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 ACCOUNT

for Secondary Transmissions by Cable Systems (Long Form)

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

DATE RECEIVED	AMOUNT
	\$
	ALLOCATION NUMBER

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

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

Accounting Period	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (Check one of the boxes and fill in the year date.) January 1–June 30							
renod		(rear)		(Year)				
Bowner	Giv cor li li a si	ETRUCTIONS: e the full legal name of the owner of the cable system or at the full legal name of the owner of the cable system or at the parent of the 2, list any other names under which the owner of there were different owners during the accounting or account and royalty fee payment of the left of this is the system's first filing. If not, or account and royalty fee payment of this is the system's first filing.	corporation. r conducts the business of the cable period, only the owner on the last day covering the entire accounting period enter the system's ID number assigned	system. of the accounting p	period should submit			
1 LEGAL NAME OF OWNER OF CABLE SYSTEM:								
	2	Atlantic Telephone Membership Corporatio		3253				
2 BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT):								
	3	MAILING ADDRESS OF OWNER OF CABLE S PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip)	YSTEM:					
С	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.							
System	1 IDENTIFICATION OF CABLE SYSTEM: ATMC							
	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 Area	Inst all c	ructions: For complete space D instructions, see pagemmunities.	ge 1b. Identify only the first community	served below and r	elist on page 1b with			
Served		CITY OR TOWN	STATE					
First >	Sha	allotte	NC					
Community	Belo	w is a sample for reporting communities if you repor	t multiple channel line-ups in Space G					
		CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#			
Sample 🕨	Ald	a	MD	Α	1			
		ance	MD	В	2			
	Ge	ring	MD	В	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 filling, a determination that would be made by a court of law.

LEGAL NAME OF OWNER OF CABLE SYSTEM:						
Atlantic Telephone Membership Corporation			3253	Name		
Instructions: List each separate community served by the cable system. A "comin FCC rules: "a separate and distinct community or municipal entity (including areas and including single, discrete unincorporated areas." 47 C.F.R. §76.5(dd). of system identification hereafter known as the "first community." Please use it a	unincorporat	ed communities	within unincorporated	D Area		
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 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).	or leave the co e each relevan	olumn blank, If yo nt community with	ou report any stations n a subscriber group,			
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.						
CITY OR TOWN	STATE	CH LINE UP	SUB GRP#			
SHALLOTTE	NC	Δ	1			
BOLIVIA	NÇ			▼ First		
BRICKLANDING		^		Community		
CALABASH	ŅÇ	A	. []			
	NC	.A	. 1			
CAROLINA SHORES	ЙĊ	.A	. 1			
HOLDEN BEACH	ЙĊ	.A	. 1			
OCEAN ISLE BEACH	NC	Α	1			
SUNSET BEACH	NC	A	. 1			
SUNSET HARBOR	NC	Α	1			
VARNAMTOWN	NC	A	1			
TOWN OF LELAND	NC	Α	1			
UNINCORPORATED BRUNSWICK COUNTY	NC	Δ	1			
TAROR CITY	NC		1			
WHITEVILLE		Α	<u> </u>			
	NÇ	.A	1			
UNINCORPORATED COLUMBUS COUNTY	NC	. A	1			
	NC	. <u>A</u>	1			
OAK ISLAND	ŅĊ	.A	1			
		1				
		* * * * * * * * * * * * * * * * * * * *				
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FORM SA3, PAGE 2, LEGAL NAME OF OWNER OF CABLE SYSTEM: Name Atlantic Telephone Membership Corporation 3253 SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES In General: The information in space E should cover all categories of secondary transmission service of the cable Е 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 Secondary last day of the accounting period (June 30 or December 31, as the case may be). Transmission Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken Service: Subscribers and

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:							
 Service to first set 	27,126	\$29.00			200		
 Service to additional set(s) 							
 FM radio (if separate rate) 	1						
Motel, hotel							
Commercial							
Converter							
 Residential 					, , ,		
 Non-residential 			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

F

Rates

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'l channel Fire protection Burglar protection Installation: Residential First set Additional set(s) FM radio (if separate rate) Converter	\$6.50 \$6.50 \$80.00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'I channel • Fire protection	\$80.00 \$80.00 \$20.00 \$90.00 \$20.00		

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 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) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program 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 Statement 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 and also on some other basis. For further information concerning substitute basis stations, see page (y) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multicast stream as "WETA-2". Simulcast streams must be reported in column 1 (list each stream separately; for example WETA-simulcast).

Column 2: Give the channel number the FCC has assigned to the television station for broadcasting over-the-air in its community of license. For example, WRC is Channel 4 in Washington, D.C. This may be different from the channel on which your cable system carried the station.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (v) of the general instructions.

Column 4: If the station is outside the local service area, (i.e. "distant"), enter "Yes". If not, enter "No". For an explanation 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, stating the basis on which your cable system carried the distant station during the accounting period. Indicate by entering "LAC" if your cable system carried the distant station on a part-time basis because of lack of activated channel capacity.

For the retransmission of a distant multicast stream that is not subject to a royalty payment because it is the subject of a written agreement entered into on or before June 30, 2009, between a cable system or an association representing the cable system and a primary transmitter or an association representing the primary transmitter, enter the designation "E" (exempt). For simulcasts, also enter "E". If you carried the channel on any other basis, enter "O," For a further explanation of these three categories, see page (v) of the general instructions.

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
		•			
		·			*,

G

Primary Transmitters: Television

> Channel Line-Up

Name		OWNER OF CABI	E SYST	EM:				
	Atlantic Tele	phone Mem	bershi	ip Corporation				3253
Н	in General:	PRIMARY TRANSMITTERS: RADIO In General: List every radio station carried on a separate and discrete basis and list those FM stations carried or all-band basis whose signals were "generally receivable" by your cable system during the accounting period.						
Primary fransmitters: Radio	receivable if on the basis of For detailed in Column 1 Column 2 Column 3 signal, indica Column 4	(1) it is carrie of monitoring nformation a : Identify the : State wheti : If the radio ite this by pl : Give the sta	d by t g, to be bout t call s her the station ation's	ing All-Band FM Carriage: I he system whenever it is received at the headend, when the Copyright Office reguign of each station carried. e station is AM or FM. In's signal was electronically a check mark in the "S/D" of location (the community to if any, the community with the system of the signal was electronically as the community with the system of the community with the system of the sys	ceived at the sy ith the system's lations on this p processed by column.	stem's head s FM antenna point, see par the cable sy- tion is licens	lend, a, dur ge (vi) stem ed by	and (2) it can be expected ing certain stated interval of the general instruction as a separate and discrete
		AM or FM	\$/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOGATION OF STATES
	CALL SIGN	ANTOTIVE			0,122,01011	ANI OI FIVI		LOCATION OF STATIC
	CALL SIGN	AIVIOITIV			0,122,01011	AIVI OF PIVI		LOCATION OF STATIC
	CALL SIGN				0,122 0,011	ANIOFFM		EOCATION OF STATIC
	CALL SIGN				0,122 0,011	AIVI OI FIM		EOCATION OF STATIC
	CALL SIGN				0,122 01011	ANIOTAM		LOCATION OF STATIO

FORM SA3. PAGE 5.						
LEGAL NAME OF OWNER OF CABLE SYS	STEM:					
Atlantic Telephone Members	ship Corpora	ation		3253		Name
SUBSTITUTE CARRIAGE In General: In space I, identify carried on a substitute basis of authorizations. For a further e instructions.	<i>every nonn</i> during the a	etwork televis	ion program broadcast b iod, under specific prese	y a <i>distant</i> station that your c ent and former FCC rules, re	gulations, 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 No 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. 						
period, was broadcast by a station under certain FCC ruinformation. Do not use gene Love Lucy" or "NBA Basketb Column 2: If the program Column 3: Give the call sig Column 4: Give the broad the case of Mexican or Canar Column 5: Give the month first. Example: for May 7 give Column 6: State the times to the nearest five minutes. I stated as "6:00–6:30 p.m."	ute programe, please att fevery nondistant stationed all: 76ers values broade and the stationed and day when the substant he substant for all: 75/7." When the substant for all: 75/7." Example: a from the list of regulation	ach additional network televition and that you ions, or authous like "movies. Bulls." ast live, enter attion broadcast's location (the side of any, the compour system in side of program of arm the desired program was in effect during the or the side of the s	I pages. ision program (substitute rour cable system substitute our cable system substitutes" or "basketball." List "Yes." Otherwise enter sting the substitute proge community to which the carried the substitute or am was carried by your ied by a system from 6 was substituted for progring the accounting perions of the substitute of the substitute of the substituted for progring the accounting perions of the substitute for the substitu	e program) that, during the tituted for the programming) of the general instructions specific program titles, for "No." gram. he station is licensed by the station is identified), program. Use numerals, wit cable system. List the times 101:15 p.m. to 6:28:30 p.m. ramming that your system word; enter the letter "P" if the	accounting of another of for further example, "I be FCC or, in the month of accurately accounted by the saccurated of the force of the saccurated of the force of	
SU	BSTITUTE I	PROGRAM		WHEN SUBSTITUTE CARRIAGE OCCURRED	7. REASON	
1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH 6. TIMES AND DAY FROM — TO	FOR DELETION	
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			<u>,</u>			

Name	Atlantic Telephon						3253	
J Part-Time Carriage Log	time carriage due hours your syste Column 1 (Ca column 5 of space Column 2 (Da curred during the '4/10." State the startiof the televisio "app." Example	space ties in a to lack of action carried that ill sign): Give to G. Ites and hour. accounting phand day whe ing and ending on station's broke: "12:30 a.m.	with column 5 of sp vated channel capa station. If you need he call sign of every s of carriage): For eriod. In the carriage occu- times of carriage to badcast day, you modules.	city, you more sp distant each sta rred. Use the near	are required to cor lace, please attach station whose bas tion, list the dates a numerals, with the rest quarter hour. In an approximate en	nplete this log additional pagis of carriage y and hours when month first. It any case when ding hour, follows:	giving the total da ges. rou identified by " en part-time carri Example: for April re carriage ran to owed by the abbr	tes ar LAC" age of 10 give the er eviation
			DATES AND HO	JRS OF	PART-TIME CARR	IAGE		
	¥	WHEN CA	ARRIAGE OCCURRI	ED		WHEN CA	RRIAGE OCCURI	RED
	CALL SIGN	DATE	HOURS FROM	то	CALL SIGN	DATE	HOURS FROM	Т
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		Contraction of the Contraction o		- 11			_	

LEG	AL NAME OF OWNER OF CABLE SYSTEM:	
	lantic Telephone Membership Corporation 3253	Name
GF Ins all (as pag	ROSS RECEIPTS structions: The figure you give in this space determines the form you file and the amount you pay. Enter the total of amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmission service identified in space E) during the accounting period. For a further explanation of how to compute this amount, see ge (vii) of the general instructions. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. \$3,344,835.58 (Amount of gross receipts)	K Gross Receipts
Ins · (DPYRIGHT ROYALTY AND FILING FEES tructions: 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, f 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. f 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.	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	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. \$35,589.05	
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? Yes—Complete the DSE schedule.	
Block	Line 1. BASE RATE FEE: Enter the base rate fee from either part 8, section 3 or	
J	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 fee from block 1 or the sum of the base rate fee/3.75 fee from block 3, line 3, whichever is larger	
	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.	Cable systems submitting additional
	Line 3. INTEREST CHARGE: Enter the amount from line 4, space Q, page 9 (Interest 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	appropriate form for submitting the
	Remit this amount via electronic payment payable to Register of Copyrights. (See page (i) of the general instructions for more information.)	additional fees.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:		
IVAINE	Atlantic Telephone Membership Corporation	3253	Name
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 activated total number of channels on which the cable system carried television broadcast stations 2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	vision broadd ccounting p	cast stations eriod. 14
Individual to Be Contacted for Further	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED: (Identify an individual we can contact about this statement of account.) Name Laura Graff Name Telephone	910-755-178	32
Information		rea code)	
	PO Box 3198 Address	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
	Shallotte, NC 28459 (City, town, state, zip)		
	(Oily, town, state, др)		
	Email (optional) Igraff@atmc.com Fax (optional) 910-755-1871	l 	
0	CERTIFICATION (This statement of account must be certified and signed in accordance with lations, as explained in the general instructions.)	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 ide of space B; or		
	(Agent of owner other than corporation or partnership) I am the duly authorized agent o the cable system as identified in line 1 of space B and that the owner is not a corporation o	r partnershi	p; or
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal owner of the cable system in line 1 of space B.	al entity ider	ntified as
	I have examined the statement of account and hereby declare under penalty of law that all scontained herein are true, complete, and correct to the best of my knowledge, information, made in good faith. [18 U.S.C. sec. 1001]	statements and belief, a	of fact and are
	Handwritten signature: HMXCUUUL		-
	Typed or printed name: Kim Edwards		.,
	Title: Vice President - Accounting and Finance (Title of official position held in corporation or partner)	ership)	
	Date: 1-28-2020		

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.

REMITTER (COMPANY) Pay Royalty Fees for Cable

Name: Atlantic Telephone Membership Corporation	
Address :PO BOX 3198	
City :Shallotte	State / Country: NC Postal Code :
Contact First Name :Laura	Phone:910-755-1782
Contact Middle Name :	FAX :910-755-1871
Contact Last Name : Graff	Email : graff@atmc.com

The Cable ID # is a unique number assigned by the Licensing Division. To request a new ID number, contact the Licensing Division at 202-707-8150.

	YEAR	PERIOD	ID NUMBER	First Community Served (City, State)	FILING FEE	ROYALTY FEE	TOTAL FEES
1	2019	2	3253	Shallotte, NC	\$725.00	\$35,589.05	\$36,314.05
2							\$0.00
3							\$0.00
4							\$0.00
5							\$0.00
6							\$0.00
7							\$0.00
8							\$0.00
9							\$0.00
10							\$0.00
11							\$0.00
12							\$0.00
13							\$0.00
14							\$0.00
15							\$0.00
16							\$0.00
17							\$0.00
18							\$0.00
19							\$0.00
20							\$0.00
21							\$0.00
22							\$0.00
23							\$0.00
24							\$0.00
25							\$0.00
26							\$0.00
27							\$0.00
28							\$0.00
29							\$0.00
30							\$0.00
	Filing Fee Subtotal: \$725.00 Sub-Total:						\$36,314.05

Privacy Act Notice: Sections 111 and 119 of title 17, United States Code, authorize the Copyright Office to collect the personally identifying information (PII) requested on this form in order to process your payment. PII is any personal information that can be used to identify or contact an individual, such as names, addresses, and telephone numbers. The Copyright Office collects this PII in order to allocate your payment by electronic funds transfer (EFT). By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes being available for public inspection and being included in search reports prepared for the public. The effects of not providing the PII requested are that it may delay the allocation of your payment 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.

Total Payment Amount:

\$35,589.05

Royalty Fee Subtotal: