jumitter or an acceptage (v) see page (v) see pa	distant stations or distant stations or distant stations: It it in space I (the station was carried tute basis station report origination cording to its over the reported in order of the station is a network of the station is	de Special Statement of both on a substitute, see page (v) on program service: er-the-air designation of the television statistington, D.C. This bork station, an indefor network multicute of "E-M" (for noncontrollor of "E-M" (for noncontrollor of the television located in the mplete column 5, so the deformance of the televisions located in the mplete column 5, so the televisions located in the mplete column 5,	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your dering "LAC" if your cable system	Television
FCC. For Mexican or C Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.	
	1	CHANN	EL LINE-UP	AW		
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	
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FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	N
Atlantic Broad	band (Penn)	LLC	010443	Name		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat	system during to ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (i	period, except 81, permitting the referring to 76.6	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
	Stations: With	respect to any	distant stations	s carried by your o	cable system on a substitute program	Television
 Do not list the station 	here in space	G—but do lis		e Special Stateme	ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			tute basis and also on some other if the general instructions located	
Column 1: List eac	ch station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
its community of licens	se. For example	e, WRC is Ch	ū		ion for broadcasting over-the-air in may be different from the channel	
	in each case v	whether the st			ependent station, or a noncommercial	
					east), "I" (for independent), "I-M" ommercial educational multicast).	
For the meaning of the	ese terms, see	page (v) of the	e general instruc	ctions located in th	ne paper SA3 form.	
planation of local servi			•	•	es". If not, enter "No". For an exepaper SA3 form.	
•			•	-	stating the basis on which your tering "LAC" if your cable system	
carried the distant stat	ion on a part-tii	me basis beca	ause of lack of a	ectivated channel	capacity.	
					/ payment because it is the subject stem or an association representing	
the cable system and	a primary trans	mitter or an a	ssociation repre	senting the prima	ry transmitter, enter the designa-	
,			•	•	ther basis, enter "O." For a further ed in the paper SA3 form.	
Column 6: Give the	e location of ea	ch station. Fo	r U.S. stations,	list the community	to which the station is licensed by the	
Note: If you are utilizir		. ,		•	n which the station is identifed. channel line-up.	
		CHANN	EL LINE-UP	AN		
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION	
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE		
	NUMBER	STATION		(If Distant)		

FORM SA3E. PAGE 3.						
LEGAL NAME OF OWN	IER OF CABLE SY	'STEM:			SYSTEM ID#	Name
Atlantic Broadl	pand (Penn)	LLC			010443	
PRIMARY TRANSMITTE	ERS: TELEVISIO	N				
In General: In space of carried by your cable of Carried by your cable of FCC rules and regulating 76.59(d)(2) and (4), 76 substitute program bassubatitute program bassubatitute Basis of Substitute Basis of FC of Substitute Basis of Substitute Basis of FC of Substitute Basi	G, identify every eystem during the consist of effect or in effect or iss, as explaine stations: With record or a substant and also in spatformation concern. The station's call associated with experimental or explained the in each case we entering the lecast), "E" (for nease terms, see pation is outside ce area, see paave entered "You and for explain the experimental or in each case we enter the experimental of the experimental or in each case we enter the experimental of the experimental of the experimental of the experimental or in each case we enter experimental or in each case we experimental or in eac	y television state accounting in June 24, 198 4), or 76.63 (d) in the next prespect to any attons, or auth G—but do list titute basis. In the state of the state	g period, except 81, permitting the 181, permitting the 181, permitting the 181, permitting the 181, permitting to 76.6 paragraph. If distant stations orizations: It it in space I (the 181 times of 181 times a station or 181 times or 181	(1) stations carried the carriage of certain (e)(2) and (4))]; as carried by your content of the special Statement of the	s". If not, enter "No". For an ex-	G Primary Transmitters: Television
carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For explanation of these th	ion on a part-tir ion of a distant entered into or a primary trans simulcasts, also aree categories	me basis beca multicast stre n or before Ju mitter or an as o enter "E". If y , see page (v)	ause of lack of a eam that is not s une 30, 2009, be ssociation repre you carried the of the general i	activated channel of subject to a royalty etween a cable sys- senting the primal channel on any ot instructions locate	•	
	Canadian statio	ns, if any, givennel line-ups,	e the name of thuse a separate	ne community with space G for each	which the station is identifed.	
	T	CHANN	EL LINE-UP	AO		
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	

FORM SA3E. PAGE 3. LEGAL NAME OF OWN	IER OF CABLE S	/STEM:			SYSTEM ID#	N
Atlantic Broad	band (Penn)	LLC	010443	Name		
PRIMARY TRANSMITTI	ERS: TELEVISIO	ON				
carried by your cable s FCC rules and regulat	system during t ions in effect or 6.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (i	period, except 81, permitting the referring to 76.6	(1) stations carrie	s and low power television stations) ed only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S	Stations: With	respect to any	distant stations	s carried by your o	cable system on a substitute program	Television
	here in space	G—but do lis		e Special Stateme	ent and Program Log)—if the	
	and also in spa formation cond	ace I, if the sta			tute basis and also on some other if the general instructions located	
Column 1: List eac	ch station's call	-			s such as HBO, ESPN, etc. Identify	
			•	•	tion. For example, report multi- h stream separately; for example	
Column 2: Give the			•		ion for broadcasting over-the-air in may be different from the channel	
on which your cable sy Column 3: Indicate			ation is a netwo	ork station, an inde	ependent station, or a noncommercial	
educational station, by	entering the le	tter "N" (for n	etwork), "N-M" (for network multic	ast), "I" (for independent), "I-M"	
For the meaning of the	ese terms, see	page (v) of the	e general instruc	ctions located in th		
Column 4: If the st planation of local servi			-	•	es". If not, enter "No". For an ex-	
Column 5: If you h	ave entered "Y	es" in column	4, you must cor	mplete column 5,	stating the basis on which your	
cable system carried to carried the distant stat		-		•	tering "LAC" if your cable system capacity.	
For the retransmiss	ion of a distant	multicast stre	eam that is not s	subject to a royalty	payment because it is the subject	
-				•	stem or an association representing ry transmitter, enter the designa-	
,			•	•	ther basis, enter "O." For a further ed in the paper SA3 form.	
					to which the station is licensed by the	
FCC. For Mexican or (Note: If you are utilizir				•	which the station is identifed.	
note. If you are utilizing	- Inditiple criai	•	EL LINE-UP		onamer interap.	
1 CALL	2 P'CAST	3. TYPE	4. DISTANT?		6. LOCATION OF STATION	
1. CALL SIGN	2. B'CAST CHANNEL	OF	(Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION	
	NUMBER	STATION	,	(If Distant)		
	i i	i .		T .	1	

FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broads	pand (Penn)	LLC			010443		
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, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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), "" (for independent), "I-M" (for							
		CHANN	EL LINE-UP	AQ			
1. CALL	2. B'CAST	3. TYPE	4. DISTANT?	5. BASIS OF	6. LOCATION OF STATION		
SIGN	CHANNEL	OF	(Yes or No)	CARRIAGE			
	NUMBER	STATION		(If Distant)			
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		l 					
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FORM SA3E. PAGE 3.					Accookii	14G 1 EMOD. 2017/2
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name
Atlantic Broadl	oand (Penn)	LLC			010443	Name
PRIMARY TRANSMITTE	RS: TELEVISIO	ON				
carried by your cable s	system during to ons in effect or i.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) ad only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:
Substitute Basis S basis under specifc FC • Do not list the station station was carried • List the station here, basis. For further in in the paper SA3 fo Column 1: List eac each multicast stream cast stream as "WETA WETA-simulcast). Column 2: Give the its community of licens on which your cable sy Column 3: Indicate educational station, by (for independent multic For the meaning of the Column 4: If the st planation of local servi Column 5: If you h cable system carried th carried the distant stat For the retransmiss of a written agreement the cable system and a tion "E" (exempt). For e explanation of these the	catations: With a CC rules, regular here in space only on a subsum and also in spate formation concurn. In station's call associated with associated with associated with associated with a channel numbers for each case we entering the least), "E" (for noise terms, see part of the concurrence of the distant station on a part-tilicion of a distant entered into of a primary trans simulcasts, also ree categories	respect to any ations, or auth G—but do listitute basis. ace I, if the staterning substitute basis. The state of the station ace streams must be the station. The station ace streams must be the station. The station whether the station accommercial page (v) of the the local servage (v) of the es" in column on during the sme basis becar multicast stream or before Jumitter or an accommercial page (v) accommendation of the sent of the station or before Jumitter or an accommendation of the station of	distant stations or distant stations or distant stations: It it in space I (the station was carried tute basis station report origination cording to its over the reported in order of the station is a network of the station is	e Special Statemed both on a substitute, see page (v) on program service er-the-air designate column 1 (list each the television statifington, D.C. This light of the television statification is located in the television statification in the television st	es". If not, enter "No". For an ex- e paper SA3 form. stating the basis on which your tering "LAC" if your cable system	Television
FCC. For Mexican or C Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.	
	<u> </u>	CHANN	EL LINE-UP	AR		
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	
					<u> </u>	

FORM SA3E. PAGE 3.						•	
LEGAL NAME OF OWN					SYSTEM ID#	Name	
Atlantic Broadk	pand (Penn)	LLC			010443		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON					
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), 76.63 (e)(2) and (4), 076.63 (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 ((the Special Statement and Program Log)—if the station was carried only on a substitute basis. • List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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), "" (for independent), "I-M" (for							
-		CHANN	EL LINE-UP	ΔS			
1. CALL SIGN	2. B'CAST CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION		
	NUMBER	STATION		(If Distant)			
	• • • • • • • • • • • • • • • • • • • •						

FORM SA3E. PAGE 3.						•		
LEGAL NAME OF OWN					SYSTEM ID#	Name		
Atlantic Broadl	pand (Penn)	LLC			010443			
PRIMARY TRANSMITTE	ERS: TELEVISIO	ON						
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), 0, 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for ind								
FCC. For Mexican or 0	Canadian statio	ns, if any, giv	e the name of th	ne community with	which the station is identifed.			
Note: If you are utilizing	ig multiple chai		EL LINE-UP	•	спаппетппе-ир.			
4 0011	2. B'CAST				C LOCATION OF STATION			
1. CALL SIGN	CHANNEL	3. TYPE OF	4. DISTANT? (Yes or No)	5. BASIS OF CARRIAGE	6. LOCATION OF STATION			
	NUMBER	STATION		(If Distant)				

FORM SA3E. PAGE 3.					Account	NGT EMOD. 2017/2		
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name		
Atlantic Broadl	oand (Penn)	LLC			010443	Name		
PRIMARY TRANSMITTE	RS: TELEVISIO	ON						
carried by your cable s FCC rules and regulati 76.59(d)(2) and (4), 76	system during to ons in effect or i.61(e)(2) and (he accounting n June 24, 19 4), or 76.63 (r	period, except 81, permitting th referring to 76.6	(1) stations carrie	and low power television stations) d only on a part-time basis under ain network programs [sections and (2) certain stations carried on a	G Primary Transmitters:		
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 program basis, as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specifc FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as "WETA-2". 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-N" (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) and the accounting period. Indicate by entering "LAC" if your cable system carried the distant station during the								
Note: If you are utilizing		nnel line-ups,	use a separate	space G for each	which the station is identifed. channel line-up.			
		CHANN	EL LINE-UP	AU				
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			

FORM SA3E. PAGE 3.						•			
LEGAL NAME OF OWN					SYSTEM ID#	Name			
Atlantic Broadl	band (Penn)	LLC			010443				
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), 0, 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 specife FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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 ind									
FCC. For Mexican or C Note: If you are utilizing				•	which the station is identifed.				
,		CHANN	EL LINE-UP	AV	·				
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				

FORM SA3E. PAGE 3.					Accookii	14G 1 EMOD. 2017/2			
LEGAL NAME OF OWN	IER OF CABLE SY	/STEM:			SYSTEM ID#	Name			
Atlantic Broadl	oand (Penn)	LLC			010443	Name			
PRIMARY TRANSMITTE	RS: TELEVISIO	ON							
Reimary Transmitters: Television In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis as explained in the next paragraph. Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions located in the paper SA3 form. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream as sociated 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), "E"									
Note: If you are utilizing	ig multiple chai	•	•	•	channel line-up.				
	1	CHANN	EL LINE-UP	AW					
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				

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 4.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010443 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 LOCATION OF STATION CALL SIGN AM or FM S/D LOCATION OF STATION AM or FM

FORM SA3E. PAGE 5.								ACCOUNTING	PERIOD: 2017/2		
LEGAL NAME OF OWNER OF Atlantic Broadband (P		EM:					S	YSTEM ID# 010443	Name		
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a									ı		
substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (v) of the general instructions located in the paper SA3 form. 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE • During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program											
broadcast by a distant station? Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program											
log in block 2. 2. LOG OF SUBSTITUTE PROGRAMS 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 located in the paper SA3 form for futher 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 pro gram was substituted for programming that your system was permitted to delete under FCC rules and regulations in effect on October 19, 1976.											
S	UBSTITUT	E PROGRAM	l		EN SUBS			7. REASON FOR			
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN		5. MONTH AND DAY		TIMES	S TO	DELETION			
						_					
						_					
	 				+						

ACCOUNTING PERIOD: 2017/2 FORM SA3E. PAGE 6.

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010443 Atlantic Broadband (Penn) LLC **PART-TIME CARRIAGE LOG** J In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for parttime 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 II						
Atla	antic Broadband (Penn) LLC		01044	Name					
Inst all a (as pag	Instructions: The figure you give in this space determines the form you fle and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service (as identified in space E) during the accounting period. For a further explanation of how to compute this amount, see page (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. System 5,3465,341.26 IMPORTANT: You must complete a statement in space P concerning 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 $k = 1$ below.	e ente	ered on line 1 of						
	art 6 of the DSE schedule was completed, the amount from line 7 of block C should be ϵ slow.	entere	ed on line 2 in block						
	art 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount sho block 4 below.	uld be	e entered on line						
Block 1	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 or more least the minimum fee, regardless of whether they carried any distant stations. This fee system's gross receipts for the accounting period.		064 percent of the						
	Line 1. Enter the amount of gross receipts from space K Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here.		\$ 3,465,341.26						
	This is your minimum fee.	\$	36,871.23						
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree with the space G. If, in space G, you identifed any stations as "distant" by stating "Yes" in colun "Yes" in this block. • Did your cable system carry any distant television stations during the accounting periods Yes—Complete the DSE schedule. No—Leave block 3 below blank and column.	nn 4, y od?	you must check						
Block 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or 4, or part 9, block A of the DSE schedule. If none, enter zero		\$ 48,119.23						
	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	\$	48,119.23						
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		\$ 48,119.23	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 deposits under					
	zero. Line 3. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet)		0.00	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	\$	48,844.23	appropriate form for submitting the additional fees.					
	Remit this amount via <i>electronic payment</i> payable to Register of Copyrights. (see general instructions located in the paper SA3 form for more information.)	See pa	age (i) of the						

Nama	LEGAL NAME OF OWNER OF	CABLE S	YSTEM:	SYSTEM ID#						
Name	Atlantic Broadband	d (Penn	LLC	010443						
M Channels	to its subscribers and 1. Enter the total num system carried telev 2. Enter the total num on which the cable s	(2) the observation browning (2) the observat	(1) the number of channels on which the cable system carried television broadcast cable system's total number of activated channels, during the accounting period. nannels on which the cable chancels stations. ctivated channels arried television broadcast stations	t stations 11 236						
N Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Patrick Bratton Telephone 617-786-8800									
Information	Name Patrick I		11 relepnone							
	Address 2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number) Quincy, MA 02169									
	(City, town, st	tate, zip)	- 100							
	Email	pbratt	on@atlanticbb.com Fax (optional)							
0	CERTIFICATION (This	stateme	ent of account must be certifed and signed in accordance with Copyright Office re-	gulations.						
Certifcation	• I, the undersigned, he	reby cer	tify that (Check one, but only one, of the boxes.)							
	(Owner other than	corpora	tion or partnership) I am the owner of the cable system as identifed in line 1 of space	e B; or						
	 (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 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., Section 1001(1986)] 									
	F	X	/s/ Patrick Bratton							
		(e.g., /s/	electronic signature on the line above using an "/s/" signature to certify this statement. John Smith). Before entering the first forward slash of the /s/ signature, place your curso on, then type /s/ and your name. Pressing the "F" button will avoid enabling Excel's Lotu							
	Typed or printed name: Patrick Bratton									
		Title:	Chief Financial Officer (Title of official position held in corporation or partnership)							
		Date:	March 1, 2018							

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 th 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 telephor 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 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

U.S. Copyright Office

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#	Name						
Atlantic Broadband (Penn) LLC 010443							
SPECIAL STATEMENT CONCERNING GROSS RECEIPTS EXCLUSIONS The Satellite Home Viewer Act of 1988 amended Title 17, section 111(d)(1)(A), of the Copyright Act by adding the following sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system for the basic service of providing secondary transmissions of primary broadcast transmitters, the system shall not include subscribers and amounts collected from subscribers receiving secondary transmissions pursuant to section 119." For more information on when to exclude these amounts, see the note on page (vii) of the general instructions in the paper SA3 form.							
During the accounting period did the cable system exclude any amounts of gross receipts for secondary transmissions made by satellite carriers to satellite dish owners?							
X NO							
YES. Enter the total here and list the satellite carrier(s) below							
Name Mailing Address Mailing Address Mailing Address							
INTEREST ASSESSMENTS							
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions in the paper SA3 form.	Q						
Line 1 Enter the amount of late payment or underpayment	Interest Assessment						
Line 2 Multiply line 1 by the interest rate* and enter the sum here							
xdays							
Line 3 Multiply line 2 by the number of days late and enter the sum here							
x 0.00274							
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)							
(interest charge)							
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov.							
** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.							
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Offce, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.							
Owner							
Address							
First community served							
Accounting period							
ID number							

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 th 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: 2017/2

INSTRUCTIONS FOR DSE SCHEDULE WHAT IS A "DSE"

The term "distant signal equivalent" (DSE) generally refers to the numerica value given by the Copyright Act to each distant television station carried by a cable system during an accounting period. Your system's total number of DSEs determines the royalty you owe. For the full definition, see page (v) of the General Instructions in the paper SA3 form.

FORMULAS FOR COMPUTING A STATION'S DSE

There are two different formulas for computing DSEs: (1) a basic formula for all distant stations listed in space G (page 3), and (2) a special formula for those stations carried on a substitute basis and listed in space I (page 5). (Note that if a particular station is listed in both space G and space I, a DSE must be computed twice for that station: once under the basic formula and again under the special formula. However, a station's total DSE is not to exceed its full type-value. If this happens, contact the Licensing Division.)

BASIC FORMULA: FOR ALL DISTANT STATIONS LISTED IN SPACE G OF SA3E (LONG FORM)

Step 1: Determine the station's type-value. For purposes of computing DSEs, the Copyright Act gives different values to distant stations depending upon their type. If, as shown in space G of your statement of accoun (page 3), a distant station is:

Independent: its type-value is	1.00
Network: its type-value is	0.25
Noncommercial educational: its type-value is	0.25
Note that the character and a contract of the contract of the party of	

Note that local stations are not counted at all in computing DSEs.

Step 2: Calculate the station's basis of carriage value: The DSE of a station also depends on its basis of carriage. If, as shown in space C of your Form SA3E, the station was carried part time because of lack of activated channel capacity, its basis of carriage value is determined by (1) calculating the number of hours the cable system carried the station during the accounting period, and (2) dividing that number by the total number or hours the station broadcast over the air during the accounting period. The basis of carriage value for all other stations listed in space G is 1.0.

Step 3: Multiply the result of step 1 by the result of step 2. This gives you the particular station's DSE for the accounting period. (Note that for stations other than those carried on a part-time basis due to lack of activated channel capacity, actual multiplication is not necessary since the DSE will always be the same as the type value.)

SPECIAL FORMULA FOR STATIONS LISTED IN SPACE I OF SA3E (LONG FORM)

Step 1: For each station, calculate the number of programs that, during the accounting period, were broadcast live by the station and were substituted for programs deleted at the option of the cable system.

(These are programs for which you have entered "Yes" in column 2 and "P" in column 7 of space I.)

Step 2: Divide the result of step 1 by the total number of days in the calendar year (365—or 366 in a leap year). This gives you the particula station's DSE for the accounting period.

TOTAL OF DSEs

In part 5 of this schedule you are asked to add up the DSEs for all of the distant television stations your cable system carried during the accounting period. This is the total sum of all DSEs computed by the basic formula and by the special formula.

THE ROYALTY FEE

The total royalty fee is determined by calculating the minimum fee and the base rate fee. In addition, cable systems located within certain television market areas may be required to calculate the 3.75 fee and/or the Syndicated Exclusivity Surcharge. Note: Distant multicast streams are not subject to the 3.75 fee or the Syndicated Exclusivity Surcharge. Distant simulcast streams are not subject to any royalty payment

The 3.75 Fee. If a cable system located in whole or in part within ε television market added stations after June 24, 1981, that would not have been permitted under FCC rules, regulations, and authorizations (hereafter referred to as "the former FCC rules") in effect on June 24, 1981, the system must compute the 3.75 fee using a formula based on the number of DSEs added. These DSEs used in computing the 3.75 fee will not be used in computing the base rate fee and Syndicated Exclusivity Surcharge

The Syndicated Exclusivity Surcharge. Cable systems located in whole or in part within a major television market, as defined by FCC rules and regulations, must calculate a Syndicated Exclusivity Surcharge for the carriage of any commercial VHF station that places a grade B contour, ir whole or in part, over the cable system that would have been subject to the FCC's syndicated exclusivity rules in effect on June 24, 1981

The Minimum Fee/Base Rate Fee/3.75 Percent Fee. All cable systems fling SA3E (Long Form) must pay at least the minimum fee, which is 1.064 percent of gross receipts. The cable system pays either the minimum fee or the sum of the base rate fee and the 3.75 percent fee, whichever is larger, and a Syndicated Exclusivity Surcharge, as applicable

What is a "Permitted" Station? A permitted station refers to a distant station whose carriage is not subject to the 3.75 percent rate but is subject to the base rate and, where applicable, the Syndicated Exclusivity Surcharge. A permitted station would include the following:

- 1) A station actually carried within any portion of a cable system prior to June 25, 1981, pursuant to the former FCC rules.
- 2) A station first carried after June 24, 1981, which could have been carried under FCC rules in effect on June 24, 1981, if such carriage would not have exceeded the market quota imposed for the importation of distant stations under those rules.
- 3) A station of the same type substituted for a carried network, non-commercial educational, or regular independent station for which a quota was or would have been imposed under FCC rules (47 CFR 76.59 (b),(c), 76.61 (b),(c),(d), and 767.63 (a) [referring to 76.61 (b),(d)] in effect on June 24, 1981.
- 4) A station carried pursuant to an individual waiver granted between April 16, 1976, and June 25, 1981, under the FCC rules and regulations in effect on April 15, 1976.
- 5) In the case of a station carried prior to June 25, 1981, on a part-time and/or substitute basis only, that fraction of the current DSE represented by prior carriage.

NOTE: If your cable system carried a station that you believe qualifies as a permitted station but does not fall into one of the above categories, please attach written documentation to the statement of account detailing the basis for its classification.

Substitution of Grandfathered Stations. Under section 76.65 of the former FCC rules, a cable system was not required to delete any statior that it was authorized to carry or was lawfully carrying prior to March 31 1972, even if the total number of distant stations carried exceeded the market quota imposed for the importation of distant stations. Carriage of these grandfathered stations is not subject to the 3.75 percent rate but is subject to the Base Rate, and where applicable, the Syndicatec Exclusivity Surcharge. The Copyright Royalty Tribunal has stated its view that, since section 76.65 of the former FCC rules would not have permitted substitution of a grandfathered station, the 3.75 percent Rate applies to a station substituted for a grandfathered station if carriage of the station exceeds the market quota imposed for the importation of distant stations.

COMPUTING THE 3.75 PERCENT RATE—PART 6 OF THE DSE SCHEDULE

- Determine which distant stations were carried by the system pursuan to former FCC rules in effect on June 24, 1981.
- Identify any station carried prior to June 25, 198I, on a substitute and/o part-time basis only and complete the log to determine the portion of the DSE exempt from the 3.75 percent rate.
- Subtract the number of DSEs resulting from this carriage from the number of DSEs reported in part 5 of the DSE Schedule. This is the total number of DSEs subject to the 3.75 percent rate. Multiply these DSEs by gross receipts by .0375. This is the 3.75 fee.

COMPUTING THE SYNDICATED EXCLUSIVITY SURCHARGE— PART 7 OF THE DSE SCHEDULE

- Determine if any portion of the cable system is located within a top 100
 major television market as defined by the FCC rules and regulations in
 effect on June 24, 1981. If no portion of the cable system is located ir
 a major television market, part 7 does not have to be completed.
- Determine which station(s) reported in block B, part 6 are commercial VHF stations and place a grade B contour, in whole, or in part, over the cable system. If none of these stations are carried, part 7 does not have to be completed.
- Determine which of those stations reported in block b, part 7 of the DSE Schedule were carried before March 31,1972. These stations are exempt from the FCC's syndicated exclusivity rules in effect on June 24 1981. If you qualify to calculate the royalty fee based upon the carriage of partially-distant stations, and you elect to do so, you must compute the surcharge in part 9 of this schedule.
- Subtract the exempt DSEs from the number of DSEs determined in block B of part 7. This is the total number of DSEs subject to the Syndicated Exclusivity Surcharge.
- Compute the Syndicated Exclusivity Surcharge based upon these DSEs and the appropriate formula for the system's market position.

COMPUTING THE BASE RATE FEE—PART 8 OF THE DSE SCHEDULE

Determine whether any of the stations you carried were partially distant—that is, whether you retransmitted the signal of one or more stations to subscribers located within the station's local service area and, at the same time, to other subscribers located outside that area.

 If none of the stations were partially distant, calculate your base rate fee according to the following rates—for the system's permitted DSEs as reported in block B, part 6 or from part 5, whichever is applicable.
 First DSE 1.064% of gross receipts

Each of the second, third, and fourth DSEs 0.701% of gross receipts The fifth and each additional DSE 0.330% of gross receipts

PARTIALLY DISTANT STATIONS—PART 9 OF THE DSE SCHEDULE

- If any of the stations were partially distant:
- 1. Divide all of your subscribers into subscriber groups depending on their location. A particular subscriber group consists of all subscribers who are distant with respect to exactly the same complement of stations.
 - 2. Identify the communities/areas represented by each subscriber group.
- 3. For each subscriber group, calculate the total number of DSEs of that group's complement of stations.

If your system is located wholly outside all major and smaller television markets, give each station's DSEs as you gave them in parts 2, 3, and 4 of the schedule; or

If any portion of your system is located in a major or smaller television market, give each station's DSE as you gave it in block B, part 6 of this schedule.

4. Determine the portion of the total gross receipts you reported in space K (page 7) that is attributable to each subscriber group.

- Calculate a separate base rate fee for each subscriber group, using
 the rates given above;
 the total number of DSEs for that group's complement of stations;
 and
 the amount of gross receipts attributable to that group.
- 6. Add together the base rate fees for each subscriber group to determine the system's total base rate fee.
- 7. If any portion of the cable system is located in whole or in part within a major television market, you may also need to complete part 9, block B of the Schedule to determine the Syndicated Exclusivity Surcharge.

What to Do If You Need More Space on the DSE Schedule. There are no printed continuation sheets for the schedule. In most cases, the blanks provided should be large enough for the necessary information. If you need more space in a particular part, make a photocopy of the page in question (identifying it as a continuation sheet), enter the additional information on that copy, and attach it to the DSE schedule.

Rounding Off DSEs. In computing DSEs on the DSE schedule, you may round off to no less than the third decimal point. If you round off a DSE in any case, you must round off DSEs throughout the schedule as follows:

- When the fourth decimal point is 1, 2, 3, or 4, the third decimal remains unchanged (example: .34647 is rounded to .346).
- When the fourth decimal point is 5, 6, 7, 8, or 9, the third decimal is rounded up (example: .34651 is rounded to .347).

The example below is intended to supplement the instructions for calculating only the base rate fee for partially distant stations. The cable system would also be subject to the Syndicated Exclusivity Surcharge for partially distant stations, if any portion is located within a major television market.

EXAMPLE:

COMPUTATION OF COPYRIGHT ROYALTY FEE FOR CABLE SYSTEM CARRYING PARTIALLY DISTANT STATIONS

In most cases under current FCC rules, all of Fairvale would be within the local service area of both stations A and C and all of Rapid City and Bodega Bay would be within the local service areas of stations B, D, and E.



	Distant Stations Carried		Identification o	f Subscriber Groups	
	STATION	DSE	CITY	OUTSIDE LOCAL	GROSS RECEIPTS
nin	A (independent)	1.0		SERVICE AREA OF	FROM SUBSCRIBERS
s	B (independent)	1.0	Santa Rosa	Stations A, B, C, D ,E	\$310,000.00
)-	C (part-time)	0.083	Rapid City	Stations A and C	100,000.00
	D (part-time)	0.139	Bodega Bay	Stations A and C	70,000.00
	E (network)	0.25	Fairvale	Stations B, D, and E	120,000.00
	TOTAL DSFs	2 472		TOTAL GROSS RECEIPTS	\$600,000,00

 Minimum Fee Total Gross Receipts
 \$600,000.00

 x
 .01064

 \$6.384.00

		φο,σο 1.σσ				
First Subscriber Group		Second Subscriber Group		Third Subscriber Group		
(Santa Rosa)		(Rapid City and Bodega Bay)		(Fairvale)		
Gross receipts	\$310,000.00	Gross receipts	\$170,000.00	Gross receipts	\$120,000.00	
DSEs	2.472	DSEs	1.083	DSEs	1.389	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	
\$310,000 x .01064 x 1.0 =	3,298.40	\$170,000 x .01064 x 1.0 =	1,808.80	\$120,000 x .01064 x 1.0 =	1,276.80	
\$310,000 x .00701 x 1.472 =	3,198.80	\$170,000 x .00701 x .083 =	98.91	\$120,000 x .00701 x .389 =	327.23	
Base rate fee	\$6,497.20	Base rate fee	\$1,907.71	Base rate fee	\$1,604.03	

Total Base Rate Fee: \$6,497.20 + \$1,907.71 + \$1,604.03 = \$10,008.94 In this example, the cable system would enter \$10,008.94 in space L, block 3, line 1 (page 7)

ACCOUNTING PERIOD: 2017/2

DSE SCHEDULE. PAG						STEM ID#			
1	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
•	Atlantic Broadband (Pe	nn) LLC				010443			
	SUM OF DSEs OF CATEGOR	RY "O" STATIOI	NS:						
	Add the DSEs of each station.								
	Enter the sum here and in line		0.00						
	Instructions:					<u>-</u>			
2	In the column headed "Call S	Sign": list the ca	II signs of all distant stations	identified by t	he letter "O" in column 5				
Commutation	of space G (page 3). In the column headed "DSE"	r for each inden	andont station, give the DSI	= 00 "1 0": for	anch natwork or nancom				
Computation of DSEs for	mercial educational station, give			= as 1.0 , 101	each network of noncom-				
Category "O"	merolar educational etation, gr		CATEGORY "O" STATION	IS: DSFs					
Stations	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE			
	3,122 3.3.1	202	0.122 0.011	202	0, 122 0.0.1				
Add rows as						 			
necessary.									
Remember to copy									
all formula into new									
rows.									
I	L	1		l		J			

Name		owner of Cable System: adband (Penn) LLC					,	SYSTEM ID# 010443
Computation of DSEs for Stations Carried Part Time Due to Lack of Activated Channel	Column 2 figure should column 3 Column 4 be carried out Column 5 give the type- Column 6	CAPACITY st the call sign of all dista the call sign of all dista from each station, give the correspond with the inform from each station, give the color of the color from each station in the color from each independent so the color of the color of the color from each independent so the color of the co	he number of h mation given in he total number umn 2 by the fig mal point. This i station, give the flumn 4 by the fi	ours your cable syste space J. Calculate or of hours that the stat lure in column 3, and s the "basis of carriags "type-value" as "1.0." igure in column 5, and sigure in colu	m carried the standy one DSE for a cition broadcast or give the result in the value" for the cition broadcast or give the result in the value of the cition of the cition of the cition of the carried of the carried the carried of th	ation during the account each station. ver the air during the acc decimals in column 4 station. ork or noncommercial ecc in column 6. Round to n	counting period. This figure must ducational station, o less than the	
Capacity		C	ATEGORY	LAC STATIONS:	COMPUTAT	ION OF DSEs		
	1. CALL SIGN	2. NUMBE OF HOU CARRIE SYSTEM	R JRS ED BY	3. NUMBER OF HOURS STATION ON AIR	4. BASIS OI CARRIAC VALUE	F 5. TYPE		SE
			÷		= <u> </u>	<u>x</u>	<u>=</u>	
						x x	= =	
			÷		=	x	=	
			÷	:	_		=	
							=	
			÷	:	=	x	=	
	Add the DSEs	of CATEGORY LAC Sof each station. Im here and in line 2 of page		edule,	▶	0.0	0	
Computation of DSEs for Substitute-Basis Stations	Was carried tions in efferations in efferations in efferations are space I). Column 2: at your option. Column 3: Column 4:	e the call sign of each start of by your system in substanct on October 19, 1976 (one or more live, nonnetwork). This figure should correst carter the number of days Divide the figure in column This is the station's DSE	itution for a pro- as shown by th ork programs du number of live, spond with the i s in the calenda in 2 by the figur (For more infor	gram that your systen e letter "P" in column iring that optional carr, nonnetwork program nformation in space I. r year: 365, except in re in column 3, and gimation on rounding, s	n was permitted 7 of space I); an iage (as shown by is carried in subs a leap year. we the result in c eee page (viii) of	to delete under FCC rul d y the word "Yes" in column stitution for programs the column 4. Round to no let the general instructions	es and regular- n 2 of at were deleted ess than the third	orm).
	1			BASIS STATION				T
	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBE OF DAY: IN YEAR	S	1. CALL SIGN	2. NUMBER OF PROGRAMS	3. NUMBER OF DAYS IN YEAR	4. DSE
		÷		=			÷	=
		:		=			÷	=
		÷		=			÷	=
		÷		=			÷ ÷	=
	Add the DSEs	of SUBSTITUTE-BASI of each station. Im here and in line 3 of pa			▶	0.0	0	
5		ER OF DSEs: Give the am s applicable to your systen		poxes in parts 2, 3, and	I 4 of this schedul	le and add them to provid	de the tota	
Total Number	1. Number o	f DSEs from part 2●				•	0.00	
of DSEs	2. Number o	f DSEs from part 3 ●				>	0.00	
	3. Number o	f DSEs from part 4 ●				>	0.00	
	TOTAL NUMBE	R OF DSEs					>	0.00

DSE SCHEDULE. PAGE 13. ACCOUNTING PERIOD: 2017/2

LEGAL NAME OF C							S	YSTEM ID# 010443	Name
Instructions: Bloc	. ,							010440	
In block A:		•	ort 6 and nort	7 of the DCE coh	adula blank ar	nd complete p	ort 9 (nago 16) of	the	6
schedule.				7 of the DSE sche	edule blank ar	ia compiete pa	art 8, (page 16) or	trie	0
If your answer if	"No," complete blo			ELEVISION M	ARKETS				Computation of
Is the cable system						ection 76.5 of	FCC rules and re	gulations in	3.75 Fee
effect on June 24, Yes—Com		schedule—D	OO NOT COM	PLETE THE REM	AINDER OF F	PART 6 AND 7			
-	olete blocks B and								
		BI OC	CK B: CARR	IAGE OF PERI	MITTED DS	SFs			
Column 1:	List the call signs			part 2, 3, and 4 o			tem was permitte	d to carry	
CALL SIGN	under FCC rules	and regulation ne DSE Sche	ons prior to Jui dule. (Note: TI	ne 25, 1981. For fonde letter M below r	urther explana	tion of permitt	ed stations, see t	he	
Column 2: BASIS OF PERMITTED CARRIAGE	(Note the FCC ru	ıles and regu	lations cited b	isis on which you o elow pertain to tho irket quota rules [7	se in effect or	n June 24, 198		j tc	
	C Noncommeric	al educational station (76.6	al station [76.5 65) (see parag	76.59(d)(1), 76.61(9(c), 76.61(d), 76. graph regarding su	63(a) referring	to 76.61(d)			
	•	viously carrie JHF station w	ed on a part-tin rithin grade-B	ne or substitute ba contour, [76.59(d)(•		erring to 76.61(e)	(5)	
Column 3:		e stations ide	ntified by the I	n parts 2, 3, and 4 etter "F" in column			vorksheet on pag	e 14 of	
	T		T	T	T T		I	T	
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	
WHVL	A	1.00							
WPCW	D	1.00							
								<u> </u>	
								2.00	
		В	LOCK C: CO	MPUTATION OF	F 3.75 FEE				
Line 1: Enter the	total number of	DSEs from	part 5 of this	schedule					
Line 2: Enter the	sum of permitte	d DSEs fror	n block B ab	ove					
Line 3: Subtract (If zero, I				r of DSEs subject 7 of this schedu		rate.			
Line 4: Enter gro	oss receipts from	space K (pa	age 7)				x 0.03	375	Do any of the DSEs represent partially
Line 5: Multiply I	ine 4 by 0.0375	and enter su	ım here				x		permited/ partially nonpermitted
Line 6: Enter tota	al number of DS	Es from line	3				·		carriage? If yes, see part 9 instructions.
Line 7: Multiply I	ine 6 by line 5 aı	nd enter her	e and on line	2, block 3, spac	e L (page 7)			0.00	

	OWNER OF CABLE adband (Penn) I						S	7STEM ID# 010443	Name
		BLOCK	A: TELEV	SION MARKET	S (CONTIN	UED)			
1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	1. CALL SIGN	2. PERMITTED BASIS	3. DSE	6
									Computation o
									3.731 ee
···									
								••••••	
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							-		
		•			•			••••••	
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		l							
								••••••	

Name	LEGAL NAME OF OWN								S	YSTEM ID#	
	Atlantic Broad	oand (Penr) LLC							010443	<u>; </u>
Worksheet for Computating the DSE Schedule for Permitted Part-Time and Substitute Carriage	stations carried pric Column 1: List the of Column 2: Indicate Column 3: Indicate Column 4: Indicate (Note that the Formal Column 4: Indicate A—Part-time sports for 56,50 B—Late-night properties for 56,610 S—Substitute care generate Column 5: Indicate Column 6: Compare in block	or to June 25, call sign for eather DSE for the DSE for the accounting the basis of CC rules and ecialty progra (d)(1),76.61(erogramming: (e)(3)). arriage under all instructions the station's the the DSE fig. B, column 3 information years.	1981, under forme ach distant station nis station for a sin g period and year arriage on which the regulations cited b mming: Carriage, c)(1), or 76.63 (refe Carriage under FC certain FCC rules, in the paper SA3 OSE for the curren ures listed in column of part 6 for this state gu give in columns	er FCC rules govidentifed by the gle accounting in which the car he station was of elow pertain to a part-time borring to 76.61(e) C rules, section regulations, or form. t accounting per and 5 and attion. 2, 3, and 4 musting the gle and 5	/er let perial ari tho asi asi au io lis	entifed by the letter "F" in column 2 of priod, occurring between ige and DSE occurred ried by listing one of those in effect on June 24 is, of specialty program)). 76.59(d)(3), 76.61(e)(3) thorizations. For further das computed in parts at the smaller of the two one accurate and is subject to the subject of the subje	estitute carricant 6 of the n January 1 (e.g., 1981) e following 4, 1981. Inming under care explanation 2, 3, and 4 of figures her	age. DSE schedule, 1978 and Jur 1) letters r FCC rules, se referring to on, see page (v of this schedu	ene 30, 19 ections vi) of the should be	981 ne entered	
	PERMITTED DSE FOR STATIONS CARRIED ON A PART-TIME AND SUBSTITUTE BASIS										
	1. CALL	2. PRI		COUNTING		4. BASIS OF		RESENT	6. P	ERMITTED	
	SIGN	DSE	P	ERIOD		CARRIAGE	[OSE		DSE	
					••••						
											•••
					••••						
											•••
7 Computation of the	,	"Yes," comple	ete blocks B and C locks B and C blan	k and complete	•	art 8 of the DSE sched					
Syndicated			BLOC	K A: MAJOR	H	ELEVISION MARK	<u>EI</u>				
Exclusivity Surcharge	Is any portion of the or	cable system v	vithin a top 100 maj	or television mar	ke	t as defned by section 7	6.5 of FCC	rules in effect J	une 24,	1981?	
	Yes—Complete	blocks B and	IC.			No—Proceed to	part 8				
	BLOCK B: Ca	arriage of VH	-/Grade B Contoui	Stations		BLOCK	C: Compu	tation of Exem	pt DSEs	3	
	Is any station listed in commercial VHF stati or in part, over the ca	ion that place:				Was any station listed nity served by the cab to former FCC rule 76	le system p				
	Yes—List each s No—Enter zero a		th its appropriate per part 8.	mitted DSE		Yes—List each st No—Enter zero a			ate permi	tted DSE	
	CALL SIGN	DSE	CALL SIGN	DSE		CALL SIGN	DSE	CALL SIG	iN	DSE	
		1									
				<u>.</u>							
		<u> </u>	TOTAL DSEs	0.00			<u> </u>	TOTAL DS	Fe	0.00	
			TOTAL DSES	0.00				TOTAL DS)L'S	0.00	

LEGAL NA	ME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC	SYSTEM ID# 010443	Name
	BLOCK D: COMPUTATION OF THE SYNDICATED EXCLUSIVITY SURCHARGE		
Section 1	Enter the amount of gross receipts from space K (page 7)	3,465,341.26	7
Section 2	A. Enter the total DSEs from block B of part 7	0.00	Computation
	B. Enter the total number of exempt DSEs from block C of part 7	0.00	of the Syndicated
	C. Subtract line B from line A and enter here. This is the total number of DSEs subject to the surcharge computation. If zero, proceed to part 8.	0.00	Exclusivity Surcharge
• Is an	y portion of the cable system within a top 50 television market as defned by the FCC? Yes—Complete section 3 below. X No—Complete section 4 below.		
	SECTION 3: TOP 50 TELEVISION MARKET		
Section 3a	Did your 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 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 D is 1.0 or less, multiply the gross receipts by .00599 by the DSE. Enter the result on line A below.	SE	
	A. Enter 0.00599 of gross receipts (the amount in section1)		
	B. Enter 0.00377 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) Syndicated Exclusivity Surcharge.		
0 +			
Section 3b	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 fgure 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	Yes—Complete part 9 of this schedule. X 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 D 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)	SE	
	B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$		
	C.Subtract 1.000 from total permitted DSEs (the fgure 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		

Name			STEM ID#
	,	Atlantic Broadband (Penn) LLC	010443
7	Section 4b	If the figure in section 2, line C is more than 4.000, compute your surcharge here and leave section 4a blank.	
Computation		A. Enter 0.00300 of gross receipts (the amount in section 1) ▶ _\$	
of the Syndicated Exclusivity		B. Enter 0.00189 of gross receipts (the amount in section 1) ▶ \$	
Surcharge		C. Multiply line B by 3.000 and enter here	
		D. Enter 0.00089 of gross receipts (the amount in section 1) ▶ \$	
		E. Subtract 4.000 from the total DSEs (the figure on line C in section 2) and enter here.	
		F. Multiply line D by line E and enter here	
		G. Add lines A, C, and F. This is your surcharge.	
		Enter here and on line 2, block 4, space L (page 7) Syndicated Exclusivity Surcharge	
8 Computation	You m 6 was	ctions: ust complete this part of the DSE schedule for the SUM OF PERMITTED DSEs in part 6, block B; however, if block A of part checked "Yes," use the total number of DSEs from part 5. bck A, indicate, by checking "Yes" or "No," whether your system carried any partially distant stations. ur answer is "No," compute your system's base rate fee in block B. Leave part 9 blank.	
of	• If you	ir answer is "Yes" (that is, if you carried one or more partially distant stations), you must complete part 9. Leave block B below	
Base Rate Fee	blank What i	is a partially distant station? A station is "partially distant" if, at the time your system carried it, some of your subscribers	
	were lo	ocated within that station's local service area and others were located outside that area. For the definition of a station's "local	
	service	e area," see page (v) of the general instructions.	
		BLOCK A: CARRIAGE OF PARTIALLY DISTANT STATIONS	
	• Did y	our cable system retransmit the signals of any partially distant television stations during the accounting period?	
		X Yes—Complete part 9 of this schedule. No—Complete the following sections.	
		BLOCK B: NO PARTIALLY DISTANT STATIONS—COMPUTATION OF BASE RATE FEE	
	Section		
	1	Enter the amount of gross receipts from space K (page 7)	
	Section 2	Enter the total number of permitted DSEs from block B, part 6 of this schedule. (If block A of part 6 was checked "Yes,"	
		use the total number of DSEs from part 5.).	
	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)	
		B. Enter 0.00701 of gross receipts (the amount in section 1)	
		C. Subtract 1.000 from total DSEs (the figure 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 base rate fee. Enter here	
		and in block 3, line 1, space L (page 7)	0.00
		Base Rate Fee	0.00

DSE SCHEDULE. PAGE 17. ACCOUNTING PERIOD: 2017/2

	AME OF OWNER OF CABLE SYSTEM: tic Broadband (Penn) LLC	SYSTEM ID# 010443	Name
Section	If the figure in section 2 is more than 4.000, compute your base rate fee here and leave section 3 blank.	-	-
4	A. Enter 0.01064 of gross receipts (the amount in section 1) ▶\$		8
	B. Enter 0.00701 of gross receipts (the amount in section 1)		Computation
	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	
	TANT: It is no longer necessary to report television signals on a system-wide basis. Carriage of television broadca be reported on a community-by-community basis (subscriber groups) if the cable system reported multiple channels.		۵
Space In Gen receipt		e, to exclude	Computation of Base Rate Fee
station DSEs	Divide all of your subscribers into subscriber groups, each group consisting entirely of subscribers that are distant to or the same group of stations. Next: Treat each subscriber group as if it were a separate cable system. Determine and the portion of your system's gross receipts attributable to that group, and calculate a separate base rate fee for: Add up the separate base rate fees for each subscriber group. That total is the base rate fee for your system.	the number of	and Syndicated Exclusivity Surcharge
also co	If any portion of your cable system is located within the top 100 television market and the station is not exempt in pute a Syndicated Exclusivity Surcharge for each subscriber group. In this case, complete both block A and B becable system is wholly located outside all major television markets, complete block A only.		for Partially Distant Stations, and
Step 1	Identify a Subscriber Group for Partially Distant Stations: For each community served, determine the local service area of each wholly distant and each partially distant state to that community.	tion you	for Partially Permitted Stations
outside	For each wholly distant and each partially distant station you carried, determine which of your subscribers were lost the station's local service area. A subscriber located outside the local service area of a station is distant to that state to the token, the station is distant to the subscriber.)		
subscr	Divide your subscribers into subscriber groups according to the complement of stations to which they are distant. ber group must consist entirely of subscribers who are distant to exactly the same complement of stations. Note the will have only one subscriber group when the distant stations it carried have local service areas that coincide.		
Comp	uting the base rate fee for each subscriber group: Block A contains separate sections, one for each of your sys	tem's subscriber	
In each Ident Give	. I section: fy the communities/areas represented by each subscriber group. the call sign for each of the stations in the subscriber group's complement—that is, each station that is distant to all bers in the group.	of the	
• If: 1) you	system is located wholly outside all major and smaller television markets, give each station's DSE as you gave it is	n parts 2, 3,	
2) any	of this schedule; or, portion of your system is located in a major or smaller televison market, give each station's DSE as you gave it in b 6 of this schedule.	lock B,	
•	the DSEs for each station. This gives you the total DSEs for the particular subscriber group.		
	late gross receipts for the subscriber group. For further explanation of gross receipts see page (vii) of the general is apper SA3 form.	nstructions	
page.	oute a base rate fee for each subscriber group using the formula outline in block B of part 8 of this schedule on the In making this computation, use the DSE and gross receipts figure applicable to the particular subscriber group (the or that group's complement of stations and total gross receipts from the subscribers in that group). You do not necestalculations on the form.	at is, the total	

SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 010443 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.

LEGAL NAME OF OWNE						S	YSTEM ID#	Name	
Atlantic Broadbar	ıa (Penn)	LLG					010443	114/110	
В		COMPUTATION OF		TE FEES FOR EAC					
	FIRST	SUBSCRIBER GROU	<u>P</u>		SECOND	SUBSCRIBER GRO	UP	9	
COMMUNITY/ AREA	Johnsto	own		COMMUNITY/ ARE	COMMUNITY/ AREA Benson				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
WHVL	1.00	OALL GIGIT	DOL	WHVL	1.00	OALL GIGIT	DOL	Base Rate Fo	
			†	WPCW	1.00		·····	and	
	···		†					Syndicated	
			†	-	••••••			Exclusivity	
	···		†	-	•••••			Surcharge	
	···		†	-	•••••			for	
	<u> </u>		†		•••••			Partially	
	<u> </u>		†				•	Distant	
			†		•••••			Stations	
	<u> </u>		†		•••••			0.0	
	<u> </u>		†						
		-	†						
		-	†						
			*						
			†						
Total DSEs			1.00	Total DSEs	'	'	2.00		
Gross Receipts First G	iroup	s 1,860	,775.95	Gross Receipts Sec	cond Group	\$ 1,6	04,565.31		
Base Rate Fee First G	roup	s 19	,798.66	Base Rate Fee Sec	cond Group	\$	28,320.58		
	THIRD	SUBSCRIBER GROU	JP		FOURTH	SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<mark></mark>	-							
		-	 						
		-	4						
		-	4						
		-	4						
			4						
			 						
Total DSCs			0.00	Total DSEs			0.00		
Total DSEs			0.00	Total DSEs					
Gross Receipts Third (Group	\$	0.00	Gross Receipts For	ırth Group	\$	0.00		
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	ırth Group	\$	0.00		
	F	i.			P	ľ.			
Paga Data Eag. Add 4	no hene ==+	o food for each sub	ribor ara	an about in the harra	o above				
Base Rate Fee: Add the Enter here and in block			iber group	as snown in the doxe	s above.	\$	48,119.23		

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010443	Name	
E				TE FEES FOR EAC					
		SUBSCRIBER GRO		<u> </u>		I SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fe	
	<u></u>							and	
								Syndicated Exclusivity	
			····				<u> </u>	Surcharge	
								for	
	<u></u>							Partially	
	····							Distant Stations	
			···					Otations	
	····								
Total DSEs			0.00	Total DSEs	ļ	!!	0.00		
	0				and Craun	•	-		
Gross Receipts First	Group	\$	0.00	Gross Receipts Sec	ona Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
	SEVENTH	SUBSCRIBER GRO	DUP		EIGHTH	I SUBSCRIBER GRO	UP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
									
				1					
	<u></u>		<u></u>						
		-		·					
									
		-		·					
Total 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	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$			

and Syndicated Exclusivity	LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010443	Name
COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMMUNITY/ AREA 0 COMPUTATION OF COMPUTATION		BLOCK A: (COMPUTATION C	F BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
CALL SIGN DE CALL SIGN DE CALL SIGN DE DE CALL SIGN DE DE DE DE CALL SIGN DE DE DE DE DE DE CALL SIGN DE			SUBSCRIBER GRO				SUBSCRIBER GROU		a
CALL SIGN DSE Base Rate Find and Syndicated Exclusivity Surcharge for Partially Distant Stations Stat	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
and Syndicated Exclusivity Surcharge for Partially Distant Stations Total DSEs Gross Receipts First Group \$ 0.00 Base Rate Fee First Group \$ 0.00 ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIG				DSE	**	1			
Syndicator Secularity Surcharge For Syndicator Secularity Surcharge For Partially Distant Stations									Base Rate Fe
Exclusivity Surcharge for Partially Distant Stations Total DSEs Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/AREA O COMMUNITY/AREA O CALL SIGN DSE CA									
Surcharge for Partially Distant Stations Total DSEs Gross Receipts First Group \$ 0.00 Gross Receipts Second Group \$ 0.00 Gross Receipts Fourth Group \$ 0.0			-						
Total DSEs					·				Surcharge
Distant Stations Total DSEs O.00 Gross Receipts First Group Base Rate Fee First Group COMMUNITY/ AREA O.COMMUNITY/ AREA O									
Total DSEs Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIGN D									
Total DSEs Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE									
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG				<u></u>					Gtationo
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG									
Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG									
Gross Receipts First Group \$ 0.00									
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Gross Receipts First Group Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL SIG	Total DSFs	<u>'</u>		0.00	Total DSEs	!	-	0.00	
Base Rate Fee First Group ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA O CALL SIGN DSE CALL		Group	•			eand Group	¢	-	
ELEVENTH SUBSCRIBER GROUP COMMUNITY/ AREA 0 CALL SIGN DSE	Gioss Neceipis i list	Gloup	4	0.00	Gross Neceipts Geo	ond Group	- \$	0.00	
COMMUNITY/ AREA	Base Rate Fee First	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN D		ELEVENTH	SUBSCRIBER GRO	DUP		TWELVTH	I SUBSCRIBER GRO	UP	
Total DSEs O.00 Some seceipts Third Group Gross Receipts Third Group Gross Receipts Fourth Group	COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00						······			
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Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00		<u></u>							
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00			-		·				
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
Gross Receipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00									
	Total DSEs			0.00	Total DSEs			0.00	
Base Rate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Gross Receipts Third	l Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
	Base Rate Fee: Add Enter here and in blo			scriber group	as shown in the boxe	es above.	\$		

NI	YSTEM ID# 010443	S						LEGAL NAME OF OWNE Atlantic Broadban
				TE FEES FOR EACH				
9	JP 0	SUBSCRIBER GROU	IRTEENTH	FOL COMMUNITY/ AREA	JP 0	SUBSCRIBER GRO	RTEENTH	THIF COMMUNITY/ AREA
Computation								
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
Syndicated								
Exclusivity								
Surcharge						-		
for Partially	<u></u>					<u> </u>		
Distant								
Stations								
	<u> </u>							
		_						
-	2.00							
	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	IXTEENTH	S		SUBSCRIBER GRO	TEENTH	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
								
•								
	<u></u>							
	0.00			Total DSEs	0.00		I I	Total DSEs
	2.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
	0.00	-	•					

LEGAL NAME OF OWNI Atlantic Broadbar						S	YSTEM ID# 010443	Name	
				TE FEES FOR EAC					
	NTEENTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	COMMUNITY/ AREA 0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
0.122 0.011	202	57 IZZ 51511	332	07.22 07011	332	07.122.01.01.1	302	Base Rate Fee	
								and	
						-		Syndicated	
			<mark>-</mark>					Exclusivity	
	···				·····	-		Surcharge for	
			······································		•••••	-	····	Partially	
								Distant	
		-						Stations	
					<u>.</u>				
					·····	-			
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
		-							
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
NI	NTEENTH	SUBSCRIBER GRO	UP		TWENTIETH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
			<u></u>		<u></u>	-			
			···		·····	-			
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		-	······································		•••••	-			
			<u> </u>						
Total 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	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWN Atlantic Broadbar						S	YSTEM ID# 010443	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
TWEN	ITY-FIRST	SUBSCRIBER GRO	UP	TWEN	TY-SECOND	SUBSCRIBER GROU	JP	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
0.1200.00								Base Rate Fee
								and
								Syndicated
								Exclusivity
						-		Surcharge
			···		·····	-		for Partially
					•••••	-		Distant
								Stations
		-						
						 		
Total DSEs	!		0.00	Total DSEs	-		0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
TWEN	TY-THIRD	SUBSCRIBER GRO	UP	TWEN	TY-FOURTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
						-		
	···		···		·····	-	····	
			<u></u>		<u>.</u>			
			···		·····	-		
			<u></u>			-		
Total 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	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								Name
				ATE FEES FOR EACH				
TWE COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	9
								Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
	<u>.</u>				···		····	Syndicated
					•••			Exclusivity
								Surcharge
								for
						-		Partially
	<mark></mark>							Distant
								Stations
					···			
	····	-			···			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
TWENTY	'-SEVENTH	SUBSCRIBER GROU	JP	TWEN'	TY-EIGHTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	·····							
	····				···			
		-						
		-						
	<mark></mark>							
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010443	Name
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP		
		SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
							····	Syndicated
								Exclusivity Surcharge
		-						for
								Partially
					<u>.</u>			Distant
			···					Stations
			···					
			0.00				0.00	
Total DSEs		-	0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
THI	RTY-FIRST	SUBSCRIBER GRO	UP	THIR	TY-SECONE	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark></mark>							
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				-				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	s above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								
				ATE FEES FOR EACH				
THIF COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	THIRT COMMUNITY/ AREA	Y-FOURTH	SUBSCRIBER GROU	JP 0	9
COMMUNITY AREA				COMMUNITY AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						-		Base Rate Fee
	····						<u></u>	and Syndicated
								Exclusivity
								Surcharge
								for Partially
	<u> </u>			· · · · · · · · · · · · · · · · · · ·	·	-	<u> </u>	Distant
								Stations
	<u></u>						<u></u>	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROU		ii .	RTY-SIXTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
				-				
							<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	
		_						
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER						S	O10443	Name
				TE FEES FOR EACH				
THIRTY-S COMMUNITY/ AREA	EVENTH	SUBSCRIBER GROU)P 0	COMMUNITY/ AREA	Y-EIGHTH	SUBSCRIBER GROU	0	9
COMMONT IT AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
						•		Exclusivity
								Surcharge
								for
								Partially Distant
								Stations
							<u> </u>	
						•		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
THIRT	Y-NINTH	SUBSCRIBER GROU	JP		FORTIETH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
						-	•••••	
						<u> </u>	<u></u>	
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010443	Name
Е	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GRO	UP	H .		SUBSCRIBER GROU	UP	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fe
								and
								Syndicated
			····					Exclusivity
	···				·····			Surcharge for
	···				••••		····	Partially
							•••••	Distant
								Stations
					<mark>.</mark>			
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Tatal DCFa			0.00	Total DCCs			0.00	
Total DSEs			0.00	Total DSEs			-	
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	
FOR	TY-THIRD	SUBSCRIBER GRO	UP	FOR	TY-FOURTH	I SUBSCRIBER GRO	UP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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							•••••	
					<mark>.</mark>			
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	···		···		·····			
	···				••••			
Total 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	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
	he base rat			as shown in the boxe		\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								
				ATE FEES FOR EAC				
		SUBSCRIBER GRO	UP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA				COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u> </u>			and Syndicated
					<u></u>			Exclusivity
								Surcharge
								for Partially
					<u></u>			Distant
								Stations
					<u> </u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
FORTY	/-SEVENTH	SUBSCRIBER GRO	UP	FOR	TY-EIGHTH	SUBSCRIBER GRO	UP	
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			0.00	
Gross Receipts Third	I Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourt	th Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group SIGN DSE DSE Base Rate Fee Second Group SIGN DSE DSE Base Rate Fee Second Group SIGN DSE DSE Base Rate Fee Second DSE	LEGAL NAME OF OWNER Atlantic Broadband						S	YSTEM ID# 010443	Name
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP COMMUNITY/ AREA COMMUNITY	BL	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC				
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fee Second Group SIGN DSE DSE CALL SIGN DSE Base Rate Fee Second Sign DSE DSE CALL SIGN DSE Base Rate Fee Second Sign DSE DSE CALL SIGN DSE Base Rate Fee Second Sign DSE DSE CALL SIGN DSE DSE CALL SIGN DSE Base Rate Fee Second Sign DSE DSE CALL SIGN DSE DSE CALL SIGN DSE DSE CALL SIGN DSE Base Rate Fee Second Group S D.00 SEES D.000 Gross Receipts Second Group S D.000 FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP INITY/ AREA D COMMUNITY/ AREA D		Y-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		۵
Sign DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE Base Rate Fe and Syndicated Exclusivity Surcharge for Partially Distant Stations	COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
and Syndicated Exclusivity Surcharge for Partially Distant Stations SES 0.00 Total DSEs 0.00 eceipts First Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP INITY/ AREA 0 COMMUNITY/ AREA 0	CALL SIGN		CALL SIGN	DSE				DSE	
Syndicated Exclusivity Surcharge for Partially Distant Stations SES 0.00 Gross Receipts Second Group \$ 0.00 Seceipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP INITY/ AREA 0 COMMUNITY/ AREA 0									Base Rate Fe
Exclusivity Surcharge for Partially Distant Stations Total DSEs 0.00 Gross Receipts Second Group Sate Fee First Group Sate Fee Second Group Sate Fee First Group Sate F									and
Surcharge for Partially Distant Stations SES 0.00 Total DSEs 0.00 eceipts First Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP FIFTY-FIRST SUBSCRIBER GROUP INITY/ AREA 0 COMMUNITY/ AREA 0									
for Partially Distant Stations SES								<u></u>	
Partially Distant Stations Total DSEs O.00 Gross Receipts Second Group Total DSEs O.00 Base Rate Fee Second Group FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP INITY/ AREA O COMMUNITY/ AREA O O O O O O O O O O O O O									
Distant Stations								····	
Descripts First Group Second Gro									Distant
eceipts First Group \$ 0.00 ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP JNITY/ AREA 0 COMMUNITY/ AREA 0									Stations
eceipts First Group \$ 0.00 ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP JNITY/ AREA 0 COMMUNITY/ AREA 0									
eceipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP JNITY/ AREA O COMMUNITY/ AREA O								<u></u>	
eceipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP JNITY/ AREA O COMMUNITY/ AREA O									
eceipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP JNITY/ AREA O COMMUNITY/ AREA O				•					
eceipts First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP FIFTY-SECOND SUBSCRIBER GROUP JNITY/ AREA O COMMUNITY/ AREA O									
ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP INITY/ AREA 0 COMMUNITY/ AREA 0	Total DSEs			0.00	Total DSEs			0.00	
ate Fee First Group \$ 0.00 Base Rate Fee Second Group \$ 0.00 FIFTY-FIRST SUBSCRIBER GROUP INITY/ AREA 0 COMMUNITY/ AREA 0	Gross Receints First Gr	oun	\$	0.00	Gross Receipts Seco	and Group	s	0.00	
FIFTY-FIRST SUBSCRIBER GROUP JNITY/ AREA 0 COMMUNITY/ AREA 0	order Redelpte Fillet Civ	oup			l cross rescripto coss	па отоар	_		
JNITY/ AREA 0 COMMUNITY/ AREA 0	Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	FIFT	Y-FIRST	SUBSCRIBER GRO	UP	FIF1	TY-SECONE	SUBSCRIBER GROU	JP	
SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA			0	COMMUNITY/ AREA				
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	

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			-						
0.00	T-4-1 DOE-			0.00	T-4-1 DOE-			0.00	
	Total DSEs								
eceipts Third Group \$ 0.00 Gross Receipts Fourth Group \$ 0.00	Gross Receipts Third G	roup	<u>\$</u>	0.00	Gross Receipts Four	th Group	<u>\$</u>	0.00	
ate Fee Third Group \$ 0.00 Base Rate Fee Fourth Group \$ 0.00	Base Rate Fee Third Gi	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	

	EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								
				ATE FEES FOR EACH					
COMMUNITY/ AREA		SUBSCRIBER GROU	JP 0	COMMUNITY/ AREA		I SUBSCRIBER GROU	JP 0	9	
	I BOE					T call close		Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
					 			Surcharge	
								for Partially	
				·	···			Distant	
								Stations	
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Total DSEs			0.00	Total DSEs	•		0.00	1	
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00	İ	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00		
FI	IFTY-FIFTH	SUBSCRIBER GROU	JP	F	IFTY-SIXTH	I SUBSCRIBER GROU	JP	l	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	İ				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	l	
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Total DSEs			0.00	Total DSEs			0.00	1	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	1	
2.300 . (030)pto 11111d	v = p	·			С. Сир			1	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	1	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								Name
				ATE FEES FOR EACH				
	-SEVENTH	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
					<u></u>			and
	<u></u>				<mark></mark>			Syndicated Exclusivity
							••••	Surcharge
								for
								Partially
	<u></u>	-			<u></u>			Distant Stations
	<u></u>							Stations
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Total DSEs		Į.	0.00	Total DSEs	_	<u>!!</u>	0.00	
Gross Receipts First Group \$ 0.00				Gross Receipts Seco				
						\$	0.00	
Base Rate Fee First 0	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	TY-NINTH	SUBSCRIBER GROU				SUBSCRIBER GROU		
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 Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
				••				
Base Rate Fee: Add t Enter here and in bloc			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								Name
				ATE FEES FOR EACH				
	TY-FIRST	SUBSCRIBER GROU		11		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
		-						Exclusivity
								Surcharge
		<u> </u>						for
								Partially Distant
	·	-			···			Stations
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	1
								İ
Base Rate Fee First G		\$	0.00	Base Rate Fee Secon		\$	0.00	1
	TY-THIRD	SUBSCRIBER GROU	JP 0	II		I SUBSCRIBER GROU		1
COMMUNITY/ AREA				COMMUNITY/ AREA			0	1
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ
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Total DSEs			0.00	Total DSEs			0.00	İ
Gross Receipts Third 0	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	1
Base Rate Fee Third C	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	l
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								
				ATE FEES FOR EACH					
		SUBSCRIBER GRO	JP 0	COMMUNITY/ AREA		1 SUBSCRIBER GRO	UP 0	9	
COMMUNITY/ ARE			U	COMMUNITY/ AREA				Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fee	
								and Syndicated	
		-						Exclusivity	
								Surcharge	
								for Partially	
					···			Distant	
								Stations	
		-							
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First Group \$ 0.00			0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee Firs	t Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
		SUBSCRIBER GRO		II		SUBSCRIBER GROU	UP		
COMMUNITY/ ARE	A		0	COMMUNITY/ AREA	0				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-							
					<u></u>				
									
									
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Thir	rd Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Thir	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in bl			criber group	as shown in the boxes	above.	\$			
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	SAL NAME OF OWNER OF CABLE SYSTEM: antic Broadband (Penn) LLC 010443								
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
	CTY-NINTH	SUBSCRIBER GRO		H .		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
					·····			Syndicated	
			···					Exclusivity Surcharge	
								for	
								Partially	
								Distant	
		ļ			·····			Stations	
T / 1005			0.00	T / LD05		11	0.00		
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 0	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SEVE	NTY-FIRST	SUBSCRIBER GRO	UP	SEVEN	TY-SECONE	SUBSCRIBER GRO	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
		-	<mark></mark>		<mark>.</mark>				
		 							
	···	-							
	<u></u>	-		·					
	···		<mark></mark>		·····		<u> </u>		
Total 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	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add t			scriber group	as shown in the boxe	s above.	\$			

	SAL NAME OF OWNER OF CABLE SYSTEM: antic Broadband (Penn) LLC 010443								
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
SEVEN	TY-THIRD	SUBSCRIBER GRO	UP	SEVEN	TY-FOURTH	SUBSCRIBER GROU	JP	9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
0.111				0.120				Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
						-		Surcharge	
	<u></u>							for	
	<u></u>				·····	-		Partially Distant	
	<u></u>		····		·····	-		Stations	
			···			-		Otations	
						-			
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
							1		
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00		
SEVEN	ITY-FIFTH	SUBSCRIBER GRO	UP	SEV	ENTY-SIXTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
						-			
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	<mark></mark>		<u></u>				<u></u>		
			-				···		
						1			
Total DSEs	1		0.00	Total DSEs			0.00		
Gross Receipts Third (Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00		
									
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWNE Atlantic Broadban						S	YSTEM ID# 010443	Name	
Bl	OCK A:	COMPUTATION O	F BASE RA	TE FEES FOR EAC					
	SEVENTH	SUBSCRIBER GRO		ii e		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
								Base Rate Fee	
								and	
								Syndicated	
								Exclusivity Surcharge	
		 		·		•		for	
								Partially	
								Distant	
								Stations	
	·				<u></u>				
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			<u></u>		••••				
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	roup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
·	·				·	·			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
SEVEN	TY-NINTH	SUBSCRIBER GRO)UP		EIGHTIETH	I SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					••••	•			
	·				·····				
		<u> </u>		·	·····				
			0.00				0.00		
Total DSEs		-	0.00	Total DSEs		-	0.00		
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			scriber group	as shown in the boxe	s above.	\$			

	SAL NAME OF OWNER OF CABLE SYSTEM: antic Broadband (Penn) LLC 010443								
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	IBER GROUP			
EIGH	TY-FIRST	SUBSCRIBER GRO	UP	EIGH	TY-SECOND	SUBSCRIBER GROU	JP	0	
COMMUNITY/ AREA			0	COMMUNITY/ ARE.	Α		0	9 Commutation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
Of the ofoly	DOL	O/ LEE O/O/4	BOL	OTTLE GIGIT	BOL	O'NEE O'O'N	DOL	Base Rate Fee	
								and	
								Syndicated	
								Exclusivity	
	<u> </u>							Surcharge	
						-		for	
				·				Partially Distant	
			····			-		Stations	
	···	-	···	·	·····	-		Stations	
	<u></u>		······································						
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Cross resorpts i not c	лоар			l cross resorpts ess	ona Group	<u>*</u>			
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
EIGH	TY-THIRD	SUBSCRIBER GRO	UP	EIGH	ITY-FOURTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	<u> </u>								
									
						-			
						-	••••		
	<u></u>		<u>-</u>			-	<u></u>		
	<mark></mark>		<u></u>			-	<u></u>		
	<u></u>		-		·····		<u> </u>		
	<u></u>		<u></u>		••••	•			
Total DSEs			0.00	Total DSEs	•		0.00		
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00		
,	•	_			r				
Base Rate Fee Third (Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$			

	SAL NAME OF OWNER OF CABLE SYSTEM: antic Broadband (Penn) LLC 010443								
				TE FEES FOR EAC					
	TY-FIFTH	SUBSCRIBER GRO		Ħ		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
07.122.01011	202	07.122.01.01.1	302	07.22 0.0.1	332	0/122 01011	332	Base Rate Fee	
								and	
		-						Syndicated	
								Exclusivity	
								Surcharge for	
		-			·····	-		Partially	
								Distant	
								Stations	
			<u></u>			-			
			<u></u>		<u></u>	-			
					·····	<u> </u>			
			<u></u>		•••••		····		
Total DSEs	•		0.00	Total DSEs	-	-	0.00		
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00		
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00		
EIGHTY-	SEVENTH	SUBSCRIBER GRO	UP	EIGI	HTY-EIGHTH	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
					····	-			
									
					•••••				
			<u></u>			-			
			<u></u>		·····	-			
		-				-			
Total 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	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00		
Base Rate Fee: Add to Enter here and in bloc			scriber group	as shown in the boxe	s above.	\$			

	SAL NAME OF OWNER OF CABLE SYSTEM: antic Broadband (Penn) LLC 010443								
E	BLOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	H SUBSCF	RIBER GROUP			
	HTY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	٩		0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
								Base Rate Fe	
								and	
							····	Syndicated	
	····							Exclusivity Surcharge	
								for	
								Partially	
								Distant	
								Stations	
	···		···	·					
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 Seco	ond Group	\$	0.00		
NINE	ETY-FIRST	SUBSCRIBER GRO	UP	NINE	TY-SECONE	SUBSCRIBER GROU	JP		
COMMUNITY/ AREA			0	COMMUNITY/ ARE/					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
	····						····		
	<u></u>		<u></u>	·			····		
	···		···	·			····		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00		
Base Rate Fee: Add t			criber group	as shown in the boxe	s above.	\$			

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010443	Name
		COMPUTATION C		ATE FEES FOR EAC		RIBER GROUP I SUBSCRIBER GROU	ID	
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ ARE		1 SUBSCRIBER GROU	0	9
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fe and
		-						Syndicated
					······			Exclusivity Surcharge
								for
								Partially Distant
								Stations
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	
		SUBSCRIBER GRO	OUP 0	li		1 SUBSCRIBER GRO	JP 0	
COMMUNITY/ AREA				COMMUNITY/ ARE				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			····					
Total DSEs	0		0.00	Total DSEs	-th- O		0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fou	нин Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			scriber group	as shown in the boxe	es above.	\$		

	EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								
				ATE FEES FOR EACH			ID.		
COMMUNITY/ AREA		SUBSCRIBER GRO	0	COMMUNITY/ AREA		1 SUBSCRIBER GROI	0	9	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Base Rate Fee	
								and	
	<u></u>							Syndicated	
				-	<u></u>			Exclusivity Surcharge	
					···			for	
								Partially	
		-						Distant	
		-			<u></u>			Stations	
								I	
					 				
T-4-1 D05-			0.00	T-4-1 DOE-		Ц	0.00		
Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00		
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
		SUBSCRIBER GRO		ii —		SUBSCRIBER GROU	UP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA					
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE		
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		-							
					 				
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Total DSEs			0.00	Total DSEs			0.00		
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00		
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00		
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$			

	EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								
				TE FEES FOR EACH					
ONE HUNDI COMMUNITY/ AREA		SUBSCRIBER GRO		ONE HUNDRE COMMUNITY/ AREA		SUBSCRIBER GROU		9	
COMMUNITY/ AREA			0	COMMUNITY AREA			0	Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of	
					<u>-</u>			Base Rate Fee	
	<u></u>							and Syndicated	
		-			<u> </u>			Exclusivity	
								Surcharge	
	<u></u>				<u></u>			for Partially	
	····				•			Distant	
								Stations	
	<u></u>				<u></u>			İ	
	····			-				İ	
								İ	
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Total DSEs			0.00	Total DSEs			0.00	İ	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	1	
Base Rate Fee First (Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00		
		SUBSCRIBER GROU		ii .		I SUBSCRIBER GROU	JP	1	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	İ	
	<u></u>							İ	
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Total DSEs			0.00	Total DSEs			0.00	1	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourth	n Group	\$	0.00	İ	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	1	
Base Rate Fee: Add Enter here and in bloo			criber group	as shown in the boxes	above.	\$			

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								
				ATE FEES FOR EACH				
ONE HUNDF COMMUNITY/ AREA	RED FIFTH	SUBSCRIBER GROU	JP 0	ONE HUND COMMUNITY/ AREA		I SUBSCRIBER GRO	JP 0	9
COMMONITI AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee and
	<u></u>							Syndicated
								Exclusivity
								Surcharge
	<u></u>			-				for Partially
								Distant
								Stations
	<u></u>				···			
							2.22	
Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
	SEVENTH	SUBSCRIBER GROU		ii .		SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
								
				-				
	···				···			
								
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add t			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID# 010443	Name
BL	OCK A:	COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	D NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0	Computation		
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u></u>					Syndicated
			<u></u>					Exclusivity Surcharge
			<u>-</u>					for
								Partially
			<u></u>					Distant
			<u> </u>					Stations
			<u> </u>	·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE HUNDRED EL	EVENTH	SUBSCRIBER GRO	UP	ONE HUNDRE	D TWELVTH	I SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	0			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u></u>	-				
				1				
			<u></u>					
			<u> </u>	·				
			<u></u>					
			<u></u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								
В	LOCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
ONE HUNDRED THI	RTEENTH	SUBSCRIBER GRO		H .		SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated Exclusivity
			······································				····	Surcharge
								for
								Partially
								Distant
	<mark></mark>							Stations
	···				·····			
	<u>-</u>	-			••••			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	iroup	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FI	FTEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTEENTH	I SUBSCRIBER GRO	JP	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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	<u></u>							
	<u></u>							
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third (Group	\$	0.00	Gross Receipts Fou	rth Group	\$	0.00	
	·				•			
Base Rate Fee Third 0	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443							Name	
				TE FEES FOR EACH				
ONE HUNDRED SEVEN	TEENTH	SUBSCRIBER GROU		Ħ	HTEENTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
							<u></u>	Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge
		-						for Partially
								Distant
								Stations
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED NIN	TEENTH	SUBSCRIBER GROU		ONE HUNDRED TV	VENTIETH	SUBSCRIBER GROU	Р	
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			0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC O10443							Name	
BI	OCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EACH	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWEN	NTY-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED TWEN	TY-SECONE	SUBSCRIBER GROUP)	•
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
			,					Surcharge
								for
								Partially
								Distant
								Stations
		-						
								
	·							
Total DSEs	-		0.00	Total DSEs		<u> </u>	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED TWEN	ITY-THIRD	SUBSCRIBER GROUP		H		SUBSCRIBER GROUP	1	
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			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010443	Name
Е	BLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
	NTY-FIFTH	SUBSCRIBER GROU		H .		SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>		<u>-</u>					Base Rate Fe
			<u></u>		·····			Syndicated
	···		······································		••••			Exclusivity
								Surcharge
			<u> </u>					for
			<u> </u>					Partially
			···		·····			Distant Stations
	···		<u></u>	·				Stations
			<u></u>		•••••		•	
			<u> </u>					
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	
NE HUNDRED TWENT	Y-SEVENTH	SUBSCRIBER GROU	P	ONE HUNDRED TWE	ENTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>		<u> </u>					
			-	1	•••••			
	<u></u>	-	<u></u>		·····			
	···			·				
		-	······································					
			<u> </u>					
	<u></u>		<u>-</u>					
Total 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	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloo			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010443	Name
В	SLOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED TWE	NTY-NINTH	SUBSCRIBER GROU	P	ONE HUNDRE	ED THIRTIETH	SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA	Α		0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u> </u>					Syndicated
				·				Exclusivity Surcharge
	···		<u>-</u>					for
								Partially
		-	<u> </u>					Distant
			<u> </u>					Stations
			<u> </u>					
			<u></u>	·				
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First C	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Seco	ond Group	\$	0.00	
ONE LUNDOED TH	IDTY FIDOT	OLIDOODIDED ODOLL		ONE LUNDRED THE	DTV 0500N		<u>.</u>	
	IRTY-FIRST	SUBSCRIBER GROU	0	H		SUBSCRIBER GROUP	0	
COMMUNITY/ AREA				COMMUNITY/ AREA	Η			
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<u></u>				<u></u>			
	<u></u>		<u></u>		·····			
	···		<u>-</u>					
	<u></u>		<u> </u>					
	···							
T			0.00	T			0.00	
Total DSEs	_		0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Four	rth Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Four	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								Name
		COMPUTATION OF SUBSCRIBER GROUP		ATE FEES FOR EACH		RIBER GROUP I SUBSCRIBER GROUP		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee and
								Syndicated
								Exclusivity
								Surcharge for
								Partially
		-						Distant Stations
								Stations
		-						
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
		SUBSCRIBER GROUP		ii .	IIRTY-SIXTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-						
					<u> </u>			
		-						
Total DOF-			0.00	Tatal DCC-			0.00	
Total DSEs	l Cro		0.00	Total DSEs	o Crour	•	0.00	
Gross Receipts Third	огоир	\$	0.00	Gross Receipts Fourti	і Стоир	\$	0.00	
Base Rate Fee Third	l Group	\$	0.00	Base Rate Fee Fourti	n Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OW Atlantic Broadba						S	YSTEM ID# 010443	Name
ONE HUNDRED THIR				ATE FEES FOR EACH		RIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
			<u>.</u>					Syndicated Exclusivity
								Surcharge
			<u> </u>		<u></u>			for
								Partially Distant
					<u></u>			Stations
			<u>.</u>		<u></u>			
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
ONE HUNDRED TI	HIRTY-NINTH	SUBSCRIBER GROUP)	ONE HUNDRED	FORTIETH	SUBSCRIBER GRO	UP	
COMMUNITY/ AREA	٩		0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>					
								
				-				
			<u>.</u>					
			<u> </u>		<u></u>			
								
			<u>.</u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	d Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	d Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in blo			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Atlantic Broadba						S	YSTEM ID# 010443	Name
В	LOCK A: (COMPUTATION O	F BASE RA	ATE FEES FOR EAC	CH SUBSCF	RIBER GROUP		
	RTY-FIRST	SUBSCRIBER GROU	P			SUBSCRIBER GROUP	1	9
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
	<u></u>							Base Rate Fe
	···		<u></u>					Syndicated
			······································		••••			Exclusivity
								Surcharge
			<u> </u>					for
			<u> </u>					Partially
	···		<u></u>	-	·····			Distant Stations
			<u></u>	·				Stations
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First 0	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
ONE HUNDRED FO	RTY-THIRD	SUBSCRIBER GROU	P	ONE HUNDRED FO	RTY-FOURTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<u> </u>					
	···							
	···	-	<u></u>					
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			<u>-</u>		••••			
			<u></u>					
			<u> </u>					
Total 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	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add t Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443							Name	
				ATE FEES FOR EACH				
ONE HUNDRED FO		SUBSCRIBER GROUP	0	ONE HUNDRED F		1 SUBSCRIBER GROUP	0	9
COMMONT IT AREA				COMMONT IT AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				-				Base Rate Fee
	····				···			and Syndicated
								Exclusivity
								Surcharge
	····				 			for Partially
	····				···			Distant
								Stations
					<u></u>			
	····				<u></u>			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First	Group	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First	Group	\$	0.00	Base Rate Fee Second	nd Group	\$	0.00	
ONE HUNDRED FORT	Y-SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED FOI	RTY-EIGHTH	SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	····				<u></u>			
								
				-				
	····				···			
	<mark></mark>							
	····							
	<u></u>				<u></u>			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third	Group	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third	Group	\$	0.00	Base Rate Fee Fourt	h Group	\$	0.00	
Base Rate Fee: Add Enter here and in bloo			riber group	as shown in the boxes	above.	\$		

EGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								Name
Bl	LOCK A: (COMPUTATION OF	BASE RA	ATE FEES FOR EAC	H SUBSCF	RIBER GROUP		
ONE HUNDRED FOR	TY-NINTH	SUBSCRIBER GRO				SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and Syndicated
					••••			Exclusivity
								Surcharge
								for
			<u> </u>		<u></u>			Partially
		-	<u>.</u>		<u></u>			Distant Stations
	···		<u>.</u>		····			Stations
					····			
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Seco	ond Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Seco	and Group	\$	0.00	
ONE HUNDRED FIF	TY-FIRST	SUBSCRIBER GRO	UP	ONE HUNDRED FIF	TY-SECOND	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
			<u>.</u>		<u></u>			
			<u>.</u>					
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			<u>.</u>		<u></u>			
			<u>-</u>		····			
			<u> </u>					
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Four	th Group	\$	0.00	
S. 500 Protopio Triila C	oup	·		l coc i tocipio i dui	O. Oup	<u>*</u>		
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Four	th Group	\$	0.00	
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	s above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443								Name
BI ONE HUNDRED FIF				ATE FEES FOR EACH			JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	Computation of
								Base Rate Fee
								and Syndicated
								Exclusivity
		-						Surcharge
		-						for Partially
								Distant
		-						Stations
Total DSEs			0.00	Total DSEs		Ц	0.00	
	roup	¢	0.00		nd Croup	¢	0.00	
Gross Receipts First G	Toup	\$	0.00	Gross Receipts Secon	ia Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
	TY-FIFTH	SUBSCRIBER GROU		ii –	FTY-SIXTH	I SUBSCRIBER GROU		
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	•		0.00	
Gross Receipts Third G	Group	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
	•	•			•			
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWN Atlantic Broadbar						S	YSTEM ID# 010443	Name
В	LOCK A: (COMPUTATION O	F BASE RA	TE FEES FOR EAC	CH SUBSCR	RIBER GROUP		
ONE HUNDRED FIFTY	'-SEVENTH	SUBSCRIBER GROUI	Þ	ONE HUNDRED I	FIFTY-EIGHTH	I SUBSCRIBER GROUP	1	0
COMMUNITY/ AREA			0	COMMUNITY/ ARE			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
						<u> </u>		Base Rate Fee
						-		and
						-		Syndicated Exclusivity
						-		Surcharge
		-						for
								Partially
			<u></u>			 		Distant
						-		Stations
						-		
Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First G	Group	\$	0.00	Gross Receipts Sec	ond Group	\$	0.00	
Base Rate Fee First G	Group	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
	FTY-NINTH	SUBSCRIBER GROUI	P	ONE HUNDI	RED SIXTIETH	I SUBSCRIBER GROUP)	
COMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
		-	<u></u>			-		
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		-	<u></u>		····			
						<u> </u>		
		-				-		
						 		
			-			H		
			<u></u>					
Total 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	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
Base Rate Fee: Add to Enter here and in bloc			criber group	as shown in the boxe	s above.	\$		

BI				TE FEES FOR EAC			LID	
COMMUNITY/ AREA		SUBSCRIBER GRO	UP .	COMMUNITY/ ARE		SUBSCRIBER GRO	UP	9
COMMUNITY AREA	3011131			COMMUNITY ARE	A Delison			Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
				0.1				Base Rate F
								and
								Syndicated
								Exclusivity
***************************************								Surcharge
								for
								Partially
								Distant
	<mark>.</mark>				<u>.</u>			Stations
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	<u> </u>				••••			
		!!	0.00	T		11	0.00	
otal DSEs			0.00	Total DSEs			0.00	
ross Receipts First G	roup	<u>\$ 1,860</u>	,775.95	Gross Receipts Sec	ond Group	<u>\$ 1,6</u>	04,565.31	
ase Rate Fee First G	roup	\$	0.00	Base Rate Fee Sec	ond Group	\$	0.00	
		T				T		
	THIRD	SUBSCRIBER GRO	UP		FOURTH	SUBSCRIBER GRO	Р	
OMMUNITY/ AREA			0	COMMUNITY/ ARE	Α		0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
	<mark>.</mark>							
								
	<u>.</u>		 		····			
			···					
							<u> </u>	
			<u> </u>					
otal DSEs			0.00	Total DSEs			0.00	
	_	-				-		
ross Receipts Third C	eroup	\$	0.00	Gross Receipts Fou	rtn Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fou	rth Group	\$	0.00	
					<u> </u>			
						1		
Base Rate Fee: Add th	ne base ra	te fees for each subs	criber group	as shown in the boxe	s above.		0.00	

0 9 Computation of Base Rate Fe and Syndicated Exclusivity			SUBSCR	TE FEES FOR EACH				
Computation of Base Rate Fe		CLIDGODIDED ODGI		П				В
Computation of Base Rate Fe	^	SUBSCRIBER GROU	SIXTH	COMMUNITY A DEA		SUBSCRIBER GRO	FIFTH	COMMUNITY/ADEA
Base Rate Fe	U			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated						-		
							···	
Surcharge								
for								
Partially Distant								
Stations						-		
0	0.00			Total DSEs	0.00		•	Total DSEs
<u>0</u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
0	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
	IP	SUBSCRIBER GROU	EIGHTH		JP	SUBSCRIBER GRO	SEVENTH	,
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
≣	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
							·	
		<u> </u>						
0_	0.00			Total DSEs	0.00			Total DSEs
0	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third (
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Name	YSTEM ID# 010443	S			•			LEGAL NAME OF OWNER Atlantic Broadbane
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O Computation Of Base Rate Ference And Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00	CALL SIGN		CALL SIGN	0			COMMUNITY/ AREA
Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00	CALL SIGN	1	CALL SIGN			1	
DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00	CALL SIGN	1	CALL SIGN	DSE		1	
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00	\$						
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00	\$						
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0.00	\$		Table DOS.				
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0.00	\$			0.00			Total DSEs
0.00	<u>*</u>	d Group	Total DSEs Gross Receipts Secon	0.00	\$	Froun	Gross Receipts First Gr
		ia Oloup	Cross receipts eccor	<u> </u>		лоцр	Cross rescipts i not Cr
RGROUP	\$	d Group	Base Rate Fee Secon	0.00	\$	Group	Base Rate Fee First Gr
	SUBSCRIBER GROU	Y-EIGHTH	SIX	UP	SUBSCRIBER GRO	SEVENTH	SIXTY-S
<u> </u>			COMMUNITY/ AREA	0			COMMUNITY/ AREA
N 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	\$	n Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G
0.00	\$	ı Group	Base Rate Fee Fourth	0.00	\$	Group	Base Rate Fee Third G

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID# 010443	Name
				TE FEES FOR EACH				
	Y-NINTH	SUBSCRIBER GRO			VENTIETH	SUBSCRIBER GRO		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
			<u> </u>					and
								Syndicated
			<u> </u>				·····	Exclusivity
					.	-		Surcharge for
			<u></u>			-		Partially
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Total DSEs			0.00	Total DSEs		-	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
SEVEN	Y-FIRST	SUBSCRIBER GRO	UP	SEVENT	/-SECOND	SUBSCRIBER GRO	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	<u> </u>		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	ı Group	\$	0.00	
e: Add the	e base rat			as shown in the boxes a		\$		

Name	010443	S			· 			LEGAL NAME OF OWNE Atlantic Broadban
				TE FEES FOR EACH				
٥	IP	SUBSCRIBER GROU	/-FOURTH	SEVENTY		SUBSCRIBER GRO	ry-third	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
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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 Second	0.00	\$	roup	Base Rate Fee First Gr
	IP	SUBSCRIBER GROU	ITY-SIXTH	SEVEN	JP	SUBSCRIBER GRO	TY-FIFTH	SEVEN
	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		l l	Гotal DSEs
	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

9							R OF CABL d (Penn)	Atlantic Broadban
9				TE FEES FOR EACH				
^ _	JP	SUBSCRIBER GROU	Y-EIGHTH	SEVENT		SUBSCRIBER GROU	SEVENTH	SEVENTY-S
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity								
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for								
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<u> </u>	0.00			Total DSEs	0.00		<u> </u>	Total DSEs
<u>) </u>	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	IGHTIETH	E	JP	SUBSCRIBER GROU	ΓΥ-NINTH	SEVENT
0	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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<u>)</u>	0.00		<u> </u>	Total DSEs	0.00			Total DSEs
<u>)</u>	0.00	\$	Group	Gross Receipts Fourth	0.00	\$	Group	Gross Receipts Third G

	YSTEM ID# 010443	S`						LEGAL NAME OF OWNE Atlantic Broadban
	-			TE FEES FOR EACH				
9	JP	SUBSCRIBER GROU	-SECOND	EIGHT		SUBSCRIBER GROU	TY-FIRST	EIGH
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate Fe								
and								
Syndicated								
Exclusivity Surcharge		-			<u>.</u>		·	
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First G
	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First G
		01100001050 0001						
	JP	SUBSCRIBER GROU	/-FOURTH	EIGHT	UP	SUBSCRIBER GROU	TY-THIRD	EIGH ⁻
	JP 0	SUBSCRIBER GROU	/-FOURTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	TY-THIRD	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
		CALL SIGN	DSE			SUBSCRIBER GROU	DSE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	DSE		DSE	CALL SIGN	DSE		DSE	COMMUNITY/ AREA

Name	010443					LLC		LEGAL NAME OF OWNE Atlantic Broadban
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	ITY-SIXTH			SUBSCRIBER GROU	TY-FIFTH	
Computatio	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and		-						
Syndicated Exclusivity		-						
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	0.00			Total DSEs	0.00			Total DSEs
	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
	I.	\$ SUBSCRIBER GROU				\$ SUBSCRIBER GROU		
	I.							EIGHTY-S
	JP			EIGHT	UP			Base Rate Fee First Gr EIGHTY-S COMMUNITY/ AREA CALL SIGN
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA
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	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA
	JP 0	SUBSCRIBER GROU	Y-EIGHTH	EIGHT COMMUNITY/ AREA	UP 0	SUBSCRIBER GROU	SEVENTH	EIGHTY-S COMMUNITY/ AREA
	JP 0 DSE	SUBSCRIBER GROU	Y-EIGHTH DSE	EIGHT COMMUNITY/ AREA CALL SIGN Total DSEs	DSE DSE DSE DSE DSE DSE DSE DSE DSE DSE	SUBSCRIBER GROU	DSE	EIGHTY-S COMMUNITY/ AREA CALL SIGN Total DSEs
	DSE O.00	SUBSCRIBER GROU	Y-EIGHTH DSE	EIGHT COMMUNITY/ AREA CALL SIGN	DSE	SUBSCRIBER GROU	DSE	EIGHTY-S COMMUNITY/ AREA CALL SIGN

O Computation OBE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00	SUBSCRIBER GROU						LEGAL NAME OF OWNE Atlantic Broadban
O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations O.00 O.00 OUP OUP O			TE FEES FOR EACH				
Computation OSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 OUP 0		NINTIETH			SUBSCRIBER GRO	TY-NINTH	
DSE of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 0.00			COMMUNITY/ AREA	0			COMMUNITY/ AREA
and Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Syndicated Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 0.00							
Exclusivity Surcharge for Partially Distant Stations 0.00 0.00 0.00 0.00					-		
Surcharge for Partially Distant Stations 0.00 0.00 0.00	 					<mark></mark>	
for Partially Distant Stations 0.00 0.00 0.00 0.00							
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0.00 OUP 0			Total DSEs	0.00			Total DSEs
0 0	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
0	\$	d Group	Base Rate Fee Secon	0.00	\$	roup	Base Rate Fee First Gr
	SUBSCRIBER GROU	'-SECOND	NINET	JP	SUBSCRIBER GRO	TY-FIRST	NINE
DSE			COMMUNITY/ AREA	0			COMMUNITY/ AREA
	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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0.00							
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0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Atlantic Broadband		E SYSTEM: LLC					010443	Name
				TE FEES FOR EAC				
	Y-THIRD	SUBSCRIBER GRO				SUBSCRIBER GRO	UP 0	9
COMMUNITY/ AREA			0	COMMUNITY/ AREA				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate F
						-		and
					<u></u>			Syndicated Exclusivity
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								for
								Partially
								Distant Stations
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Total DSEs	¥		0.00	Total DSEs	ļ.		0.00	
Gross Receipts First Gro	oup	\$	0.00	Gross Receipts Seco	nd Group	\$	0.00	
Base Rate Fee First Gro	oup	\$	0.00	Base Rate Fee Seco	nd Group	\$	0.00	
	Y-FIFTH	SUBSCRIBER GRO				SUBSCRIBER GRO	UP	
COMMUNITY/ AREA				COMMUNITY/ AREA				
			0	GOWINGTOT TO ARCE			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
CALL SIGN	DSE	CALL SIGN				CALL SIGN		
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		CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
Fotal DSEs Gross Receipts Third Gr	oup		DSE	Total DSEs Gross Receipts Four	DSE		DSE	
Fotal DSEs	oup		DSE	Total DSEs	DSE		DSE	

LEGAL NAME OF OWNE Atlantic Broadba n						S	YSTEM ID# 010443	Name
				TE FEES FOR EACH				
	SEVENTH	SUBSCRIBER GRO			TY-EIGHTH	SUBSCRIBER GROU		9
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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					<mark></mark>	-		Syndicated
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Total DSEs			0.00	Total DSEs		_	0.00	
Gross Receipts First G	roup	\$	0.00	Gross Receipts Secor	nd Group	\$	0.00	
Base Rate Fee First G	roup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
NINE	TY-NINTH	SUBSCRIBER GRO	UP	ONE HU	JNDREDTH	SUBSCRIBER GROU	JP	
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs			0.00	Total DSEs	1		0.00	
Gross Receipts Third C	Group	\$	0.00	Gross Receipts Fourth	h Group	\$	0.00	
Base Rate Fee Third G	Group	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
\$ 0.00	\$ 0.00 \$ 0.00	0.00		Gross Receipts Fourth	n Group	\$ \$	0.00	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL	
0	JP	SUBSCRIBER GROU	SECOND			SUBSCRIBER GROU	ED FIRST	ONE HUNDRE	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	
Base Rate Fe									
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	0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr	
	JP	SUBSCRIBER GROU	FOURTH	ONE HUNDRE	JP	SUBSCRIBER GROU	D THIRD	ONE HUNDRE	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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	0.00	<u>*</u>							

Name	O10443	S						LEGAL NAME OF OWNE Atlantic Broadban
				TE FEES FOR EACH				
9		SUBSCRIBER GROU	RED SIXTH	İ		SUBSCRIBER GRO	ED FIFTH	
Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
of	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
Base Rate F								
and								
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for		_						
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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	3ase Rate Fee First Gr
	Р	SUBSCRIBER GROU	D EIGHTH	ONE HUNDRE	JP	SUBSCRIBER GRO	SEVENTH	ONE HUNDRED S
	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 DSFs	0.00			Total DSFs
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

SYSTEM ID 01044					LEGAL NAME OF OWNE Atlantic Broadban
EES FOR EACH SUBSCRIBER GROUP					
ONE HUNDRED TENTH SUBSCRIBER GROUP			SUBSCRIBER GROU		
IMUNITY/ AREA	COMMUNITY/ AREA	0			COMMUNITY/ AREA
LL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
					
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DSEs	Total DSEs	0.00			Total DSEs
s Receipts Second Group \$ 0.00	Gross Receipts Secor	0.00	\$	Group	Gross Receipts First G
Rate Fee Second Group \$ 0.00	Base Rate Fee Secon	0.00	S	Group	Base Rate Fee First G
• Rate Fee Second Group \$ 0.00		0.00	\$		
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ONE HUNDRED TWELVTH SUBSCRIBER GROUP IMUNITY/ AREA O LL SIGN DSE CALL SIGN DSE A DSE DSE DSE O.00 \$ 0.00	ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	DSE	CALL SIGN	DSE	ONE HUNDRED EI COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Third G
ONE HUNDRED TWELVTH SUBSCRIBER GROUP IMUNITY/ AREA DSE CALL SIGN DSE CALL SIGN DSE DSE DSE DSE DSE DSE DSE DS	ONE HUNDRED COMMUNITY/ AREA CALL SIGN Total DSEs Gross Receipts Fourth	JP O DSE O O O O O O O O O O O O O O O O O O	CALL SIGN	DSE	ONE HUNDRED EI COMMUNITY/ AREA CALL SIGN Total DSEs

LEGAL NAME OF OWNER Atlantic Broadbane			•			Sì	O10443	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED THIR	TEENTH	SUBSCRIBER GROL			RTEENTH	SUBSCRIBER GROU	P	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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Total DSEs			0.00	Total DSEs	•		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Second	d Group	\$	0.00	
ONE HUNDRED FIF	TEENTH	SUBSCRIBER GROU	IP	ONE HUNDRED S	XTEENTH	SUBSCRIBER GROU	Р	
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	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
e k	pase rat			Base Rate Fee Fourth	· .	\$	0.00	

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID# 010443	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCR	RIBER GROUP		
ONE HUNDRED SEVE	NTEENTH	SUBSCRIBER GROUP)	ONE HUNDRED E	IGHTEENTH	I SUBSCRIBER GROUP)	0
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
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Total DSEs	<u> </u>		0.00	Total DSEs	-		0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	nd Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED NIN	ITEENTH	SUBSCRIBER GRO	UP	ONE HUNDRED T	WENTIETH	SUBSCRIBER GRO	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	1		0.00	Total DSEs		11	0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourt	h Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourtl	h Group	\$	0.00	
	17	i.	2.50			L'		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

							LEGAL NAME OF OWNER Atlantic Broadbane
OCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP	IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL
TY-FIRST SUBSCRIBER GROUP ONE HUNDRED TWENTY-SECOND SUBSCRIBER GROUP	SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED TWEN)	SUBSCRIBER GROUP	TY-FIRST	ONE HUNDRED TWEN
O COMMUNITY/ AREA O			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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			Total DSEs	0.00			Total DSEs
pup \$ 0.00 Gross Receipts Second Group \$ 0.00	\$	d Group	Gross Receipts Secon	0.00	\$	oup	Gross Receipts First Gr
pup \$ 0.00 Base Rate Fee Second Group \$ 0.00	\$	d Group	Base Rate Fee Secon	0.00	\$	oup	Base Rate Fee First Gr
TY-THIRD SUBSCRIBER GROUP ONE HUNDRED TWENTY-FOURTH SUBSCRIBER GROUP	SUBSCRIBER GROUP	ΓY-FOURTH	ONE HUNDRED TWEN)	SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED TWEN
0 COMMUNITY/ AREA 0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN
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			Total DSEs	0.00			

LEGAL NAME OF OWNER Atlantic Broadbane						S	YSTEM ID# 010443	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	RIBER GROUP		
ONE HUNDRED TWEN	TY-FIFTH	SUBSCRIBER GROUP		ONE HUNDRED TWE	NTY-SIXTH	SUBSCRIBER GROUP		Δ
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
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Total DSEs	<u> </u>		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Secon	d Group	\$	0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
NE HUNDRED TWENTY-	SEVENTH	SUBSCRIBER GROUP		ONE HUNDRED TWEN	TY-EIGHTH	SUBSCRIBER GROUP		
COMMUNITY/ AREA			0	COMMUNITY/ AREA			0	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u> </u>		0.00	Total DSEs	I		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Page Bate For Third O	roup		0.00	Page Pate For Founds	Crou		0.00	
Base Rate Fee Third G	oup	\$	0.00	Base Rate Fee Fourth	σιυυμ	\$	0.00	
Base Rate Fee: Add the Enter here and in block			riber group	as shown in the boxes a	above.	\$		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC BLOCK A: COMPUTATION OF BASE RATE FEES FOR EACH SUBSCRIBER GROUP								
		IBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: (BL	
^		SUBSCRIBER GROUP	THIRTIETH	ONE HUNDRED	·	SUBSCRIBER GROUP	ITY-NINTH	ONE HUNDRED TWEN	
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
of	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	\$	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	
		SUBSCRIBER GROUP	Y-SECOND	ONE HUNDRED THIRT	1	SUBSCRIBER GROUP	RTY-FIRST	ONE HUNDRED THIR	
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA	
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	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	YSTEM ID# 010443	S'			· 			LEGAL NAME OF OWNER Atlantic Broadbane
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: 0	BL
0		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED THIRT		SUBSCRIBER GROUP	RTY-THIRD	ONE HUNDRED THIR
9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	d Group	Gross Receipts Secon	0.00	\$	roup	Gross Receipts First Gr
	0.00	\$	d Group	Base Rate Fee Second	0.00	\$	roup	Base Rate Fee First Gr
	JP	SUBSCRIBER GROU	RTY-SIXTH	ONE HUNDRED THIS	JP	SUBSCRIBER GRO	TY-FIFTH	ONE HUNDRED THIRT
	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00	\$	Group	Total DSEs Gross Receipts Fourth	0.00	\$	Group	Total DSEs Gross Receipts Third G

Name	YSTEM ID# 010443	5						LEGAL NAME OF OWNE Atlantic Broadban
		RIBER GROUP	SUBSCR	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
^		I SUBSCRIBER GROUP	TY-EIGHTH	ONE HUNDRED THII		SUBSCRIBER GROUP	SEVENTH :	ONE HUNDRED THIRTY-
9 Computati	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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	0.00 0.00 DSE	\$ SUBSCRIBER GROU	d Group FORTIETH	Base Rate Fee Second ONE HUNDRED COMMUNITY/ AREA	JP 0	SUBSCRIBER GROL	Y-NINTH	NE HUNDRED THIRT
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	YSTEM ID# 010443	S			•			LEGAL NAME OF OWNER Atlantic Broadbane
		IBER GROUP	SUBSCRI	TE FEES FOR EACH	BASE RA	COMPUTATION OF	OCK A: C	BL
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9 Computation	0			COMMUNITY/ AREA	0			COMMUNITY/ AREA
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		SUBSCRIBER GROUP	Y-FOURTH	ONE HUNDRED FOR		SUBSCRIBER GROUP	TY-THIRD	ONE HUNDRED FOR
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PEES FOR EACH SUBSCRIBER GROUP ONE HUNDRED FORTY-SIXTH SUBSCRIBER GROUP MMUNITY/ AREA O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations al DSEs Receipts Second Group Subscriber Group MMUNITY/ AREA O Computation of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations ALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE CALL SIGN DSE	GAL NAME OF OWNER OF CA lantic Broadband (Per			
MMUNITY/ AREA O ALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations al DSEs DSE O.00 See Rate Fee Second Group Sign Receipts Second Group Sign Receipts Second Group Sign Receipts Second Group Sign Receipts Second Group Sign Receipts Second Group Sign Receipts Second Group MMUNITY/ AREA O Computation Of Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations	BLOCK A			
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ALL SIGN DSE CALL SIGN DSE Base Rate Fee and Syndicated Exclusivity Surcharge for Partially Distant Stations al DSEs 0.00 see Rate Fee Second Group \$ 0.00 DNE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP MMUNITY/ AREA 0	COMMUNITY/ AREA 0			
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Exclusivity Surcharge for Partially Distant Stations al DSEs 0.00 ses Receipts Second Group see Rate Fee Second Group MMUNITY/ AREA 0				
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for Partially Distant Stations al DSEs al DSEs se Rate Fee Second Group DNE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP MMUNITY/ AREA 0				
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See Rate Fee Second Group \$ 0.00 DINE HUNDRED FORTY-EIGHTH SUBSCRIBER GROUP MMUNITY/ AREA 0	al DSEs			
MMUNITY/ AREA 0	Total DSEs 0.00 Gross Receipts First Group \$ 0.00			
MMUNITY/ AREA 0	se Rate Fee First Group			
	E HUNDRED FORTY-SEVEN			
ALL SIGN DSE CALL SIGN DSE	COMMUNITY/ AREA 0			
	ALL SIGN DSE			
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al DSEs 0.00	al DSEs			
ss Receipts Fourth Group \$ 0.00	Total DSEs 0.00 Gross Receipts Third Group \$ 0.00			
se Rate Fee Fourth Group \$ 0.00	se Rate Fee Third Group			

LEGAL NAME OF OWNER Atlantic Broadbane			•			S	YSTEM ID# 010443	Name
BL	OCK A: 0	COMPUTATION OF	BASE RA	TE FEES FOR EACH	SUBSCR	IBER GROUP		
ONE HUNDRED FORTY-NINTH SUBSCRIBER GROUP				ONE HUNDRED	FIFTIETH	SUBSCRIBER GROU	IP	0
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA 0				9 Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
								Exclusivity
						 		Surcharge
								for
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Total DSEs	<u> </u>		0.00	Total DSEs		Ш	0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00				
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIRST	SUBSCRIBER GROU	JP	ONE HUNDRED FIFTY	-SECOND	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA0			0	COMMUNITY/ AREA				
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	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
e base i				Base Rate Fee Fourth	· 	\$	0.00	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Broadband (Penn) LLC 010443							Name	
				TE FEES FOR EACH				
ONE HUNDRED FIFTY-THIRD SUBSCRIBER GROUP				ONE HUNDRED FIFTY		9		
			0	COMMUNITY/ AREA 0				Computation
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
						-		and
		-				-		Syndicated
								Exclusivity Surcharge
								for
						-		Partially
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Total DSEs			0.00	Total DSEs			0.00	
Gross Receipts First Group \$ 0.00		0.00	Gross Receipts Second Group \$ 0.00					
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	d Group	\$	0.00	
ONE HUNDRED FIFT	Y-FIFTH	SUBSCRIBER GROU	JP	ONE HUNDRED FIF	TY-SIXTH	SUBSCRIBER GROU	IP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>ı</u> I		0.00	Total DSEs	1		0.00	
Gross Receipts Third G	roup	\$	0.00	Gross Receipts Fourth	Group	\$	0.00	
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	Group	\$	0.00	
· <u>-</u>	e fees			Base Rate Fee Fourth	·	\$	0.00	

LEGAL NAME OF OWNE Atlantic Broadban						S	YSTEM ID# 010443	Name
BL	OCK A: (COMPUTATION OF	BASE RA	TE FEES FOR EACH	H SUBSCF	RIBER GROUP		
ONE HUNDRED FIFTY-SEVENTH SUBSCRIBER GROUP				ONE HUNDRED FIR	FTY-EIGHTH	I SUBSCRIBER GROUP)	0
COMMUNITY/ AREA 0			COMMUNITY/ AREA 0				9 Computation	
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	of
								Base Rate Fee
								and
								Syndicated
							<u></u>	Exclusivity
		-						Surcharge
					. 			for
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Total DSEs	ļI		0.00	Total DSEs			0.00	
Gross Receipts First Gr	oup	\$	0.00	Gross Receipts Second Group \$ 0.00			0.00	
Base Rate Fee First Gr	oup	\$	0.00	Base Rate Fee Secon	nd Group	\$	0.00	
ONE HUNDRED FIFT	Y-NINTH	SUBSCRIBER GRO	UP	ONE HUNDRED	SIXTIETH	SUBSCRIBER GROU	UP	
COMMUNITY/ AREA 0			0	COMMUNITY/ AREA				
CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	CALL SIGN	DSE	
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Total DSEs	<u>ı </u>		0.00	Total DSEs	1	П	0.00	
Gross Receipts Third Group \$ 0.00			Gross Receipts Fourth	h Group	\$	0.00		
Base Rate Fee Third G	roup	\$	0.00	Base Rate Fee Fourth	n Group	\$	0.00	
	•	ļ				i.		
Base Rate Fee: Add the Enter here and in block			criber group	as shown in the boxes	above.	\$		

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID# Name Atlantic Broadband (Penn) LLC 010443 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 mustalso compute a 9 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 First 50 major television market Second 50 major television market Base Rate Fee **INSTRUCTIONS:** 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. 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 **Exclusivity** 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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE First Group Second Group 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 computation SYNDICATED EXCLUSIVITY SYNDICATED EXCLUSIVITY SURCHARGE SURCHARGE Third Group Fourth Group SYNDICATED EXCLUSIVITY SURCHARGE: Add the surcharge for each subscriber group as shown

FORM SA3E. PAGE 20.

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