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.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@loc.gov</u>
General instructions are located in the first tab of this workbook	3/1/2021	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
	2020/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
Accounting	20202 Barcode Data Filing Period (optional - see instructions)
Period	
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.
Owner	List any other name or names under which the owner conducts the business of the cable system.
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
	Atlantic Broadband (SC) LLC
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM
	2 Batterymarch Park, Suite 205 (Number, street, rural route, apartment, or suite number)
	Quincy, MA 02169 (City, town, state, zip)
	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these
С	names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.
System	1 IDENTIFICATION OF CABLE SYSTEM:
	Atlantic Broadband
	MAILING ADDRESS OF CABLE SYSTEM:
	2 520 Pine Log Road (Number, street, rural route, apartment, or sulte number)
	Aiken, SC 29803 (City, town, state, zip code)

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the 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 suffciency of the fling, a determination that would be made by a court of law.

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Atlantic Broadband (SC) LLC	32958
D	separate and distinct community or municipal entity (including unincor	A "community" is the same as a "community unit" as defined in FCC rules: "a porated communities within unincorporated areas and including single, discrete ou list will serve as a form of system identification hereafter known as the "first
Area	Note: Entities and properties such as hotels, apartments, condominium	s, or mobile home parks should be reported in parentheses below the identified
Served	city.	
	CITY OR TOWN	STATE
First	City of Barnwell	SC
Community	Barnwell County	SC
	Blackville	SC
ows as Necessary	Elko	SC
	Snelling	SC
	Williston	SC

									-2E. PAGE
Name	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						SYS	TEM ID
	Atlantic Broadband (SC)) LLC							3295
-	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIE		ES				
E	In General: The information in sp								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period						USE EXISTIN	y on the	
Service: Sub-	Number of Subscribers: Both						e system, k	proken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							narged	
	separately for the particular servi Rate: Give the standard rate cl							and the	
	unit in which it is generally billed.								
	category, but do not include disco				, otanadia		mann a pa		
	Block 1: In the left-hand block	in space E, the	form lis	ts the categorie					
	systems most commonly provide								
	that applies to your system. Note			-		-			
	categories, that person or entity s subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system h					ervice that are o	different fro	m those	
	printed in block 1 (for example, ti								
	with the number of subscribers a	nd rates, in the	right-ha	ind block. A two	o- or three	-word descriptic	n of the sei	rvice is	
	sufficient.	DCK 1					BLOCK	2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBE		RATE	САТЕ	GORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:	CODOCIAD		TUTE	0/112		(VIOL	CODOCINIDENCO	
	Service to first set		860	34.99	Resider	ntial Expand	ed Basid	771	48.0
	Service to additional set(s)				Value			771	48.0
	• FM radio (if separate rate)				Digital I	Plus		 -	102.4
	Motel, hotel		7		Digitari	140			102.4
	Commercial		60	44.34					
	Converter			44.54					
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA	NSMISS	IONS: RATES					
Е	In General: Space F calls for rate	e (not subscrib	er) infori	mation with res	pect to all	your cable syste	em's servic	es that were	
F	not covered in space E, that is, th								
Services	service for a single fee. There are furnished at cost or (2) services of	•					0 ()		
				nonsubscriber	s. Rate III	ormation should	i iliciude bo		
Other Than	I amount of the charge and the un	it in which it is ı	isualiv r	oilled If any rate	es are cha		ole per-proc		
Other Than Secondary	amount of the charge and the un enter only the letters "PP" in the r		usually c	oilled. If any rate	es are cha		ole per-prog	, , ,	
	enter only the letters "PP" in the r Block 1: Give the standard rate	rate column. e charged by th	e cable	system for eac	h of the ap	rged on a varial	es listed.		
Secondary	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that	rate column. e charged by th your cable sysi	ie cable tem furn	system for eac	h of the ap d during th	rged on a varial oplicable service e accounting pe	es listed. eriod that w	ere not	
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s	rate column. e charged by th your cable sys separate charge	ie cable tem furn e was m	system for eac ished or offered ade or establis	h of the ap d during th	rged on a varial oplicable service e accounting pe	es listed. eriod that w	ere not	
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that	rate column. e charged by th your cable sys separate charge	ie cable tem furn e was m	system for eac ished or offered ade or establis	h of the ap d during th	rged on a varial oplicable service e accounting pe	es listed. eriod that w	ere not	
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	rate column. e charged by th your cable sys separate charge tion and include BLOC	te cable tem furn e was m e the rat	system for eac ished or offere ade or establis e for each.	h of the ap d during th ned. List th	rged on a varial oplicable service e accounting pe nese other servi	es listed. eriod that w ces in the f	ere not orm of a BLOCK 2	
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE	rate column. e charged by th your cable sys separate charge tion and include BLOC	te cable tem furn e was m e the rat CK 1 CATEG	system for eac ished or offered ade or establisi e for each. ORY OF SER\	h of the ap d during th ned. List th	rged on a varial oplicable service e accounting pe	es listed. eriod that w ces in the f	ere not orm of a	RATE
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services:	rate column. e charged by th your cable syst separate charge tion and include BLOC RATE	e cable tem furn e was m e the rat CK 1 CATEG Installa	system for each ished or offered ade or establish e for each. ORY OF SERV tion: Non-resi	h of the ap d during th ned. List th	rged on a varial oplicable service e accounting pe nese other servi	es listed. eriod that w ces in the fr	ere not orm of a BLOCK 2	
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable	rate column. e charged by th your cable sys separate charge tion and include BLOC	e cable tem furn e was m e the rat CK 1 CATEG Installa • Mot	system for eac ished or offered ade or establish e for each. ORY OF SERV tion: Non-resi el, hotel	h of the ap d during th ned. List th	rged on a varial oplicable service e accounting pe nese other servi	es listed. eriod that w ces in the fr CATEGC	ere not orm of a BLOCK 2 ORY OF SERVICE	19.9
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable—add'l channel	rate column. e charged by th your cable syst separate charge tion and include BLOC RATE	te cable tem furn e was m e the rat <u>CK 1</u> <u>CATEG</u> Installa • Mot • Con	system for eac ished or offered ade or establish e for each. ORY OF SERV tion: Non-resi el, hotel nmercial	h of the ap d during th ned. List th	rged on a varial oplicable service e accounting pe nese other servi	es listed. eriod that w ces in the fr CATEGC HBO Showtir	ere not orm of a BLOCK 2 DRY OF SERVICE	19.9 19.9
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Fire protection	rate column. e charged by th your cable syst separate charge tion and include BLOC RATE	e cable tem furn e was m e the rat CK 1 CATEG Installa • Mot • Con • Pay	system for eac ished or offered ade or establisi e for each. ORY OF SERV tion: Non-resi el, hotel nmercial cable	h of the ap d during th ned. List th /ICE dential	rged on a varial oplicable service e accounting pe nese other servi	es listed. eriod that w ces in the for CATEGC HBO Showtir Cinema	ere not orm of a BLOCK 2 DRY OF SERVICE ne x	19.99 19.99 19.99
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection	rate column. e charged by th your cable syst separate charge tion and include BLOC RATE	e cable tem furn e was m e the rat CK 1 CATEG Installa • Mot • Con • Pay • Pay	system for eac ished or offered ade or establisi e for each. ORY OF SERV tion: Non-resi el, hotel nmercial cable cable-add'l cha	h of the ap d during th ned. List th /ICE dential	rged on a varial oplicable service e accounting pe nese other servi	es listed. eriod that w ces in the fr CATEGC HBO Showtir Cinema MoviePI	ere not orm of a BLOCK 2 ORY OF SERVICE ne x ex	19.99 19.99 19.99 9.00
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential	rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 19.99	e cable tem furm e was m e the rat CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire	system for each ished or offered ade or establish e for each. ORY OF SERV tion: Non-resi el, hotel nmercial cable cable-add'l cha protection	h of the ap d during th ned. List th /ICE dential	rged on a varial oplicable service e accounting pe nese other servi	ES listed. Eriod that w ces in the fr CATEGC HBO Showtir Cinema MoviePl 2 Premi	ere not orm of a BLOCK 2 ORY OF SERVICE ne x ex um	19.9 19.9 19.9 9.0 38.9
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 19.99 50.00	te cable tem furm e was m e the rat CK 1 CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg	system for each ished or offered ade or establish e for each. ORY OF SERV tion: Non-resi el, hotel nomercial cable cable-add'l cha protection glar protection	h of the ap d during th ned. List th /ICE dential	rged on a varial oplicable service e accounting pe nese other servi	es listed. eriod that w ces in the fr CATEGC HBO Showtir Cinema MoviePI	ere not orm of a BLOCK 2 ORY OF SERVICE ne x ex um	19.9 19.9 19.9 9.0
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 19.99 50.00	te cable tem furm e was m e the rat CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	system for eac ished or offered ade or establish e for each. ORY OF SERV tion: Non-resi el, hotel nmercial cable cable-add'l cha protection glar protection ervices:	h of the ap d during th ned. List th /ICE dential	rged on a varial oplicable service accounting penese other servite RATE	ES listed. Eriod that w ces in the fr CATEGC HBO Showtir Cinema MoviePl 2 Premi	ere not orm of a BLOCK 2 ORY OF SERVICE ne x ex um	19.9 19.9 19.9 9.0 38.9
Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable • Fire protection • Burglar protection Installation: Residential • First set	rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 19.99 50.00	te cable tem furm e was m e the rat CATEG Installa • Mot • Con • Pay • Pay • Fire • Burg Other s	system for each ished or offered ade or establish e for each. ORY OF SERV tion: Non-resi el, hotel nomercial cable cable-add'l cha protection glar protection	h of the ap d during th ned. List th /ICE dential	rged on a varial oplicable service e accounting pe nese other servi	ES listed. Eriod that w ces in the fr CATEGC HBO Showtir Cinema MoviePl 2 Premi	ere not orm of a BLOCK 2 ORY OF SERVICE ne x ex um	19.9 19.9 19.9 9.0 38.9
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Secondary Fransmissions:	enter only the letters "PP" in the n Block 1: Give the standard rate Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip CATEGORY OF SERVICE Continuing Services: • Pay cable • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s) • FM radio (if separate rate)	rate column. e charged by th your cable syst separate charge tion and include BLOC RATE 19.99 50.00 50.00	te cable tem furn e was m e the rat <u>CK 1</u> <u>CATEG</u> Installa • Mot • Con • Pay • Pay • Fire • Burg Other s • Disc	system for each ished or offered ade or establish e for each. ORY OF SERV tion: Non-resi el, hotel mmercial cable cable-add'l cha protection glar protection ervices: onnect	h of the ap d during th ned. List th /ICE dential	rged on a varial oplicable service accounting penese other servite RATE	ES listed. Eriod that w ces in the fr CATEGC HBO Showtir Cinema MoviePl 2 Premi	ere not orm of a BLOCK 2 ORY OF SERVICE ne x ex um	19.9 19.9 19.9 9.0 38.9

G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station	TELEVISION entify every television station (including tra em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(as explained in the next paragraph. s : With respect to any distant stations carri- rules, regulations, or authorizations: re in space G—but do list it in space I (the	 stations carried only on a part-til carriage of certain network progra e)(2) and (4))]; and (2) certain statistication ried by your cable system on a sub- ried by your cable system on a sub- 	ime basis under ams [sections ations carried on a bstitute program
G Primary ransmitters: Television	In General: In space G, idicarried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate	entify every television station (including tra- em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(e as explained in the next paragraph. 5 : With respect to any distant stations carri- rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried b	 stations carried only on a part-til carriage of certain network progra e)(2) and (4))]; and (2) certain statistication ried by your cable system on a sub- ried by your cable system on a sub- 	ime basis under ams [sections ations carried on a bstitute program
G Primary ransmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC r • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informati Column 1: List each station multicast stream associate	em during the accounting period, <i>except</i> (1 in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61(e as explained in the next paragraph. s: With respect to any distant stations carri rules, regulations, or authorizations: re in space G—but do list it in space I (the n a substitute basis. also in space I, if the station was carried b	 stations carried only on a part-til carriage of certain network progra e)(2) and (4))]; and (2) certain statistication ried by your cable system on a sub- ried by your cable system on a sub- 	ime basis under ams [sections ations carried on a bstitute program
	Column 2: Give the chann of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast) For the meaning of these to Column 4: Give the location	on's call sign. <i>Do not</i> report origination pro- ed with a station according to its over-the-ai the form. The number the FCC assigned to the televise VRC is channel 4 in Washington, D.C. th case whether the station is a network statering the letter "N" (for network), "N-M" (for), "E" (for noncommercial educational), or " terms, see page (iv) of the general instruction on of each station. For U.S. stations, list the adian stations, if any, give the name of the	ee page (v) of the general instructi ogram services such as HBO, ESF air designation. For example, repo- sion station for broadcasting over ation, an independent station, or a r network multicast), "I" (for indep "E-M" (for noncommercial educati ions in the paper SA1-2 form. ne community to which the station	tions. PN, etc. Identify each ort multistream the air in its community a noncommercial rendent), "I-M" ional multicast). is licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WAGT	30.4	N	Augusta, GA
	WAGT-CW	30.3	N	Augusta, GA
Rows as Necessary	WCES	6.1	Е	Wrens, GA
	WEBA	33.1	E	Allendale, SC
	WEBA-SCC	33.2	Е	Allendale, SC
	WEBA WORLD	33.3	Е	Allendale, SC
	WFXG	54.1	Ν	Augusta, GA
	WFXG GRIT	54.3	Ν	Augusta, GA
	WFXG/Bounce	54.2	Ν	Augusta, GA
	WJBF	42.1	N	Augusta, GA
	WJBF/MeTV	42.2	N	Augusta, GA
	WRDW Antenna	12.3	N	Augusta, GA
	WRDW-MYTV	12.2	N	Augusta, GA
	WRDW	12.1	N	Augusta, GA
·				

Accounting P			OTEN:				FORM	A SA1-2E. PAGE 4
Atlantic Broa			OTEWI.					SYSTEM ID 3295
	every radio s	tation ca	arried on a separate and discreterally receivable by your cab					Н
Special Instruct receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: G	tions Concernitions Concernitions Concernitions to be a constrained by monitoring, to be a constrained by the call tate whether the radio state the radio state this by placing tive the station	rning All y the sys be recei t the Co sign of e he statio ion's sign g a check n's locati	I-Band FM Carriage: Under C tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. In is AM or FM. nal was electronically process (mark in the "S/D" column. on (the community to which the the community with which the	Copyright Office re t the system's he system's FM ante his point, see par ed by the cable s he station is licens	egulations, an adend, and (2 anna, during c ge (v) of the g system as a se sed by the FC	FM sign 2) it can ertain st eneral in eparate a	nal is generally be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

Accounting Perior	d: 2020/2					F	ORM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				SYSTEM ID#
Name	Atlantic Broadband (S	C) LLC					32958
	SUBSTITUTE CARRIAGE						
	In General: In space I, ident					on that your cable sys	stem carried on a
-	substitute basis during the a						
Substitute	explanation of the programm						
Carriage:	1. SPECIAL STATEMENT	CONCER	NING SUBST	TUTE CARRIAGE			
Special Statement and	 During the accounting per 	riod, did you	ur cable system	i carry, on a substitute bas	sis, any nonne	etwork tele <u>visio</u> n prog	gra <u>m</u>
Program Log	broadcast by a distant stat	ion?				YES	× NO
i rogram 20g	Note: If your answer is "No	" loovo tho	rest of this na	ne blank. If your answer is	"Ves " vou m		
	-	, leave the	rest of this pa	je blalik. Il your aliswel is	res, you m	usi complete the pro	gram
	log in block 2. 2. LOG OF SUBSTITUTE		MS				
	In General: List each subs			ate line. Use abbreviations	wherever po	ssible, if their meani	ng is
	clear. If you need more spa	ace, please	add additional	rows to the tables.			-
				ision program ("substitute			
	period, was broadcast by a under certain FCC rules, re						
	Do not use general catego						
	"NBA Basketball: 76ers vs.	Bulls."				, ,	
				r "Yes." Otherwise enter "			
				asting the substitute progra ne community to which the		ensed by the ECC or	in
	the case of Mexican or Car	nadian statio	ons, if any, the	community with which the	station is ide	ntified).	
			when your sys	tem carried the substitute	program. Us	e numerals, with the	month
	first. Example: for May 7 gi		e substitute pro	gram was carried by your	cable system	List the times accu	rately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."						
	to delete under FCC rules a			was substituted for progr			
	was substituted for program						logram
	effect on October 19, 1976		, ,	·		5	
	S	SUBSTITUT	E PROGRAM			N SUBSTITUTE	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM — TO	
							
						_	
						_	
						_	
	 						

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:			S	YSTEM I
ivanie	Atlantic Broadband (SC) LLC				329
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explana page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period.	system's s tion of how	secondary transm v to compute this	nission service amount, see	6,092.00
				(Amount of gi	uss receipts)
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: • Complete block 1, block 2, or block 3. • Use block 1 if the amount of gross receipts in space K is \$137,100 or less • Use block 2 if the amount of gross receipts in space K is more than \$137,100 • Use block 3 if the amount of gross receipts in space K is more than \$263,800 See page (vi) of the general instructions located in the paper SA1-2 form for more) but less t	han \$527,600	263,800	
	BLOCK 1: GROSS RECEIPTS OF \$13	37,100 OF	RLESS		
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty accounting period is \$52.00	y fee that yo	ou must pay for th	s six-month	
	Line 1. Royalty fee for accounting period				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	Line 2. Interest charge. Enter the amount norm line 4, space Q, page 6				0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lin	nes 1 and 2		· · ·	
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	ESS (but n	nore than \$137,	100)	
	1. Base amount under statutory formula	. \$	263,800.00	-	
	2. Enter amount of gross receipts from space K	. \$	216,092.00	-	
	3. Subtract line 2 from line 1	\$	47,708.00	-	
	4. Enter the amount of gross receipts from space K			216,092.00	
	5. Enter the amount from line 3		\$	47,708.00	
	6. Subtract line 5 from line 4		\$	168,384.00	
	7. Multiply line 6 by .005 (enter figure here)				841.92
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7	and 8		\$	841.92
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	63,800 (bu	t less than \$527	,600)	
	1. Enter the amount of gross receipts from space K				
	2. Base amount under statutory formula	\$	263,800.00	-	
	3. Subtract line 2 from line 1			-	
	4. Multiply line 3 by .01			-	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)		\$	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8				
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4	. 5. and 6 .			
	FILING FEE AND TOTAL REMITTANCE D	UE			
Filing Fee and otal Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	841.92	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) .		\$	20.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3			\$	861.92

Accounting Period:	2020/2												FORM	SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER Atlantic Broadband													SYSTEM ID 32958
M Channels	to its subscribers, and 1. Enter the total num system carried tele 2. Enter the total num on which the cable	ust give (1) the number d (2) the cable system's ber of channels on whi vision broadcast statio ber of activated chann system carried televisi services	s total nun ich the cal ns els ion broado	umbe able 	er of activate	ed channel	s during th	he acco	unting peric				8 336	
N Individual to		CONTACTED IF FURT this statement of acco		FOR	RMATION IS	NEEDED	(Identify a	an indiv	idual to who	m				
Be Contacted for Further Information	Name Pat	rick Bratton								Telephon	e 617-7	86-8800)	
	(Num Qui	atterymarch Park ber, street, rural route, apar incy, MA 02169 town, state, zip)												
	Email	pbratton@atla	nticbb.co	om					Fax (option	al				
O Certification	(Agent of ow in line X (Officer or p in line • I have examined the st	eby certify that (Check o or than corporation or p or than corporation or p of space B and that the partner) I am an officer (1 of space B. atement of account and the correct to the best of m D1(1986)] Typed or printee Title:	ne, <i>but onl</i> partnershi ation or p ne owner is (if a corpor hereby dee y knowled) <u>X</u> Enter ar Enter sig d name: <u>Chief</u>	nnly or hip) I partm is no oratio declare edge, / an ele signat	nership) I an ot a corporation on) or a partm	er of the ca on or partnu er (if a part alty of law th and belief, C Brattor ature on the "/s/ signat Bratton Dfficer	ble system uthorized a ership; or nership) of at all state and are ma line above rre" (e.g., ,	n as iden agent of f the leg ements o nade in g	ntified in line f the owner o al entity ider of fact conta good faith.	1 of space B f the cable sy tified as own ined herein	; or rstem as i		m	
		Date:							March 1, 2	2021				

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 fling, a determination that would be made by a court of law.

unting Period: 2020/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
ntic Broadband (SC) LLC	329
 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 located in the paper SA1-2 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 	P Special Statemen Concerning Gros Receipts Exclusio
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	0
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Interest Assessme
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