

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
02/14/2019	\$
	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 2018 (Year)																					
B Owner	<p>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.</p> <p><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></p>																							
	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, NC 28459 (City, town, state, zip)																						
C System	<p>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.</p>																							
	1	IDENTIFICATION OF CABLE SYSTEM: ATMC																						
	2	MAILING ADDRESS OF CABLE SYSTEM: PO Box 3198 (Number, street, rural route, apartment, or suite number) Shallotte, NC 28459 (City, town, state, zip code)																						
D Area Served	<p>Instructions: For complete space D instructions, see page 1b. Identify only the first community served below and relist on page 1b with all communities.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">CITY OR TOWN</td> <td style="width: 40%;">STATE</td> </tr> <tr> <td>Shallotte</td> <td>NC</td> </tr> </table> <p>Below is a sample for reporting communities if you report multiple channel line-ups in Space G.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 60%;">CITY OR TOWN (SAMPLE)</th> <th style="width: 10%;">STATE</th> <th style="width: 10%;">CH LINE UP</th> <th style="width: 20%;">SUB GRP#</th> </tr> </thead> <tbody> <tr> <td>Alda</td> <td>MD</td> <td>A</td> <td>1</td> </tr> <tr> <td>Alliance</td> <td>MD</td> <td>B</td> <td>2</td> </tr> <tr> <td>Gering</td> <td>MD</td> <td>B</td> <td>3</td> </tr> </tbody> </table>				CITY OR TOWN	STATE	Shallotte	NC	CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#	Alda	MD	A	1	Alliance	MD	B	2	Gering	MD	B	3
CITY OR TOWN	STATE																							
Shallotte	NC																							
CITY OR TOWN (SAMPLE)	STATE	CH LINE UP	SUB GRP#																					
Alda	MD	A	1																					
Alliance	MD	B	2																					
Gering	MD	B	3																					
First ▶ Community																								
Sample ▶																								

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: Atlantic Telephone Membership Corporation			3253	Name
<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</i> on all future filings</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#	◀ First Community
SHALLOTTE	NC	A	1	
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	
ST JAMES	NC	A	1	
OAK ISLAND	NC	A	1	

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Atlantic Telephone Membership Corporation	3253
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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: • Service to first set • Service to additional set(s) • FM radio (if separate rate) Motel, hotel Commercial Converter • Residential • Non-residential	26 736	\$25 90			

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
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 95 \$6 95 \$80 00	Installation: Non-residential • Motel, hotel • Commercial • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Other services: • Reconnect • Disconnect • Outlet relocation • Move to new address	\$80 00 \$80 00 \$20 00 \$90 00 \$20 00		

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.		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ 3,322,363.13 <small>(Amount of gross receipts)</small> </div>
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 ▶ \$3,322,363.13 Line 2. Multiply the amount in line 1 by 0.01064 Enter the result here. This is your minimum fee.	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$ 35,349.94 </div>
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 ▶ \$ 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 ▶ \$ 35,349.94 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 ▶ \$ 36,074.94 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	385
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, NC 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.)	
	• 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: 1-30-19	

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REMITTER (COMPANY)

Pay Royalty Fees for Cable

Name :Atlantic Telephone Membership Corporation

Address :PO Box 3198

City :Shallotte

State / Country:

Postal Code : _____

Contact First Name :Laura

Phone :910-755-1782

Contact Middle Name : _____

FAX :910-755-1871

Contact Last Name :Graff

Email :lgraff@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	2018	2	3253	Shallotte, North Carolina	\$725.00	\$35,349.94	\$36,074.94
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:

Sub-Total:

Royalty Fee Subtotal:

Total Payment Amount:

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CONTROL #:

REMITTANCE #:



\$ _____
 Total amount of remittance Number of SAs rec'd Initials

_____ Check EFT FILING FEE
 Date of remittance

Cable ID #				Amount/Initials \$
Examined by	Reviewed by	Date examination completed	Allocation number	

Space A
Accounting Period

January 1 – June 30, 20 _____ July 1 – December 31, 20 _____

Letter sent Information received

Accepted Phone call/Date/Contact

Space B
Owner

Letter sent Information received

Accepted Phone call/Date/Contact

Space D
Area Served

Letter sent Information received

Accepted Phone call/Date/Contact

Space E
Secondary Transmission Service
Subscribers:
and Rates

Letter sent Information received

Accepted Phone call/Date/Contact

Space G
Primary Transmitters:
Television

Letter sent Information received

Accepted Phone call/Date/Contact

Space H
Primary Transmitters:
Radio

Accepted Phone call/Date/Contact

<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space I Substitute Carriage
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space J Part-time Carriage Log (SA3 only)
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space K Gross Receipts
<input type="checkbox"/> Royalty Fee should be \$ <input type="checkbox"/> Refund request to fiscal <input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space L Copyright Filing and Royalty Fees
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space M Channels
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space O Certification
<input type="checkbox"/> Letter sent <input type="checkbox"/> Information received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space P Statement of Gross Receipts
<input type="checkbox"/> Letter sent <input type="checkbox"/> Info/add'l fee received <input type="checkbox"/> Accepted <input type="checkbox"/> Phone call/Date/Contact	Space Q Interest Assessment