This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1) If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT	FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by Cable Systems (Short Form)	DATE RECEIVED	AMOUNT	<u>coplicsoa@copyright.gov</u> For additional information.
General instructions are located in the first tab of this workbook	01/22/2019	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Λ			

A	ACCC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))	
		2018/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional - see instructions)	
Accounting Period			
		Instructions:	
В		Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.	
Owner		List any other name or 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.	
		Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.	488
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM	
		Moosehead Enterprises Inc	
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)	
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM	
		PO Box 526 (Number, street, rural route, apartment, or suite number)	
		Greenville ME 04441 (City, town, state, zip)	
<u> </u>	INSTR	CUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system u	nless these
С	names	s 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:	
		MAILING ADDRESS OF CABLE SYSTEM:	
	_		
	2	(Number, street, rural route, apartment, or suite number)	
		(City, town, state, zip code)	

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce 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 Offce'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 fling, a determination that would be made by a court of law.

	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
Name	Moosehead Enterprises Inc	488
D	Instructions: List each separate community served by the cable system. A "cor "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single,
	as the "first community." Please use it as the first community on all future filir	igs.
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or m identified city.	obile home parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Jackman	ME
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA	ABLE SYSTEM:						101	SYST	
Name									0101	48
	Moosehead Enterprises	Inc								
Е	SECONDARY TRANSMISSION	SERVICE: SU	BSCRIBERS	AND RATES						
E	In General: The information in s									
Secondary	system, that is, the retransmission about other services (including p									
Transmission	last day of the accounting period					0 110		ig on the		
Service: Sub-	Number of Subscribers: Both									
scribers and Rates	down by categories of secondary each category by counting the nu									
Rales	separately for the particular servi							chargeu		
	Rate: Give the standard rate c	harged for eac	h category of	service. Includ	e both the amoun	t of tl	he charg			
	unit in which it is generally billed.	· · ·	,		ndard rate variation	ons v	vithin a p	articular rate		
	category, but do not include disc Block 1: In the left-hand block				secondary transm	niccir	n servic	e that cable		
	systems most commonly provide									
	that applies to your system. Note	: Where an ind	dividual or org	anization is rea	ceiving service the	at fall	s under	different		
	categories, that person or entity									
	subscriber who pays extra for ca first set" and would be counted o					unde	r "Servic	e to the		
	Block 2: If your cable system I					are di	fferent fr	om those		
	printed in block 1 (for example, ti									
	with the number of subscribers a	ind rates, in the	e right-hand bl	ock. A two- or	three-word descri	ption	of the s	ervice is		
	sufficient.	DCK 1					BLOCK	2		
		NO. OF						NO. OF		
	CATEGORY OF SERVICE Residential:	SUBSCRIB 216	ERS R/	TE (CATEGORY OF S	SERV	ICE	SUBSCRIB	ERS	RAT
	Service to first set	210		50.95						
	Service to additional set(s)									
	• FM radio (if separate rate)									
	Motel, hotel									
	Commercial									
	Converter									
	Residential									
	Non-residential									
	SERVICES OTHER THAN SEC	-		-						
F	In General: Space F calls for rat	•	,		,	,			9	
•	not covered in space E, that is, the service for a single fee. There are									
Services	furnished at cost or (2) services of									
Other Than	amount of the charge and the un		usually billed.	If any rates ar	e charged on a va	ariabl	e per-pr	ogram basis,		
Secondary ransmissions:	enter only the letters "PP" in the Block 1: Give the standard rat		he cable syste	m for each of t	the applicable ser	vices	listed			
Rates	Block 2: List any services that							were not		
	listed in block 1 and for which a s				List these other se	ervic	es in the	form of a		
	brief (two- or three-word) descrip	otion and includ	le the rate for	each.						
		BLO						BLOCK		
			CATECODY		RATE		CATEGO	DRY OF SER	VICE	RAT
	CATEGORY OF SERVICE	RATE		OF SERVICE						
	Continuing Services:	RATE	Installation:	Non-residenti	al					
	Continuing Services: • Pay cable	RATE	Installation: • Motel, ho	Non-residenti el	al 39.95					
	Continuing Services: • Pay cable • Pay cable—add'l channel	RATE	Installation: • Motel, ho • Commerce	Non-resident i el ial	al					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection	RATE	Installation: • Motel, ho • Commerc • Pay cable	Non-residenti el ial	al 39.95 39.95					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection	RATE	Installation: • Motel, ho • Commerc • Pay cable • Pay cable	Non-residenti el ial -add'l channel	al 39.95 39.95					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential		Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote	Non-residenti el ial -add'l channel ction	al 39.95 39.95					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	39.95	Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar prote	Non-residenti el ial -add'l channel ction otection	al 39.95 39.95					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set • Additional set(s)	39.95	Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar pr Other service	Non-residenti el -add'l channel ction otection es:	al <u>39.95</u> <u>39.95</u>	5				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection • Burglar protection Installation: Residential • First set	39.95	Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar protection • Reconnection	Non-residenti el -add'l channel ction otection es:	al 39.95 39.95	5				
	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)	39.95	Installation: • Motel, ho • Commerce • Pay cable • Pay cable • Fire prote • Burglar pr Other service	Non-residenti el -add'l channel ction otection es: ct	al <u>39.95</u> <u>39.95</u>	5				

me	LEGAL NAME OF OWNER OF			SYSTEM ID#
	Moosehead Enterpris			488
hary hitters: ision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(e substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station here station was carried <i>only</i> on • List the station here, and a basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on the Column 2: Give the channel of license. For example, W Column 3: Indicate in each educational station, by enter (for independent multicast), For the meaning of these ter Column 4: Give the location	also in space I, if the station was carried on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination p d with a station according to its over-the	<i>t</i> (1) stations carried only on a part-tin the carriage of certain network progra 51(e)(2) and (4))]; and (2) certain stati arried by your cable system on a sub the Special Statement and Program L d both on a substitute basis and also see page (v) of the general instruction program services such as HBO, ESP e-air designation. For example, report evision station for broadcasting over t station, an independent station, or a (for network multicast), "I" (for independent actions in the paper SA1-2 form. t the community to which the station i	me basis under ms [sections ions carried on a stitute program .og)—if the on some other ons. N, etc. Identify each rt multistream he air in its community noncommercial undent), "I-M" onal multicast). s licensed by the
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLBZ	2	N	BANGOR, ME
	WABI	5	Ν	BANGOR, ME
ecessary	WABI WVII	5 7	N N	BANGOR, ME BANGOR, ME
ecessary				
lecessary	WVII	7	N	BANGOR, ME
ecessary	WVII WFVX	7 7.2	N N-M	BANGOR, ME BANGOR, ME
ecessary	WVII WFVX WMEB	7 7.2 12	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME
Vecessary	WVII WFVX WMEB WABI 2	7 7.2 12 5.2	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME
lecessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
s Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
s Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
s Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
s Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
s Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
s Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
s Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
s Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC
s Necessary	WVII WFVX WMEB WABI 2 CFCM	7 7.2 12 5.2 4	N N-M E	BANGOR, ME BANGOR, ME ORONO, ME BANGOR, ME QUEBEC CITY, QUEBEC

LEGAL NAME O	F OWNER OF O	CABLE SY	/STEM:					SYSTEM I
Moosehead	Enterprise	s Inc						4
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
	-	-						
ceceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: li signal, indicate Column 4: C) it is carried by monitoring, to ormation about rm. dentify the call State whether if f the radio stat this by placing Give the station	y the sys be recein at the Co I sign of a the static ion's sig g a checl n's locati	I-Band FM Carriage: Under (stem whenever it is received a ived at the headend, with the s opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. on (the community to which the	t the system's he system's FM ante this point, see pa ed by the cable s ne station is licen	eadend, and (2 enna, during c ge (v) of the g system as a se sed by the FC	2) it can ertain st general in eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
	AM or FM	S, II arry,	the community with which the	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				GALL SIGN		3/0	LOCATION OF STATION	
VTOS	FM	D	SKOWHEGAN, ME					
	+							

	od: 2018/2						FOR	M SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Moosehead Enterprise	es Inc						488
	SUBSTITUTE CARRIAG	E: SPECIA	L STATEME	NT AND PROGRAM LOO	G			
I	In General: In space I, ident substitute basis during the a	ccounting pe	eriod, under spe	ecific present and former FC	C rules, regul	ations, or auth	orizations.	For a further
Substitute	explanation of the programm				e general instr	uctions in the	paper SA1	-2 form.
Carriage: Special	1. SPECIAL STATEMEN							
Statement and	 During the accounting per 	-	r cable system	carry, on a substitute basi	s, any nonnet	work televisio	on program	
Program Log	broadcast by a distant sta	tion?					YES	× NO
	Note: If your answer is "No	", leave the	rest of this pag	e blank. If your answer is "	'Yes," you mu	ist complete t	he prograr	n
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	MS					
	In General: List each subs				wherever pos	sible, if their r	meaning is	
	clear. If you need more spa			rows to the tables. Ision program ("substitute p	program") that	t during the a	accounting	
	period, was broadcast by a							
	under certain FCC rules, re	gulations, o	r authorization	s. See page (v) of the gene	eral instruction	ns for further i	informatior	ו.
	Do not use general categor "NBA Basketball: 76ers vs.		vies" or "baske	tball." List specific program	n titles, for exa	ample, "I Love	e Lucy" or	
			dcast live, ente	r "Yes." Otherwise enter "N	lo."			
	Column 3: Give the call	sign of the s	station broadca	sting the substitute program	m.			
	Column 4: Give the broat the case of Mexican or Car			e community to which the			CC or, in	
	Column 5: Give the mor	iadian statio	when vour svs	tem carried the substitute p	program. Use	numerals. wi	th the mor	nth
	first. Example: for May 7 giv	ve "5/7."			-			
				gram was carried by your o				ly
	to the nearest five minutes. stated as "6:00–6:30 p.m."	Example: a	a program carri	ed by a system from 6:01:1	15 p.m. to 6:2	8:30 p.m. sho	buid be	
		er "R" if the	listed program	was substituted for progra	mming that y	our system w	as require	d
	to delete under FCC rules a							am
	was substituted for program effect on October 19, 1976.		our system wa	s permitted to delete under	r FCC rules a	nd regulation:	s in	
								1
	s	UBSTITUT	E PROGRAM	I		N SUBSTIT		
					CARRI	AGE OCCO	RRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	6. TIN	/IES	7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION			/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	
	1. TITLE OF PROGRAM			4. STATION'S LOCATION	5. MONTH	6. TIN	/IES	

Accounting Period:	2018/2 FORM SA1-2	E. PAGE 6.
Name		TEM ID#
	Moosehead Enterprises Inc	488
K Gross Receipts	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 located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross receipts.	27.41 eccipts)
_	COPYRIGHT ROYALTY FEE	
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to \$263,800 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600 See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	
	BLOCK 1: GROSS RECEIPTS OF \$137,100 OR LESS	
	Instructions: As a cable system with gross receipts of \$137,100 or less, the royalty fee that you must pay for this six-mon accounting period is \$52.00	
	Line 1. Royalty fee for accounting period	52.00
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add lines 1 and 2 \$	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,100)	
	1. Base amount under statutory formula \$ 263,800.00	
	2. Enter amount of gross receipts from space K	
	3. Subtract line 2 from line 1	
	4. Enter the amount of gross receipts from space K	
	5. Enter the amount from line 3	
	6. Subtract line 5 from line 4	
	7. Multiply line 6 by .005 (enter figure here)	
	8. Interest charge. Enter the amount from line 4, space Q, page 8	0.00
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 7 and 8	
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$263,800 (but less than \$527,600)	
	1. Enter the amount of gross receipts from space K	
	2. Base amount under statutory formula	
	3. Subtract line 2 from line 1	
	4. Multiply line 3 by .01	
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula)	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 4, 5, and 6	
	FILING FEE AND TOTAL REMITTANCE DUE	
Filing Fee and Total Remittance	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations) \$ 15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	67.00
	EFT Trace # or TRANSACTION ID # 75662564430	
	Important: Your remittance must be in the form of an electronic payment payable to the Register of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

	: 2018/2		FORM SA1-2E. PAGE 7
Name		F OWNER OF CABLE SYSTEM: Enterprises Inc	SYSTEM ID 488
M Channels	to its subscribe1. Enter the to system carrie2. Enter the to on which the	You must give (1) the number of channels on which the cable system carried television broadcast stations ers, and (2) the cable system's total number of activated channels during the accounting period. total number of channels on which the cable ed television broadcast stations	8 35
N Individual to Be Contacted		TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom t about this statement of account.)	
for Further Information	Name	Earl Richardson Telephone 207 6	695 3337
	Address	PO Box 526 (Number, street, rural route, apartment, or suite number)	
		Greenville ME 04441 (City, town, state, zip)	
	Email	mooseheadtv@gwi.net Fax (optional)	
O Certification	I, the undersig (Ow (Age X (Off I have examin are true, complete	(This statement of account must be certified and signed in accordance with Copyright Office regulations) gned, hereby certify that (Check one, <i>but only one</i> , of the boxes.) (Ther other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space B; or ent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as in line 1 of space B and that the owner is not a corporation or partnership; or ficer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of the in line 1 of space B. need the statement of account and hereby declare under penalty of law that all statements of fact contained herein lete, and correct to the best of my knowledge, information, and belief, and are made in good faith. ction 1001(1986)] X "/s/ Earl Richardson"	
		Typed or printed name: Earl Richardson	
		Enter an electronic signature on the line above to certify this statement. Enter signature using an "/s/ signature" (e.g., /s/ John Smith)	

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 the 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 telephon 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 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 t completed record of statements of account, and it may affect the legal sufficiency of the fing, a determination that would be made by a court of lav

	FORM SA1-2E. PAGE
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
sehead Enterprises Inc	48
 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 located in the paper SA1-2 form. 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? NO 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	_
Name Name Mailing Address 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 located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
	Interest Assessmen
x	
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	_ _ _ _
Line 3 Multiply line 2 by the number of days late and enter the sum here - x - x 0.00274 Line 4 Multiply line 3 by 0.00274** and enter here - in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$ - (interest charge)	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
x	
Line 3 Multiply line 2 by the number of days late and enter the sum here -	

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 th 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 fling, a determination that would be made by a court of law.