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

SA3 Long Form

STATEMENT OF ACCOU	INT	FOR COPYRIGHT C	OFFICE USE ONLY	Return to: Library of Congress
for Secondary Transmissions	by DATE I	RECEIVED	AMOUNT	 Copyright Office-LD 101 Independence Avenue SE Washington, DC 20557-6400
Cable Systems (Long Form)			\$	(202) 707-8150
General instructions are at the end of this form [pages i-viii].	2/24/	22	ALLOCATION NUMBER	For courier deliveries, see page ii of the general instructions.
			Chack one of the hoves ar	al fill in the year date)

Accounting Period		anuary 1–June 30(Year)	July 1–Decem	oer 312021 (Year)	
B Owner	Give corp In If	TRUCTIONS: the full legal name of the owner of the cable system orate title of the subsidiary, not that of the parent co line 2, list any other names under which the owner there were different owners during the accounting pa- igle statement of account and royalty fee payment c	proration. conducts the business of the c priod, only the owner on the las povering the entire accounting p	able system. t day of the account eriod.	ing period should subm
		Check here if this is the system's first filing. If not, er		igned by the Licensi	ng Division. 3253
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM	:		
		Atlantic Telephone Membership Corporation			3253
	2	BUSINESS NAME(S) OF OWNER OF CABLE SY	STEM (IF DIFFERENT):		
	3	MAILING ADDRESS OF OWNER OF CABLE SY	STEM:		
		PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip)			
С		TRUCTIONS: In line 1, give any business or trade na es already appear in space B. In line 2, give the mail			
System	1	IDENTIFICATION OF CABLE SYSTEM: ATMC			
	2	MAILING ADDRESS OF CABLE SYSTEM: PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip code)			
D	Instr	PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459	1b. Identify only the first comm	unity served below a	and relist on page 1b wit
D Area Served	Instr	PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip code) uctions: For complete space D instructions, see page	1b. Identify only the first comm		and relist on page 1b wi
Area	Instr all co	PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip code) uctions: For complete space D instructions, see page			and relist on page 1b wi
Area Served First ►	Instr all co Sha	PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip code) uctions: For complete space D instructions, see page ommunities. CITY OR TOWN	STA NC	ТЕ	and relist on page 1b wi
Area Served First ►	Instr all co Sha Belor	PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip code) uctions: For complete space D instructions, see page ommunities. CITY OR TOWN llotte	STA NC	TE nce G.	
Area Served	Instr all co Sha Belor Ald	PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip code) uctions: For complete space D instructions, see page mmunities. CITY OR TOWN Ilotte w is a sample for reporting communities if you report CITY OR TOWN (SAMPLE)	STA NC multiple channel line-ups in Spa	TE ace G. TE CH LINE U D A	

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 it may affect the legal sufficiency of the filing, a determination that would be made by a court of law.

FORM SA3. PAGE 1b.

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 filings.									
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 channel line-up designated by an alpha-letter(s) (based on your Space G reporti (based on your reporting from Part 9 of the DSE Schedule) in the appropriate col	ng) and a subs	asis, associate ead scriber group desi	ch community with a gnated by a number						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#						
SHALLOTTE	NC	A	1	 First 					
BOLIVIA	NC	A	1	Community					
BRICKLANDING	NC	A	1						
CALABASH	NC	.A	1						
CAROLINA SHORES	NC	.A	1						
HOLDEN BEACH	NC	. <u>A</u>	1						
OCEAN ISLE BEACH	NC	.A	1						
SUNSET BEACH	NC	A	1						
	NC	A	4						
TOWN OF LELAND UNINCORPORATED BRUNSWICK COUNTY	NC NC	A							
TABOR CITY	NC	<u>^</u>	1						
WHITEVILLE	NC	· · · · · · · · · · · · · · · · · · ·	' 1						
UNINCORPORATED COLUMBUS COUNTY	NC	. <u>.</u>	1						
ST JAMES	NC	A	1						
SUNSET HARBOR	NC	A	1						
OAK ISLAND	NC	A	1						
	1								
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Name	Adaptia Talankara Marakarahi	Corporation					2752	
	Atlantic Telephone Membership	Corporation					3253	
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISS In General: The information in system, that is, the retransmiss about other services (including last day of the accounting peri- Number of Subscribers: Be down by categories of second each category by counting the separately for the particular set Rate: Give the standard rate unit in which it is generally billed category, but do not include di Block 1: In the left-hand bloc systems most commonly provit that applies to your system. N categories, that person or entity subscriber who pays extra for first set" and would be counted Block 2: If your cable system with the number of subscribers,	a space E shoul sion of television pay cable) in s od (June 30 or E oth blocks in sp lary transmissio a number of billi rvice at the rate a charged for ea d. (Example: "\$2 scounts allowed ck in space E, th de to their subsc ote: Where an i y should be coun cable service to d once again un- n has rate categon tiers of services	d cover all and radio b pace F, not becember 3 bace E call f n service. I ngs in that indicated— ch categony 0/mth"). Su for advanc e form lists ribers. Give ndividual o nted as a su b additional der "Service gories for se that includ	categories of proadcasts by here. All the 1, as the case for the number of the number of service. In mmarize any the service. In mmarize any the category the number of r organization bscriber in easies would be to additional econdary transition more e one or more	f seconda y your sys facts you e may be er of sub- ou can co a number oer of set nclude bo standard us of seco of sub- scrind sof seco of sub- scrind sof seco of sub- scrind set (s)."	ary transmis stem to sub state mus). scribers to impute the of persons s receiving oth the amo rate variation ndary trans ibers and ra ving service cable catego ed in the co a service tha ary transmis	scribers. Give info the cable system, number of subscr or organizations service). ount of the charge ons within a partic mission service th te for each listed o that falls under ory. Example: a re- ount under "Servic at are different fro ssions), list them, t	ormatic g on the ribers i charge and the ular rate at cab categor different sidenti categor different sidenti categor different sidenti categor different sidenti categor
	sufficient.	11						
	BLOCK CATEGORY OF SERVICE	NO. OF	S RATE	CATEGOR		BLOCK 2	NO. OF SUBSCRIBERS	RAT
	Residential: • Service to first set • Service to additional set(s)	27,220	\$35.05					
	FM radio (if separate rate) Motel, hotel Commercial Converter Residential Non-residential							
F Services Other Than Secondary Iransmissions: Rates	SERVICES OTHER THAN S In General: Space F calls for ra not covered in space E, that is service for a single fee. There furnished at cost or (2) service amount of the charge and the u enter only the letters "PP" in th Block 1: Give the standard Block 2: List any services the listed in block 1 and for which brief (two- or three-word) desci	te (not subscribe s, those services are two excepti- es or facilities fu- nit in which it is e rate column. rate charged by nat your cable s a separate char	er) informati that are no ons: you do rnished to usually bille the cable s ystem furnis ge was mad	on with respe of offered in co o not need to nonsubscribe d. If any rates ystem for eac shed or offere de or establis	ect to all yo combinati o give rate ers. Rate s are char ch of the a ed during	ion with any e information information ged on a va applicable s the accour	y secondary trans n concerning (1) : n should include b ariable per-program services listed. nting period that v	emissic service ooth th m basi vere no
					BLOCK 2			
	CATEGORY OF SERVICE	RATE CATE	ORY OF S	ERVICE	RATE	CATEGO	RY OF SERVICE	RAT
		Install						

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\$80.00

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·Pay cable-add'l channel

Fire protection

Other services:

Reconnect

Disconnect

Burglar protection

Outlet relocation

Move to new address

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\$20.00

\$90.00

\$20.00

Burglar protection

Additional set(s)

First set

Converter

Installation: Residential

·FM radio (if separate rate)

LEGAL NAME OF OWNER OF CABLE SYSTEM:		Name
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)	G
carried by your cable system during the accounting period, except (1) stations carried o		
FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certai 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		Primary
substitute program basis, as explained in the next paragraph.	c) certain stations camed on a	Transmitters
Substitute Basis Stations: With respect to any distant stations carried by your cable s	vstem on a substitute program	Television
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 Statem	ent 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. For further information concerning substitute basis stations, see page (v) of th		
Column 1: List each station's call sign. Do not report origination program services suc	ch as HBO, ESPN, etc. Identify	
ach multicast stream associated with a station according to its over-the-air designation		
ast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each s	tream separately; for example	
VETA-simulcast). Column 2: Give the channel number the FCC has assigned to the television station for	or broadcasting over-the-air in	
ts community of license. For example, WRC is Channel 4 in Washington, D.C. This may		
on which your cable system carried the station.		
Column 3: Indicate in each case whether the station is a network station, an independe	nt station. or a noncommercial	
ducational station, by entering the letter "N" (for network), "N-M" (for network multicas		
for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncomm	mercial educational multicast).	
or the meaning of these terms, see page (v) of the general instructions.		Channel
Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes".	If not, enter "No". For an ex-	Line-Up
planation 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, st		
able system carried the distant station during the accounting period. Indicate by enteri		
arried the distant station on a part-time basis because of lack of activated channel ca		
For the retransmission of a distant multicast stream that is not subject to a royalty pay		
of a written agreement entered into on or before June 30, 2009, between a cable system he cable system and a primary transmitter or an association representing the primary t		
ion "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other		
explanation of these three categories, see page (v) of the general instructions.		
Caluma 6. Circe to location of each station Early C. at stations list the community to whi		

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

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

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

Name	LEGAL NAME OF	LEGAL NAME OF OWNER OF CABLE SYSTEM:								
Maine	Atlantic Tele	phone Memb	ership	Corporation				3253		
H Primary Transmitters: Radio	In General: L all-band basi Special Instr receivable if (on the basis of For detailed in Column 1: Column 2: Column 3: signal, indica Column 4:	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an II-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 eccivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be <i>expected</i> , in the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. FOR detailed information about the the Copyright Office regulations on this point, see page (vi) of the general instructions. Column 1: Identify the call sign of each station carried. Column 2: State whether the station is AM or FM. Column 3: If the radio station's signal was electronically processed by the cable system as a separate and discrete ignal, indicate this by placing a check mark in the "S/D" column. Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).								
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION		
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FORM SA3. PAGE 5.										
LEGAL NAME OF OWNER OF CABLE SYSTE	EM:						Name			
Atlantic Telephone Membership Corporation 3253										
SUBSTITUTE CARRIAGE: In General: In space I, identify e carried on a <i>substitute basis</i> du authorizations. For a further exp instructions.	every nonne uring the ac	etwork televisio counting perio	on program broadcast by od, under specific prese	y a <i>distant</i> s nt and form	er FCC rules, reg	ulations, or	Substitute Carriage:			
 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 INO 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 PRO In General: List each substitut clear. If you need more space, Column 1: Give the title of period, was broadcast by a d station under certain FCC rule information. Do not use gener Love Lucy" or "NBA Basketba Column 2: If the program w Column 3: Give the call sign Column 4: Give the broadc the case of Mexican or Canad Column 5: Give the month a first. Example: for May 7 give Column 6: State the times w to the nearest five minutes. E stated as "6:00–6:30 p.m." Column 7: Enter the letter "I to delete under FCC rules and gram was substituted for prog effect on October 19, 1976.	te program please atta every nonr istant statie es, regulati al categoria II: 76ers vs vas broadca n of the sta ast station' ian stations und day whe "5/7." vhen the su xample: a R" if the list regulation:	ach additional network televis on and that yo ons, or autho es like "movie . Bulls." ast live, enter " tion broadcas s location (the s, if any, the co en your system bstitute progr program carri ed program w s in effect dur	pages. sion program (substitute pur cable system subst rizations. See page (vi) s" or "basketball." List 'Yes." Otherwise enter ' ting the substitute prog e community to which th or carried the substitute am was carried by your ed by a system from 6 as substituted for progring the accounting peri-	e program) ituted for t of the ger specific pr "No." rram. he station is program. U cable syste :01:15 p.m ramming th od; enter th	that, during the a he programming heral instructions ogram titles, for a s licensed by the identified). se numerals, with em. List the times to 6:28:30 p.m. at your system wa le letter "P" if the	accounting of another for further example, "I FCC or, in the month accurately should be as required listed pro-				
	3STITUTE I	PROGRAM			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				
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Name	LEGAL NAME OF OWNER Atlantic Telephor						3253	
J Part-Time Carriage Log	time carriage due hours your system Column 1 (Ca column 5 of space Column 2 (Da curred during the Give the month "4/10." State the starti of the televisio "app." Example	space ties in v to lack of active m carried that is ill sign): Give the ce G. ites and hours the and hours the and day when ing and ending on station's brook le: "12:30 a.m.	vated channel cap station. If you nee ne call sign of eve s of carriage): Fo eriod. In the carriage occ times of carriage adcast day, you -3:15 a.m. app."	oacity, you ed more sp ery distant or each sta curred. Us to the nea may give a	are required to bace, please atta station whose h attion, list the da e numerals, with rest quarter hou an approximate	ation's basis of ca complete this log g ach additional pag basis of carriage y tes and hours whe n the month first. E r. In any case whe ending hour, follo te same. Example	giving the tot jes. ou identified en part-time Example: for re carriage ra wed by the	al dates and by "LAC" in carriage oc- April 10 give an to the end abbreviation
			DATES AND H	IOURS OF	PART-TIME CA	RRIAGE		
		WHEN CA	RRIAGE OCCUF	BED			RRIAGE OC	CUBBED
	CALL SIGN	DATE	HOURS		CALL SIGN	DATE		URS
		or the	_					
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	FORM	SA3.	PAGE	7.
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LEGAL	NAME OF OWNER OF CABLE SYSTEM:		Name
Atlan	tic Telephone Membership Corporation	3253	
Instr all an (as ic page Gi du	DSS RECEIPTS uctions : The figure you give in this space determines the form you file and the ar hounts (gross receipts) paid to your cable system by subscribers for the system's lentified in space E) during the accounting period. For a further explanation of he (vii) of the general instructions. ross receipts from subscribers for secondary transmission service(s) uring the accounting period. DRTANT: You must complete a statement in space P concerning gross receipts.	secondary transmission service ow to compute this amount, see \$3,216,793.59	K Gross Receipts
Instr • Co • Co • If y fee • If y	PYRIGHT ROYALTY AND FILING FEES uctions: Use the blocks in this space L to determine the royalty fee you owe: omplete block 1, showing your minimum fee. omplete block 2, showing whether your system carried any distant television stat your system did not carry any distant television stations, leave block 3 blank. En 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 appli companying this form and attach the schedule to your statement of account.	nter the amount of the minimum	L Copyright Royalty Fee
	part 8 or part 9, block A, of the DSE schedule was completed, the base rate fe ock 3 below.	e should be entered on line 1 of	
► lf 3	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 ar in block 4 below.	nount should be entered on line	
Block 1	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	
	Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	\$ 34,226.68	
Block 2	DISTANT TELEVISION STATIONS CARRIED: Your answer here must agree v space G. If, in space G, you identified any stations as "distant" by stating "Ye "Yes" in this block. • Did your cable system carry any distant television stations during the account Yes—Complete the DSE schedule.	s" in column 4, you must check ting period?	
Block	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	³ or \$	
3	Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero		
	Line 3. Add lines 1 and 2 and enter here	\$	
Block 4	Line 1. BASE RATE FEE/3.75 FEE or MINIMUM FEE: Enter either the minimum from block 1 or the sum of the base rate fee/3.75 fee from block 3, lir whichever is larger.	ne 3, a 34 226.68	
	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either p (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, e zero.	enter	Cable systems submitting additional
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Inter Worksheet)		deposits under Section 111(d)(7 should contact
	Line 4. FILING FEE:	\$ 725.00	the Licensing Division for the
	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here	\$ 34,951.68	appropriate form for submitting the
	Remit this amount via electronic payment payable to Register of Copyrigh instructions for more information.)	nts. (See page (i) of the general	additional fees

FORM SA3. PAGE 8.

Attanic Telephone Membership Corporation 3293 M CHANNELS CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations 14 Channels 1. Enter the total number of activated channels, during the accounting period. 14 2. Enter the total number of activated channels on which the cable system carried television broadcast stations 375 N Introductual to eable system carried television broadcast stations 375 N Introductual to eable system carried television broadcast stations 375 N Introductual to eable system carried television broadcast stations 375 N Introductual to eable system carried television broadcast stations 375 N Introductual to eable system carried television broadcast stations 375 N Introductual to eable system carried television broadcast stations 375 N Introductual to eable system carried television broadcast stations 375 N Introductual to eable system carried television broadcast stations 375 Name Keith Hughes Telephone 910-755-1871 Market Stormation Name Statistics of the cable system statistican the general instructons. 910-755-1871	Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		lame
M Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscriptions: and (2) the cable system is called in number of activated channels, during the accounting period. 1. Enter the total number of channels on which the cable system is carried television broadcast stations on which the cable system is carried television broadcast stations on which the cable system carried television broadcast stations on static television broadcast stations on static television broadcast stations on static television broadcast static television broadcast static static static static static static static static static staticarried television broadcast static staticarried television broadc		Atlantic Telephone Membership Corporation	3253	
and nonbroadcast services 0.00 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 910-755-1896 Name Keith Hughes PO Box 3198 Address PO Box 3198 Purse, wreat, well mode, apathment, or suite number) Shallotte, NC 28459 (by town, state, cp) Email (optional) Khughesf@focusbroadband.com Fax (optional) 910-755-1871 O CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regu- lations, as explained in the general instructions.) Certification Certification Certification Certification Control of space B, or O Individual to general instructions.) Individual to general instructions.) Individual to general instructions.) Individual to general instructions.) Individual to general instructions.) Individual to general instructions.) Indice or parti		 Instructions: You must give (1) the number of channels on which the cable system carried televito its subscribers and (2) the cable system's total number of activated channels, during the a 1. Enter the total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels 	ccounting perio	od.
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Form Name: Royalty Fee Collection

Application Name: Royalty License Fees Form

Payment Information

Payment Type: Bank account (ACH)

Payment Amount: \$34,951.68

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

Payment Date: 02/25/2022

Account Information

Account Holder Name: Atlantic Telephone Membership Corporation

Routing Number: 053101121

Account Number: *********9673