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/phi3-200.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, and 122 statutory licenses, the Office now assesses filing fees for all SOAs for current, past, and future accounting periods. For details, see the *Pederal 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/sa3.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. 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 attached 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.

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/or Web: www.copyright.gov/licensing:

THIS FORM IS EFFECTIVE FOR ACCOUNTING PERIODS BEGINNING JANUARY 1, 2017

If you are filling for a prior accounting period, contact the Licensing Section 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].

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

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.

A Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date. January 1-June 30 2024								
B Owner	corporate title of the subsidiary, not that of the parent corpor In line 2, list any other names under which the owner conc If there were different owners during the accounting period a single statement of account and royalty fee payment coveri	ducts the business of the cable system. d, only the owner on the last day of the accounting period should submit							
	LEGAL NAME OF OWNER OF CABLE SYSTEM: Attantic Telephone Membership Corporation 32								
	Atlantic Telephone Membership Corporation 2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTE	3253							
	Z BUSINESS NAME(S) OF OWNER OF CABLE STOTE	SW (IF DIFFERENT).							
3 MAILING ADDRESS OF OWNER OF CABLE SYSTEM: PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte. North Carolina 28459									
***************************************	(City, town, state, zip)								
С	INSTRUCTIONS: In line 1, give any business or trade names names already appear in space B. In line 2, give the mailing	sused to identify the business and operation of the system unless these address of the system, if different from the address given in space B.							
System	IDENTIFICATION OF CABLE SYSTEM: 1 ATMC								
	MAILING ADDRESS OF CABLE SYSTEM: PO Box 3198 2 (Number, street, rotal route, apartment, or suite number) Shallotte, North Carolina, 28459 (City, town, state, zip code)								
D Area	all communities.	, Identify only the first community served below and relist on page 1b with							
Served	CITY OR TOWN Shallotte	STATE NC							
First >> Community	Below is a sample for reporting communities if you report mult								
	CITY OR TOWN (SAMPLE)	STATE CH LINE UP SUB GRP#							
Sample ⊳	Alda Alliance Gering	MD A 1 MD B 2 MD B 3							
		사람이 하는 사람이 어떻게 되어 아이가 가는 물을 살아왔다. 그 아무리는 사람이 가지 하는 사람들이 하는 사람이 되었다. 하는 사람이 하면 가장 하는 것이 되었다.							

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. Pll is any personal information that can be used to identify or trace an individual, such as name, address, and telephone numbers. By providing Pil, 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.

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 the identified city or town.	home parks si	hould be reported in	n parentheses below	Served			
If all communities receive the same complement of television broadcast stations (all communities with the channel line-up "A" in the appropriate column below on a partially distant or partially permitted basis in the DSE Schedule, associate designated by a number (based on your reporting from Part 9).	r leave the co e each relevan	dumn blank, if you it community with	report any stations a subscriber group,				
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 desig	h community with a gnated by a number				
CITY: OR TOWN	STATE	CH LINE UP	SUB GRP#				
SHALLOTTE	NC	Α	1	⊲ First			
BOLIVIA	NC	AA.	 	Community			
BRICKLANDING	NC	A	1				
CALABASH	NC.	<u> </u>	1				
CAROLINA SHORES	NC	:A -{2************************************	1				
HOLDEN BEACH	NC	<u>A</u>	1				
OCEAN ISLE BEACH	NC	Α	[]				
SUNSET BEACH	NC NC	A	4				
SUNSET HARBOR VARNAMTOWN	NC	β <u>Λ</u> ,	4				
TOWN OF LELAND	NC NC	(A. (1)	1				
UNINCORPORATED BRUNSWICK COUNTY	NC	A	1				
TABOR CITY	NC	A	1				
WHITEVILLE	NC	A	1				
UNINCORPORATED COLUMBUS COUNTY	NC	Α	1				
ST JAMES	NC	Α	1				
OAK ISLAND	NC	Α	1				
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LEGAL NAME OF OWNER OF CABLE SYSTEM:

Name
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:	21,136	\$41,85							
·Service to additional set(s)	1		and the control of th	-1					
FM radio (if separate rate) Motel, hotel	Variable de la constitue de la		and high section of the section of t	K-17-2-147-4					
Commercial Converter									
Residential Non-residential			internal and section in a second program of the contract of th						

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'I channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$6.50 \$6.50 \$95.00	Installation: Non-residential Motel, hotel Commercial Pay cable Pay cable—add'l channel Fire protection Burglar protection Other services: Reconnect Outlet relocation Move to new address	\$95.00 \$95.00 \$20.00 \$20.00		

FORM SA3. PAGE 3	3.					
LEGAL NAME OF OWN	ER OF CABLE SYSTEM:			J	2.0.1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	Marine.
Atlantic Telepho	ne Membership	Corporation			.3253	Name
In General: In scarried by your FCC rules and r76.59(d)(2) and substitute programmers basis under spetal basis under spetal basis under spetal basis under spetal basis. For fur Column 1: Lieach multicast cast stream as WETA-simulcast Column 2: G	cable system duregulations in effet (4), 76.61 (e)(2) are basis, as expassis Stations: Wilcolfic FCG rules, restation here in arried only on a sin here, and also it ther information is teach station's stream associate "WETA-2". Simulate, ive the channel n	every television sing the account ect on June 24, and (4), or 76.63 plained in the neith respect to any regulations, or a space G—but a substitute basis in space I, if the concerning subscall sign. Do not do with a station cast streams muumber the FCC	ing period, except 1981, permitting (referring to 76.6 xt paragraph. y distant stations uthorizations: do list it in space station was carries stitute basis station report origination according to its ist be reported in has assigned to	of (1) stations can the carriage of a 1(e)(2) and (4))]; a carried by your ca e I (the Special State ad both on a subsons, see page (v) n program service over-the-air desi n column 1 (list ea	s and low power television stations) ried only on a part-time basis under certain network programs [sections and (2) certain stations carried on a able system on a substitute program tatement and Program Log)—if the stitute basis and also on some other of the general instructions as such as HBO, ESPN, etc. Identify gnation. For example, report multipach stream separately; for example tion for broadcasting over-the-air in smay be different from the channel	G Primary Transmitters: Television
Column 3: freeducational state (for independent For the meaning Column 4: If planation of loc Column 5: If cable system of carried the distate for the retrant a written agree the cable system ton "E" (exemple explanation of the Column 6: Gi FCC. For Mexico Note: If you are	tion, by entering to multicast), "E" (gof these terms, the station is out all service area, so you have entere arried the distant and station on a passemission of a distant entered in and a primary of the location of an or Canadian sufficient entered in and a primary of the location of a distant entered in and a primary of the location of a distant entered in an or Canadian sufficient multiple in the location of the location	se whether the state letter "N" (for noncommerce page (v) of fiside the local see page (v) of the department of the letter of the letter partment of the letter	r network), "N-Moial educational), the general instrucervice area, (i.e. e general instruction 4, you must de accounting perecurse of lack oream that is not show a sociation replifyou carried the (v) of the general r U.S. stations, list we the name of s, identify the lines, identify the lines, identify the lines, identify the lines.	I" (for network muor "E-M" (for non- uctions: "distant"), enter ' stions. complete-column foot Indicate by foot a royali stween a cable sy resenting the prine channel on any I instructions: it the community the	y payment because it is the subject stem or an association representing mary transmitter, enter the designation because it is the station is licensed by the of the station is identified.	Channel Line-Up
1. CÁLL 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	<u> </u>	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	
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								FORM SA3. PAGE	4
	LEGAL NAME OF	OWNER OF CABL	E SYSTE	M;					**
Name	Atlantic Tele	phone Memi	pership	Corporation				3253	
Primary Transmitters: Radio	all-band basi Special Instr receivable if (on the basis of For detailed if Column 1: Column 2: Column 3: signal, indica Column 4:	ist every rac is whose sign ructions Cor (1) it is carrie of monitoring information a : Identify the : State wheth if the radio ate this by pla : Give the sta	dio sta nals w ncernind by the tip, to be bout the call siner the station acing a ation's	tion carried on a separate ere "generally receivable" in All-Band FM Carriage: ne system whenever it is received at the headend, the the Copyright Office region of each station carried a station is AM or FM. It's signal was electronically a check mark in the "S/D"	by your cable signification with the system's alations on this processed by column.	ystem during the Office regularities head s FM antenna point, see page the cable system tion is licens	the a lation lend, a duri ge (vi)	FM stations carried on an accounting period. s, an FM signal is generally and (2) it can be expected, ng certain stated intervals, of the general instructions; as a separate and discrete the FCC or, in the case of	
	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
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LEGAL NAME OF OWNER OF CABLE SYSTI	EM:							Name.	
Atlantic Telephone Membersh	ip Corporat	ion				3253			
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? Note: If your answer is "No", leave the rest of this page blank, if your answer is "Yes," you must complete the program log in block 2.									
2. LOG OF SUBSTITUTE PROGRAMS In General: List each substitute program on a separate line. Use abbreviations wherever possible, if their meaning is clear. If you need more space, please attach additional pages. Column 1: Give the title of every nonnetwork television program (substitute program) that, during the accounting period, was broadcast by a distant station and that your cable system substituted for the programming of another station under certain FCC rules, regulations, or authorizations. See page (vi) of the general instructions for further information. Do not use general categories like "movies" or "basketball." List specific program titles, for example, "I Love Lucy" or "NBA Basketball: 76ers vs. Bulls." Column 2: If the program was broadcast live, enter "Yes." Otherwise enter "No." Column 3: Give the call sign of the station broadcasting the substitute program. Column 4: Give the broadcast station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified). Column 5: Give the month and day when your system carried the substitute program. Use numerals, with the month first. Example: for May 7 give "5/7." Column 6: State the times when the substitute program was carried by your cable system. List the times accurately to the nearest five minutes. Example: a program carried by a system from 6:01:15 p.m. to 6:28;30 p.m. should be stated as "6:00-6:30 p.m." Column 7: Enter the letter "R" if the listed program was substituted for programming that your system was required to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect during the accounting period; enter the letter "P" if the listed program was substituted to delete under FCC rules and regulations in effect on October 19, 1976.									
ŜÚ	BSTITUTE F	PROGRAM					7. REASON		
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MÖNTH AND DAŸ	6. TII FROM -		FOR DELETION		
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Name	LEGAL NAME OF OWNER	OF CABLE SYSTEM	i.							
, tame	Atlantic Telephon	e Membership	Corporation				3253			
Part-Time Carriage Log	PART-TIME CARRIAGE LOG In General: This space ties in with column 5 of space G. If you listed a station's basis of carriage as "LAC" for part-time carriage due to lack of activated channel capacity, you are required to complete this log giving the total dates and hours your system carried that station. If you need more space, please attach additional pages. Column 1 (Call sign): Give the call sign of every distant station whose basis of carriage you identified by "LAC" in column 5 of space G. Column 2 (Dates and hours of carriage): For each station, list the dates and hours when part-time carriage occurred during the accounting period. Give the month and day when the carriage occurred. Use numerals, with the month first. Example: for April 10 give "4/10." State the starting and ending times of carriage to the nearest quarter hour. In any case where carriage ran to the end of the television station's broadcast day, you may give an approximate ending hour, followed by the abbreviation "app." Example: "12:30 a.m3:15 a.m. app." You may group together any dates when the hours of carriage were the same, Example: "5/10-5/14, 6:00 p.m12:00 p.m."									
			DATES AND HO	JRS OF	PART-TIME CAR	RIAGE				
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LEGAĻ	NAME OF DWNER OF CABLE SYSTEM:	p.1
Atlar	ntic Telephone Membership Corporation 3253	Name
Instr all ar (as ic page G do	OSS RECEIPTS ructions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of mounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service dentified in space E) during the accounting period. For a further explanation of how to compute this amount, see (vii) of the general instructions, ross receipts from subscribers for secondary transmission service(s) uring the accounting period. \$1,940,589.48 (Amount of gross receipts)	K Gross Receipts
CÓE	PYRIGHT ROYALTY AND FILING FEES	
Instr · Co · Co · If y	ructions: 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 stations, your system did not carry any distant television stations, leave block 3 blank. Enter the amount of the minimum of 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 applicable parts of the DSE Schedule scompanying this form and attach the schedule to your statement of account.	Copyright Royalty Fee
	part 8 or part 9, block A, of the DSE schedule was completed, the base rate fee should be entered on line 1 of lock 3 below.	
	part 6 of the DSE schedule was completed, the amount from line 7 of block C should be entered on line 2 in block below.	
	part 7 or part 9, block B, of the DSE schedule was completed, the surcharge amount should be entered on line in block 4 below.	
Bločk,	MINIMUM FEE: 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. Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	
Block		
Вюск З	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	
Block 4	Line 1. BASE RATE FEE/3,75 FEE or MINIMUM FEE: Enter either the minimum fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger.	
i	Line 2. SYNDICATED EXCLUSIVITY SURCHARGE: Enter the fee from either part 7 (block D, section 3 or 4) or part 9 (block B) of the DSE schedule. If none, enter zero: Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest Worksheet) Line 4. FILING FEE: \$ 725.00	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Section for the appropriate
:	TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here. \$ 21,372,87	form for submitting the additional fees.
	Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions for more information.)	

· • • • • • • • • • • • • • • • • • • •	LEGAL, NAME OF OWNER OF CABLE SYSTEM:		Name
Name	Atlantic Telephone Membership Corporation	3253	, TEAL STATE
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 ac-	ision broadd counting po	cast stations eriod,
Glarifels	Enter the total number of channels on which the cable system carried television broadcast stations		14
	Enter the fotal number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services		279
N Individual to	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)		
Be Contacted for Further Information	Keith Hughes Name Telephone	910-755-18 red code)	96
	PO Box 3198 Address		
:	Shallotte, NC 28459 (Orby, town; state, zip)	i yan ili ulayan 189	
	Email (optional) khughes@focusbroadband.com Fax (optional) 910-754-378	1	AN - PR E L 4 4 - A L
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 ic of space B; or	lentified in li	ne 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 owne or partnersh	r of nip; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legowner of the cable system in line 1 of space B.	gal entity ide	entified 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 and the statement of the ITS Contained 1991.	l statements , and belief,	of fact and are
	made in good faith. [18 U.S.C. sec. 1001] Handwritten signature: ####################################	uO)
	Typed or printed name: Kim Edwards		
:	Vice President-Accounting and Finance Title: (Title of official position held in corporation or per	coccus occus tnership)	Rais - Sylvin and one
i : :	Date: 8/29/24	***********	

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.