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

STATEME		FOR COPYRIGH	IT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	
General instruc	ms (Short Form) ctions are located of this workbook	07/30/2019	\$ ALLOCATION NUMBER	coplicsoa@copyright.gov For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED B	BY THIS STATEMENT: (YY	YY/(Period))	
	2019/1	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
		Barcode Data Filing Period (optional	- see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of the of the subsidiary, not that of the parent co		liary of another corporation, give the full cor	porate title
Owner	List any other name or names under which	the owner conducts the business of th	e cable system.	
	If there were different owners during the a single statement of account and royalty fee		ne last day of the accounting period should s ing period.	ubmit a
	Check here if this is the system's first filing.	If not, enter the system's ID number a	issigned by the Licensing Division.	14522
	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 O	CABLE SYSTEM		
	PO Box 526 (Number, street, rural route, apartment, or suite nu	mber)		
	Greenville ME 04441 (City, town, state, zip)			
С	<b>INSTRUCTIONS:</b> In line 1, give any busine names already appear in space B. In line 2			
System	1 IDENTIFICATION OF CABLE SYSTEM:			

(Number, street, rural route, apartment, or suite number)

MAILING ADDRESS OF CABLE SYSTEM:

(City, town, state, zip code)

2

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Moosehead Enterprises Inc	14522
D	Instructions: List each separate community served by the cable system. A "co "a separate and distinct community or municipal entity (including unincorpora discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community tha as the "first community." Please use it as the first community on all future fili Note: Entities and properties such as hotels, apartments, condominiums, or m	ated communities within unincorporated areas and including single, t you list will serve as a form of system identification hereafter known ngs.
Area Served	identified city.	toblie nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Guilford	ME
Community		
Add Rows as Necessary		

								FORM SA1	
Name			:					515	TEM II 145
	Moosehead Enterprises	5 INC							
Е	SECONDARY TRANSMISSION								
E	In General: The information in s								
Secondary	system, that is, the retransmission about other services (including particular services)								
Transmission	last day of the accounting period								
Service: Sub-	Number of Subscribers: Both	h blocks in spa	ce E ca	ll for the numbe	r of subso	cribers to the ca	ble system	, broken	
scribers and	down by categories of secondar	•							
Rates	each category by counting the n separately for the particular serv		0	•••		•		charged	
	<b>Rate:</b> Give the standard rate of							ge and the	
	unit in which it is generally billed	-	-	•					
	category, but do not include disc								
	Block 1: In the left-hand block	•		-		•			
	systems most commonly provide that applies to your system. Not								
	categories, that person or entity			-		-			
	subscriber who pays extra for ca				• •		•		
	first set" and would be counted of								
	Block 2: If your cable system								
	printed in block 1 (for example, t with the number of subscribers a								
	sufficient.	and rates, in th	e nynt-i	Iand Diock. A tw		e-word descrip			
	BLC	OCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		159	56.95					
	<ul> <li>Service to additional set(s)</li> </ul>								
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
					•				
_	SERVICES OTHER THAN SEC In General: Space F calls for rai					II vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t	•	,		•	• •			
	service for a single fee. There are	•			•		0.		
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If any fa	les are ci	larged on a var	lable pei-p	logram basis,	
ransmissions:	Block 1: Give the standard rat		the cable	e system for ea	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a brief (two- or three-word) description				shed. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO	1		105	DATE		BLOCK 2 DRY OF SERVICE	
	Continuing Services:	RATE		BORY OF SER		RATE	CATEGO	DRY OF SERVICE	RAT
	Pay cable			tel, hotel	aonnai	39.95			
	Pay cable—add'l channel			nmercial		39.95			
	Fire protection		_	/ cable					
	•Burglar protection			/ cable-add'l cha	annel				
	Installation: Residential		· ·	protection					
	• First set	39.95		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		39.95			
							I		
	• Converter		• Dis	connect					
						39 95			
			• Out	connect tlet relocation ve to new addre	255	39.95 39.95			

ccounting Period: 2	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
	Moosehead Enterpris	es Inc		14522
	PRIMARY TRANSMITTERS:			
<b>G</b> Primary	carried by your cable system FCC rules and regulations i	ntify every television station (including n during the accounting period, <i>excep</i> n effect on June 24, 1981, permitting t e)(2) and (4), or 76.63 (referring to 76.6	t (1) stations carried only on a part-til he carriage of certain network progra	me basis under ms [sections
ransmitters: Television	Substitute Basis Stations	s explained in the next paragraph. With respect to any distant stations c	arried by your cable system on a sub	stitute program
		Iles, regulations, or authorizations: e in space G—but do list it in space I (t a substitute basis.	he Special Statement and Program L	og)—if the
	basis. For further information Column 1: List each station	also in space I, if the station was carrie on concerning substitute basis stations, n's call sign. <i>Do not</i> report origination d with a station according to its over-the	, see page (v) of the general instruction program services such as HBO, ESP	ons. N, etc.  Identify each
	"WETA-2" as the same on t Column 2: Give the channe	he form. el number the FCC assigned to the tele		
	<b>Column 3:</b> Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational),	(for network multicast), "I" (for indepe	ndent), "I-M"
	For the meaning of these te <b>Column 4</b> : Give the locatio	erms, see page (iv) of the general instru- n of each station. For U.S. stations, lis dian stations, if any, give the name of t	uctions in the paper SA1-2 form. t the community to which the station i	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
ws as Necessary	WVII	7	N	BANGOR, ME
	WFVX	7.2	N-M	BANGOR, ME
	WMEB	12	E	ORONO, ME
	WABI 2	5.2	N-M	BANGOR, ME
	WSBK	38	l	BOSTON, MA
	WLBZ 2	2.2	N-M	BANGOR, ME
	WMEB 2	12.2	E-M	ORONO, ME
	WMEB 3	12.3	E-M	ORONO, ME
	WMEB 4	12.4	E-M	ORONO, ME
	WABI 3	5.3	N-M	BANGOR, ME

Moosehead	F OWNER OF (		ISTEM.					SYSTEM 14
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cab					н
eceivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: If isignal, indicate Column 4: G	it is carried by monitoring, to prmation abourn. dentify the call tate whether to the radio stat this by placing Sive the station	y the sys be recein at the Co l sign of e the static ion's sign g a chech n's location	I-Band FM Carriage: Under C tem whenever it is received a ved 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 the community with which the	t the system's he system's FM ante his point, see pa ed by the cable s le station is licens	adend, and (2 enna, during ca ge (v) of the g ystem as a se sed by the FC0	!) it can ertain st eneral ii eparate :	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
						·		
						·		

Accounting Perio	od: 2019/1						FORM	VI SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Moosehead Enterprise	es Inc						14522
	SUBSTITUTE CARRIAG				)G			
I I	In General: In space I, ident	-	-			tion that you	r ooblo ovo	tom corried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			isis anv noni	network telev	ision prod	ram
Statement and		-		in ourry, on a substitute be	loio, any nom			
Program Log	broadcast by a distant sta	luon?					YES	× NO
	Note: If your answer is "No	o", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you i	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	eir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				casting the substitute prog		aanaad by th		in
	the case of Mexican or Car			the community to which the community with which the				in
				stem carried the substitute			, with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	. Example:	a program car	ried by a system from 6:0′	1:15 p.m. to 6	6:28:30 p.m.	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour systen	n was <i>rea</i> u	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
				A		N SUBSTIT		7. REASON FOR
	5	1				AGE OCCU 6. TII		DELETION
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM -	- TO	
							-	
							-	
							-	
						_	-	
							-	
						_	-	
		+						
							-	
		+						
							-	
						-	-	
							-	
						_	-	
							-	
						_	-	
							-	
1	1	1		1	· ·			1

Accounting Period:	2019/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	S۱	STEM ID#
Name	Moosehead Enterprises Inc		14522
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary trans (as identified in space E) during the accounting period. For a further explanation of how to compute this 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.	mission service s amount, se	,138.41
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	<ul> <li>Instructions: To compute the royalty fee you owe</li> <li>Complete block 1, block 2, or block 3.</li> <li>Use block 1 if the amount of gross receipts in space K is \$137,100 or less</li> <li>Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	\$263,80(	
	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 t accounting period is \$52.00	his six-month	
	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	<b>\$</b>	52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137,1	00)	
	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         \$ 263,800.00		
	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)	1,319.00	
	6. Interest charge. Enter the amount from line 4, space Q, page 8	0.00	
	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 #	[	
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the the second		

Accounting Period:	2019/1	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Moosehead Enterprises Inc	SYSTEM ID# 14522
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         2. Enter the total number of activated channels on which the cable system carried television broadcast stations         on which the cable system carried television broadcast stations and nonbroadcast services	12 37
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name Earl Richardson Telephone	207-695-3337
	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 (This statement of account must be certified and signed in accordance with Copyright Office regulations)  I, the undersigned, hereby certify that (Check one, <i>but only one</i> , of the boxes.)  Owner other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or  (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable in line 1 of space B and that the owner is not a corporation or partnership; or  (Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ow 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 hereir are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith. [18 U.S.C., Section 1001(1986)]  CX "/s/ 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)  Typed or printed name: Earl Richardson  Title: President (Title of official position held in corporation or partnership)	system as identified mer of the cable system
	Date: 07/30/2019	

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

ounting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
osehead Enterprises Inc	1452
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 VES. Enter the total here and list the satellite carrier(s) below.	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Mailing Address Name Mailing Address	
· · · · · · · · · · · · · · · · · · ·	
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.	Q Interest Assessme
	Q Interest Assessment
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q Interest Assessmen
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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 Assessme
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