

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**

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

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
02/15/2018	\$
	ALLOCATION NUMBER

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.)	
	<input type="checkbox"/> January 1–June 30 (Year)	<input checked="" type="checkbox"/> July 1–December 31 2017 (Year)

B Owner	INSTRUCTIONS: 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 Division. <u>3253</u>	
	1	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation 3253
	2	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (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)


C System	INSTRUCTIONS: 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	IDENTIFICATION OF CABLE SYSTEM: ATMC
2	MAILING ADDRESS OF CABLE SYSTEM: PO Box 3198 (Number street rural route apartment or suite number) Shallotte, North Carolina 28459 (City, town, state, zip code)	

D Area Served	Instructions: 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	
First Community	SHALLOTTE		NC	
	Below is a sample for reporting communities if you report multiple channel line-ups in Space G.			
Sample	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.

LEGAL NAME OF OWNER OF CABLE SYSTEM:				Name
Atlantic Telephone Membership Corporation			3253	
<p>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 <i>first community on all future filings</i>.</p> <p>Note: Entities and properties such as hotels apartments condominiums. or mobile home parks should be reported in parentheses below the identified city or town.</p> <p>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).</p> <p>When reporting the carriage of television broadcast stations on a community-by-community basis, associate each community with a channel line-up designated by an alpha-letter(s) (based on your Space G reporting) and a subscriber group designated by a number (based on your reporting from Part 9 of the DSE Schedule) in the appropriate columns below.</p>				D Area Served
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#	
SHALLOTTE	NC	A	1	◀ First Community
BOLIVIA	NC	A	1	
BRICKLANDING	NC	A	1	
CALABASH	NC	A	1	
CAROLINA SHORES	NC	A	1	
HOLDEN BEACH	NC	A	1	
OCEAN ISLE BEACH	NC	A	1	
SUNSET BEACH	NC	A	1	
SUNSET HARBOR	NC	A	1	
VARNAMTOWN	NC	A	1	
TOWN OF LELAND	NC	A	1	
UNINCORPORATED BRUNSWICK COUNTY	NC	A	1	
TABOR CITY	NC	A	1	
WHITEVILLE	NC	A	1	
UNINCORPORATED COLUMBUS COUNTY	NC	A	1	

LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	3253	Name		
GROSS RECEIPTS Instructions: 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.		K Gross Receipts		
IMPORTANT: You must complete a statement in space P concerning gross receipts.		<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">\$ 3,052,344.32</td> </tr> <tr> <td style="text-align: center; font-size: small;">(Amount of gross receipts)</td> </tr> </table>	\$ 3,052,344.32	(Amount of gross receipts)
\$ 3,052,344.32				
(Amount of gross receipts)				
COPYRIGHT ROYALTY AND FILING FEES Instructions: Use the blocks in this space L to determine the royalty fee you owe: <ul style="list-style-type: none"> • 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. <p>▶ 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.</p> <p>▶ 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.</p> <p>▶ 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.</p>		L Copyright Royalty Fee		
Block 1	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 ▶ \$3,052,344.32 Line 2. Multiply the amount in line 1 by 0.01064. Enter the result here. ▶ \$ 32,476.94 This is your minimum fee.			
Block 2	DISTANT TELEVISION STATIONS CARRIED: 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. BASE RATE FEE: 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. ▶ \$ 0.00 Line 2. 3.75 Fee: Enter the total fee from line 7, block C, part 6 of the DSE schedule. If none, enter zero. ▶ \$ 0.00 Line 3. Add lines 1 and 2 and enter here. ▶ \$ 0.00			
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. ▶ \$ 32,476.94 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 TOTAL ROYALTY AND FILING FEES PAYABLE FOR ACCOUNTING PERIOD. Add Lines 1, 2, 3 and 4 of block 4 and enter total here. ▶ \$ 33,201.94 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.)	Cable systems submitting additional deposits under Section 111(d)(7) should contact the Licensing Division for the appropriate form for submitting the additional fees.		

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	Name 3253
M Channels	CHANNELS Instructions: 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.	
	1. Enter the total number of channels on which the cable system carried television broadcast stations	14
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	386
N Individual to Be Contacted for Further Information	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.)	
	Name Laura Graff	Telephone 910-755-1782 <small>(Area code)</small>
	Address PO Box 3198 <small>(Number street rural route apartment or suite number)</small>	
	Shallotte, North Carolina 28459 <small>(City town state zip)</small>	
	Email (optional) lgraff@atmc.com	Fax (optional) 910-755-1871
O Certification	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulations, as explained in the general instructions.)	
	<ul style="list-style-type: none"> • I, the undersigned, hereby certify that (Check one, <i>but only one</i>, of the boxes.) <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 <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 <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. 	
	* 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]	
		Handwritten signature: <i>Kim Edwards</i>
	Typed or printed name: Kim Edwards	
	Title: Vice President-Accounting and Finance <small>(Title of official position held in corporation or partnership)</small>	
	Date: 2/15/18	

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LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	3253	Name
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. 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? <input type="checkbox"/> NO <input type="checkbox"/> YES. Enter the total here and list the satellite carrier(s) below. \$ _____		P Special Statement Concerning Gross Receipts Exclusions
Name _____ Mailing address _____	Name _____ Mailing address _____	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment. For an explanation of interest assessment, see page (viii) of the general instructions.		Q Interest Assessment
Line 1 Enter the amount of late payment or underpayment	\$ _____ x _____ %	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	_____ x _____ days	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_____ x 0.00274	
Line 4 Multiply line 3 by 0.00274** enter here and on line 3, block 4, space L, (page 7)	\$ _____ (interest charge)	
* To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf . For further assistance please contact the Licensing Division at (202) 707-8150 or licensing@loc.gov . ** This is the decimal equivalent of 1/365, which is the interest assessment for one day late.		
NOTE: If you are filing this worksheet covering a statement of account already submitted to the Copyright Office, please list below the owner, address, first community served, accounting period, and ID number as given in the original filing.		
Owner _____ Address _____ _____ First community served _____ Accounting period _____ ID number _____		

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