

Library of Congress  
Copyright Office-LS  
101 Independence Avenue SE  
Washington, DC 20557-6400

**Official Business**

Penalty for Private Use \$300  
**Forwarding Service Requested**

**OFFICIAL BUSINESS**  
UNITED STATES COPYRIGHT OFFICE  
**STATEMENT OF ACCOUNT**  
**SA3 (LONG FORM)**

## IMPORTANT NOTICE ABOUT THIS STATEMENT OF ACCOUNT

**Statutory Changes:** Congress passed the STELA Reauthorization Act of 2014 ("STELARA"), which the President signed into law on December 4, 2014, as Public Law 113-200. Read the law at <http://copyright.gov/legislation/pl113-200.pdf>. For more information on this law (H.R. 5728), visit the FAQ page on the Copyright Office website at <http://copyright.gov/licensing/stelara.html>.

**Filing Fees:** Effective January 1, 2014, pursuant to the Satellite Television Extension and Localism Act of 2010 (STELA), which granted authority to the Copyright Office to establish fees for the filing of statements of account (SOAs) under the section 111, 119, and 122 statutory licenses, the Office now assesses filing fees for *all* SOAs for current, past, and future accounting periods. For details, see the *Federal Register*, November 29, 2013 (78 FR 71498 <http://www.copyright.gov/fedreg/2013/78fr71498.pdf>). Please be advised that the filing fee is deducted *before* the royalty payment is credited; thus the omission of the appropriate filing fee will result in an underpayment of royalty fees. Please remit the royalty fee and filing fee in **one EFT payment**. (SOA3 filing fee: \$725).

**Low Power Television Stations:** STELARA expanded the definition of a "local market" for low power television stations beginning with the January 1–June 30, 2015, accounting period. See page iv of the General Instructions.

**Multicast versus Simulcast:** *Multicast* is a digital stream of programming that is transmitted by a television broadcast station and is not the station's primary stream. *Simulcast* is a multicast stream of a television broadcast station that duplicates the programming transmitted by the primary stream or another multicast stream of such station.

**Photocopy Required (Paper Filings Only):** A legible copy of the semiannual statement of account must be submitted together with the original statement of account to the Copyright Office. **Note:** If replying to Licensing Section correspondence or if submitting revisions or amendments to your original SOA, please do not include extra photocopies of the SOA pages affected. Only one original version of revised SOA pages is required with your reply letter, together with a single copy of any Licensing Section correspondence.

**Fillable SOAs Available Online:** Access the fill-in statement of account form at [www.copyright.gov/forms/so3.pdf](http://www.copyright.gov/forms/so3.pdf). Complete it on a personal computer and print it out. Or print out the form and complete it by hand in dark ink. Give all the required information.

**Electronic Payment of Royalty and Filing Fees Required:** Effective July 1, 2022, the Copyright Office moved to a single EFT payment method and strongly encourages the use of Pay.gov for current, past, and future royalty and filing fee payments. For detailed instructions, see Circular 74 at [www.copyright.gov/circs/circ74.pdf](http://www.copyright.gov/circs/circ74.pdf). Your remittance, which must include the royalty payment and appropriate filing fee, should be made payable to *Register of Copyrights*. Contact your bank to determine if your account will accept an Automated Clearing House (ACH) debit.

**Remittance Advice Required:** Federal regulations [37 CFR 201.17(k)] require you to attach a remittance advice to your statement(s) of account. A copy of this remittance advice must be sent by email or fax to the Licensing Section. The Office uses this remittance information to ensure the funds received by EFT are correctly allocated to each statement of account. Access a remittance advice form at [www.copyright.gov/licensing/remittance-advice.pdf](http://www.copyright.gov/licensing/remittance-advice.pdf).

**Ceased Operations Procedures:** If your cable system completely shut down operations during the accounting period, report the facts as they existed on the last day of operations and submit the SOA with the associated royalty and filing fee payments and a cover letter informing the Licensing Section of ceased operations. If your cable system had no subscribers or gross receipts during the entire accounting period, do not submit the SOA or any fees. You do not need to notify us in this case.

**Important: Review Filings:** Please review all elements of your filing(s) before submitting them. Filing properly, including an accurate advice, facilitates processing of your statement(s) of account and payments, minimizes the need for us to contact you with questions, and reduces administrative and other costs.

Library of Congress  
Copyright Office-LS  
101 Independence Avenue SE  
Washington, DC 20557-6400  
Tel: (202) 707-8150 (8:30 AM–5:00 PM, eastern time) Fax: (202) 707-0905  
Email: [licensing@copyright.gov](mailto:licensing@copyright.gov) or Web: [www.copyright.gov/licensing](http://www.copyright.gov/licensing)

**THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2017**  
 If you are filing for a prior accounting period, contact the Licensing Section for the correct form.

**SA3  
 Long Form**

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

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

**STATEMENT OF ACCOUNT**  
 for Secondary Transmissions by  
 Cable Systems (Long Form)

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

FOR COPYRIGHT OFFICE USE ONLY	
DATE RECEIVED	AMOUNT
8-30-24	\$
	ALLOCATION NUMBER

<b>A</b> Accounting Period	<b>ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.)</b>	
	<input checked="" type="checkbox"/> January 1–June 30, 2024 (Year)	<input type="checkbox"/> July 1–December 31, ..... (Year)

<b>B</b> Owner	<b>INSTRUCTIONS:</b> Give the full legal name of the owner of the cable system in line 1. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation. In line 2, list any other names under which the owner conducts the business of the cable system. If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period. <input type="checkbox"/> Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Section, 3253	
	1	<b>LEGAL NAME OF OWNER OF CABLE SYSTEM:</b> Atlantic Telephone Membership Corporation 3253
	2	<b>BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):</b>
	3	<b>MAILING ADDRESS OF OWNER OF CABLE SYSTEM:</b> PO Box 3198 (Number, street, rural route, apartment, or suite number) Shalotte, North Carolina 28459 (City, town, state, zip)

<b>C</b> System	<b>INSTRUCTIONS:</b> In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.	
	1	<b>IDENTIFICATION OF CABLE SYSTEM:</b> ATMC
	2	<b>MAILING ADDRESS OF CABLE SYSTEM:</b> PO Box 3198 (Number, street, rural route, apartment, or suite number) Shalotte, North Carolina, 28459 (City, town, state, zip code)

<b>D</b> Area Served  First Community   Sample	<b>Instructions:</b> For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.			
	CITY OR TOWN		STATE	
	Shalotte		NC	
	Below 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#
Alda		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.



<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	3253
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**E**

Secondary  
Transmission  
Service: Sub-  
scribers 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
<b>Residential:</b>					
• Service to first set	21,136	\$41.85			
• Service to additional set(s)					
• FM radio (if separate rate)					
<b>Motel, hotel</b>					
<b>Commercial</b>					
<b>Converter</b>					
• Residential					
• Non-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 1			BLOCK 2		
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
<b>Continuing Services:</b>		<b>Installation: Non-residential</b>			
• Pay cable	\$6.50	• Motel, hotel	\$95.00		
• Pay cable—add'l channel	\$6.50	• Commercial	\$95.00		
• Fire protection		• Pay cable			
• Burglar protection		• Pay cable—add'l channel			
<b>Installation: Residential</b>		• Fire protection			
• First set	\$95.00	• Burglar protection			
• Additional set(s)		<b>Other services:</b>			
• FM radio (if separate rate)		• Reconnect	\$20.00		
• Converter		• Disconnect			
		• Outlet relocation	\$90.00		
		• Move to new address	\$20.00		









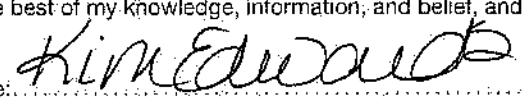


LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	3253	Name
<b>GROSS RECEIPTS</b> <b>Instructions:</b> The figure you give in this space determines the form you file and the amount you pay. Enter the total of all amounts (gross receipts) paid to your cable system by subscribers 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.		<b>K</b> Gross Receipts
<b>IMPORTANT:</b> You must complete a statement in space P concerning gross receipts.		\$ 1,940,589.48 <small>(Amount of gross receipts)</small>
<b>COPYRIGHT ROYALTY AND FILING FEES</b> <b>Instructions:</b> 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.		<b>L</b> Copyright Royalty Fee
► If part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of block 3 below. ► If part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block 3 below. ► If part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line 2 in block 4 below.		
Block 1	<b>MINIMUM FEE:</b> All cable systems with semiannual gross receipts of \$527,600 or more are required to pay at least the minimum fee, regardless of whether they carried any distant stations. This fee is 1.064 percent of the system's gross receipts for the accounting period. Line 1. Enter the amount of gross receipts from space K. . . . . \$1,940,589.48 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. . . . . \$ 20,647.87 This is your minimum fee.	
Block 2	<b>DISTANT TELEVISION STATIONS CARRIED:</b> Your answer here must agree with the information you gave in space G. If, in space G, you identified any stations as "distant" by stating "Yes" in column 4, you must check "Yes" in this block. • Did your cable system carry any distant television stations during the accounting period? <input type="checkbox"/> Yes—Complete the DSE schedule. <input checked="" type="checkbox"/> No—Leave block 3 below blank and complete line 1, block 4.	
Block 3	Line 1. <b>BASE RATE FEE:</b> 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. . . . . \$ Line 2. <b>3.75 Fee:</b> 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. <b>BASE RATE FEE/3.75 FEE or MINIMUM FEE:</b> 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. . . . . \$ 20,647.87 Line 2. <b>SYNDICATED EXCLUSIVITY SURCHARGE:</b> 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 zero. . . . . \$ Line 3. <b>INTEREST CHARGE:</b> Enter the amount from line 4, space Q, page 9 (Interest Worksheet). . . . . \$ Line 4. <b>FILING FEE:</b> . . . . . \$ 725.00 <b>TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD.</b> Add Lines 1, 2, 3 and 4 of block 4 and enter total here. . . . . \$ 21,372.87	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate form for submitting the additional fees.
Remit this amount via <i>electronic payment</i> payable to <i>Register of Copyrights</i> . (See page (i) of the general instructions for more information.)		

<b>Name</b>	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	<b>Name</b> 3253
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<b>M</b> Channels	<p><b>CHANNELS</b> <b>Instructions:</b> You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers and (2) the cable system's total number of activated channels, during the accounting period.</p> <p>1. Enter the total number of channels on which the cable system carried television broadcast stations ..... 14</p> <p>2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services ..... 279</p>	
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<b>N</b> Individual to Be Contacted for Further Information	<p><b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED:</b> (Identify an individual we can contact about this statement of account.)</p> <p>Name Keith Hughes Telephone 910-755-1896 <small>(Area code)</small></p> <p>Address PO Box 3198 <small>(Number, street, rural route, apartment, or suite number)</small></p> <p>Shallotte, NC 28459 <small>(City, town, state, zip)</small></p> <p>Email (optional) khughes@focusbroadband.com Fax (optional) 910-754-3781</p>	
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<b>O</b> Certification	<p><b>CERTIFICATION</b> (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> (Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or</li> <li><input type="checkbox"/> (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</li> <li><input checked="" type="checkbox"/> (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.</li> </ul> <p>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. sec. 1001]</p> <p>Handwritten signature: </p> <p>Typed or printed name: Kim Edwards</p> <p>Title: Vice President-Accounting and Finance <small>(Title of official position held in corporation or partnership)</small></p> <p>Date: 8/29/24</p>	
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