THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2015

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

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

DATE RECEIVED	AMOUNT
08/22/2019	\$ ALLOCATION NUMBER

SA₃ **Long Form**

Return to: Library of Congress Copyright Office Licensing Division 101 Independence Ave. SE Washington, DC 20557-6400 (202) 707-8150

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

Α		ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)								
Accounting Period		■ January 1–June 30 .2019								
B Owner	Giv cor	TRUCTIONS: The the full legal name of the owner of the cable system The porate title of the subsidiary, not that of the parent on line 2, list any other names under which the owner of there were different owners during the accounting progle statement of account and royalty fee payment of the line of this is the system's first filing. If not, enclosed the legal name of owner of cable system is the system of cable system.	orporation. conducts the business of the cable eriod, only the owner on the last day overing the entire accounting period nter the system's ID number assigne	system, of the accounting pd.	period should submit					
		Atlantic Telephone Membership Corporation			3253					
	2	BUSINESS NAME(S) OF OWNER OF CABLE S	/STEM (IF DIFFERENT):	10 Fe H-A						
	3	MAILING ADDRESS OF OWNER OF CABLE SY PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, North Carolina 28459 (City, town, state, zip)	STEM:							
C System	INS nam	TRUCTIONS: In line 1, give any business or trade na les already appear in space B. In line 2, give the mai	mes used to identify the business a ling address of the system, if differe	nd operation of the nt from the address	system unless these given in space B.					
System	1 ATMC ATMC									
	2	MAILING ADDRESS OF CABLE SYSTEM: PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, North Carolina 28459 (City, town, state, zip code)								
D Area	Inst all c	ructions: For complete space D instructions, see page ommunities.	a 1b. Identify only the first community	served below and r	relist on page 1b with					
Served	CITY OR TOWN STATE									
First -	SH	SHALLOTTE NC								
Community	Belo	w is a sample for reporting communities if you report	multiple channel line-ups in Space G							
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#					
Sample ►	Ald	a ance	MD	A	1					
	Alliance MD B 2 Gering MD B 3									

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

FORM SAS. FAGE 10,									
LEGAL NAME OF OWNER OF CABLE SYSTEM:									
Atlantic Telephone Membership Corporation		3	253	Name					
Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future fillings.									
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 (all communities with the channel line-up "A" in the appropriate column below con a partially distant or partially permitted basis in the DSE Schedule, associate designated by a number (based on your reporting from Part 9). When reporting the carriage of television broadcast stations on a community-by-	or leave the co e each relevant community be	olumn blank. If you it community with asis, associate eac	report any stations a subscriber group, th community with a						
channel line-up designated by an alpha-letter(s) (based on your Space G reporting (based on your reporting from Part 9 of the DSE Schedule) in the appropriate college.		scriber group desi	gnated by a number						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
SHALLOTTE	NC	A	1	⋖ First					
BOLIVIA	NÇ	Α	1	Community					
	NC	Δ	1	Community					
BRICKLANDING CALABASH	NC	.A	1						
	NC		4						
CAROLINA SHORES		.A	4						
HOLDEN BEACH	ŅÇ								
OCEAN ISLE BEACH	NC	.A	1						
SUNSET BEACH	1	.A	1						
SUNSET HARBOR	ŅĊ	.A	1						
VARNAMTOWN	NC	Α	1						
TOWN OF LELAND	NC	A	1						
UNINCORPORATED BRUNSWICK COUTY	NC	A	1						
TABOR CITY	NC	Α	1						
WHITEVILLE	NC	Α	1						
UNINCORPORATED COLUMBUS COUNTY	NC	A	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
ST JAMES	NC	Α	1						
OAK ISLAND	NC	Α	1						
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Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Atlantic Telephone Membership Corporation 3253

E

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.

BLOCK	< 1	BLOCK 2				
CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	CATEGORY OF SERVICE	NO. OF SUBSCRIBERS	RATE	
Residential: Service to first set Service to additional set(s) FM radio (if separate rate)	27,909	\$29.00				
Motel, hotel						
Commercial						
Converter		. ,				
ResidentialNon-residential						

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

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LEGAL	NAIVE	Ur.	OWNER	\cup	CARLE	SYSTEM:

Atlantic Telephone Membership Corporation

3253

Name

PRIMARY TRANSMITTERS: TELEVISION

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

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

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

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report 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.

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

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

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

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

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

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

G

Primary
Transmitters:
Television

Channel Line-Up

Name	LEGAL NAME OF	OWNER OF CABL	E SYSTE	EM:									
Name	Atlantic Tele	phone Mem	bershi	p Corporation					3253				
H	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were "generally receivable" by your cable system during the accounting period. Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally												
Transmitters: Radio	receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be experiment on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated interpretated information about the the Copyright Office regulations on this point, see page (vi) of the general instruction of the call sign of each station carried. Column 1: Identify the call sign of each station carried. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and dissignal, 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 call Mexican or Canadian stations, if any, the community with which the station is identified).												
	CALL SIGN	AM or FM	S/D	LOCATION OF	STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	J			
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LEGAL NAME OF OWNER OF CABLE SYS	EM:		and convey				Name			
Atlantic Telephone Members	hip Corpora	tion			3253		Ivanie			
SUBSTITUTE CARRIAGE: SPECIAL STATEMENT AND PROGRAM LOG In General: In space I, identify every nonnetwork television program broadcast by a distant station that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further explanation of the programming that must be included in this log, see page (vi) of the general instructions.										
 1. SPECIAL STATEMENT CONCERNING SUBSTITUTE CARRIAGE During the accounting period, did your cable system carry, on a substitute basis, any nonnetwork television program broadcast by a distant station? Yes No Note: If your answer is "No", leave the rest of this page blank. If your answer is "Yes," you must complete the program log in block 2. 										
2. LOG OF SUBSTITUTE PR In General: List each substite clear, If you need more space Column 1: Give the title o period, was broadcast by a station under certain FCC ru information. Do not use gene Love Lucy" or "NBA Basketb Column 2: If the program of Column 3: Give the call sig Column 4: Give the broad the case of Mexican or Canac Column 5: Give the month first. Example: for May 7 give Column 6: State the times. I stated as "6:00–6:30 p.m." Column 7: Enter the letter to delete under FCC rules an gram was substituted for pro effect on October 19, 1976.	te program, please attant, please attant, every none distant statiles, regulation of the station day when the subsample: a fR" if the list diregulation	ach additional network televison and that yolons, or autholes like "movie. Bulls." ast live, enter tition broadcas is location (the s, if any, the compour system abstitute program carricaed program wis in effect dur	pages. sion program (substitut our cable system substitut our cable system substitute program of the substitute programmunity to which the carried the substitute am was carried by your ed by a system from 6 tras substituted for program of the accounting period on the substitute of the substituted for programs substituted for programs as substituted for programs of the accounting period of the substituted for programs of the accounting period of the substituted for programs of the accounting period of the substituted for programs of the accounting period of the substituted for programs of the accounting period of the substituted for programs of the substituted fo	e program) tituted for to) of the get specific pr "No." gram. the station is program. U cable syste :01:15 p.m ramming th od; enter th	that, during the he programming heral instructions ogram titles, for a slicensed by the identified), se numerals, with the identified p. to 6:28:30 p.m. at your system we letter "P" if the	accounting of another for further example, "I e FCC or, in a the month accurately should be as required listed pro-				
SU	BSTITUTE	PROGRAM	2		SUBSTITUTE GE OCCURRED	7. REASON				
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	FOR DELETION				
						· .				

	LEGAL NAME OF OWNER	R OF CABLE SYSTEM					
Name	Atlantic Telephor					3253	
	PART-TIME CAR	·········	Corporation			3233	
Part-Time Carriage Log	In General: This time carriage due hours your syster Column 1 (Ca column 5 of space Column 2 (Da curred during the Give the month "4/10." State the startiof the televisio "app." Example	space ties in verto lack of action carried that II sign): Give the G. tes and hourse accounting per and day when mg and ending in station's broce: "12:30 a.m.	with column 5 of space of vated channel capacity, y station. If you need more he call sign of every district of carriage: For each eriod. In the carriage occurred. It times of carriage to the readcast day, you may give 3:15 a.m. app."	you are required to contempt t	emplete this log the additional pags is of carriage yes and hours who he month first. In any case whending hour, follows.	giving the total dates. You identified by "I en part-time carria Example: for April ere carriage ran to be been by the abbre	tes and LAC" age or of the enterties and the ent
			DATES AND HOURS	OF PART-TIME CAR	RIAGE		
		WHEN CA	ARRIAGE OCCURRED		WHEN CA	RRIAGE OCCURI	RED
	CALL SIGN	DATE	HOURS FROM TO	CALL SIGN	DATE	HOURS FROM	Т
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LEGAL	NAME OF OWNER OF CABLE SYSTEM:		Name
Atla	ntic Telephone Membership Corporation	3253	Name
Instr all ar (as id page G	OSS RECEIPTS ructions: The figure you give in this space determines the form you file and the a mounts (gross receipts) paid to your cable system by subscribers for the system's dentified in space E) during the accounting period. For a further explanation of he (vii) of the general instructions. From subscribers for secondary transmission service(s) wring the accounting period. ORTANT: You must complete a statement in space P concerning gross receipts.	s secondary transmission service tow to compute this amount, se \$ 3,369,170.44	e
Institute of Control	PYRIGHT ROYALTY AND FILING FEES ructions: 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 stat your system did not carry any distant television stations, leave block 3 blank. E e from block 1 on line 1 of block 4, and calculate the total royalty fee. your system did carry any distant television stations, you must complete the applicampanying this form and attach the schedule to your statement of account. part 8 or part 9, block A, of the DSE schedule was completed, the base rate fellock 3 below. part 6 of the DSE schedule was completed, the amount from line 7 of block C sho below. part 7 or part 9, block B, of the DSE schedule was completed, the surcharge and the surch	inter the amount of the minimulation in the parts of the DSE Schedu see should be entered on line 1 of the could be entered on line 2 in block	e of k
Block	MINIMUM FEE: All cable systems with semiannual gross receipts of \$527,600 least the minimum fee, regardless of whether they carried any distant stations system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K	. This fee is 1.064 percent of the .44	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree a space G. If, in space G, you identified any stations as "distant" by stating "Yes" in this block. • Did your cable system carry any distant television stations during the account Yes—Complete the DSE schedule.	es" in column 4, you must chec ting period?	k
Błock 3	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 4, or part 9, block A of the DSE schedule. If none, enter zero	\$0.00	
	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum from block 1 or the sum of the base rate fee/3.75 fee from block 3, lin whichever is larger. Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, express. Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interworksheet). Line 4. FILING FEE: TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here	art 7 enter \$ erest \$	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.
	instructions for more information.)	ito. (Goo page (i) of the general	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	3253	Name
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried telev to its subscribers and (2) the cable system's total number of activated channels, during the activated channels.	vision broadc	ast stations
	Enter the total number of channels on which the cable system carried television broadcast stations		14
	Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services		385
N	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)		
Individual to Be Contacted for Further Information	Namelelepnone	910-755-178 rea code)	2
	PO Box 3198 Address		
	Shallotte, North Carolina 28459 (City, town, state, zip)		
	Email (optional) Igraff@atmc.com Fax (optional) 910-755-187	1	
0	CERTIFICATION (This statement of account must be certified and signed in accordance wit lations, as explained in the general instructions.)	h Copyright (Office regu-
Certification	• I, the undersigned, hereby certify that (Check one, but only one, of the boxes.)		
	(Owner other than corporation or partnership) I am the owner of the cable system as id of space B; or	lentified in lin	e 1
	(Agent of owner other than corporation or partnership) I am the duly authorized agent the cable system as identified in line 1 of space B and that the owner is not a corporation	of the owner or partnershi	of p; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the leg owner of the cable system in line 1 of space B.	gal entity ider	ntified as
	 I have examined the statement of account and hereby declare under penalty of law that all contained herein are true, complete, and correct to the best of my knowledge, information made in good faith. [18 U.S.C. sec. 1001] 	statements, and belief, a	of fact and are
	Handwritten signature: KIMEdWCL	100	. , ,
	Typed or printed name:		
	Title: Vice President-Accounting and Finance (Title of official position held in corporation or part)		,
	Date: 8/21/19		

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