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

Return completed workbook

STATEME	ENT OF ACCOUNT	FOR COPYRIGI	HT OFFICE USE ONLY	by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	-
General instru	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
A	ACCOUNTING PERIOD COVERED	D BY THIS STATEMENT: (Y)	YYY/(Period)) Period 2 = July 1 - December 31	
Accounting Period		Barcode Data Filing Period (optional	I - see instructions)	
	Instructions:			
В	Give the full legal name of the owner o of the subsidiary, not that of the paren		diary of another corporation, give the full co	rporate title
Owner	List any other name or names under w	hich the owner conducts the business of t	he cable system.	
	-	he accounting period, only the owner on t y fee payment covering the entire account	the last day of the accounting period should sting period.	submit a
	Check here if this is the system's first fi	ling. If not, enter the system's ID number	assigned by the Licensing Division.	488
	LEGAL NAME OF OWNER/MAIL	ING ADDRESS OF CABLE SYSTEM		
	Moosehead Enterprises Inc			
	BUSINESS NAME(S) OF OWNER	OF CABLE SYSTEM (IF DIFFERENT)	
	MAILING ADDRESS OF OWNER O	OF CABLE SYSTEM		
	(Number, street, rural route, apartment, or suit	te number)		
	Greenville ME 04441 (City, town, state, zip)			
•	INSTRUCTIONS: In line 1, give any but	siness or trade names used to ider	ntify the business and operation of the	e system unless these
С	names already appear in space B. In lir	e 2, give the mailing address of th	e system, if different from the address	s given in space B.
System	1	:		
	MAILING ADDRESS OF CABLE SYST	EM:		
	2 (Number, street, rural route, apartment, or suit	te number)		

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.

(City, town, state, zip code)

Name	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 as the "first community." Please use it as the first community on all future filir Note: Entities and properties such as hotels, apartments, condominiums, or m	nmunity" is the same as a "community unit" as defined in FCC rules: ted communities within unincorporated areas and including single, you list will serve as a form of system identification hereafter knowr gs.
Area Served	identified city.	pone nome parks should be reported in parentneses below the
	CITY OR TOWN	STATE
First	Jackman	ME
Community		
Add Rows as Necessary		
	การการการการการการการการการการการการการก	

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	
Name	Moosehead Enterprises							010	48
Е	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmission	•		-		•			
Secondary	about other services (including p						those exist	ting on the	
Transmission Service: Sub-	last day of the accounting period Number of Subscribers: Both	·				,	blo svetor	brokon	
scribers and	down by categories of secondar	•					2		
Rates	each category by counting the n	,		0 , ,		•			
	separately for the particular serv								
	Rate: Give the standard rate of unit in which it is generally billed								
	category, but do not include disc				ny stanua		is within a		
	Block 1: In the left-hand block				ies of sec	condary transmi	ssion servi	ce that cable	
	systems most commonly provide							0,	
	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.		e nym-n	and DIOCK. A li	vo- or the	e-word descrip		Service is	
	BLO	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATI
	Residential:				-		-		
	Service to first set		211	56.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC	ONDARY TRA		SIONS: RATE	S				
F	In General: Space F calls for ra								
Г	not covered in space E, that is, t					,	,		
Services	service for a single fee. There as furnished at cost or (2) services		,		0		0 (,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the								
ransmissions: Rates	Block 1: Give the standard rat Block 2: List any services that							were not	
Rates	listed in block 1 and for which a								
	brief (two- or three-word) descrip	otion and inclue	de the ra	ate for each.					
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE	CATEG	ORY OF SER	VICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	tion: Non-res	idential				
	• Pay cable			el, hotel		39.95			
	• Pay cable—add'l channel			nmercial		39.95			
	Fire protection		-	cable					
	•Burglar protection		-	cable-add'l ch	annel				
	Installation: Residential			protection					
	• First set	39.95		glar protection					
	Additional set(s) EM radio (if concrete rate)	39.95		services:		20.05			
	 FM radio (if separate rate) 			connect		39.95			l
	Convertor		• Dice	connect					
	• Converter			connect		20.05			
	• Converter		• Out	connect let relocation /e to new addre		39.95 39.95			

Accounting Period: 2	2019/1			FORM SA1-2E. PAGE 3.
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID#
Name	Moosehead Enterpris	es Inc		488
	PRIMARY TRANSMITTERS:	TELEVISION		
G 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
Transmitters: Television	substitute program basis, a	s explained in the next paragraph. With respect to any distant stations c		
		iles, regulations, or authorizations: a 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 n concerning substitute basis stations, i's call sign. <i>Do not</i> report origination I 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 channed	•		
	Column 3: Indicate in each educational station, by enter	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"
	Column 4: Give the locatio	rms, 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	t the community to which the station i	
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WLBZ	2	N	BANGOR, ME
	WABI	5	N	BANGOR, ME
Add Rows as Necessary	WVII	7	N	BANGOR, ME
	WFVX	7.2	N	BANGOR, ME
	WMEB	12	E	ORONO, ME
	WABI 2	5.2	N-M	BANGOR, ME
	CFCM	4	I	QUEBEC CITY, QUEBEC
	WSBK	38	l	BOSTON, MA

EGAL NAME O			TSTEM.					SYSTEM I
	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 inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio state this by placing Sive the station	y the sys be recein at the Co I sign of a the static tion's sign g a chech n's locati	I-Band FM Carriage: Under C tem whenever it is received at wed 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 par ed by the cable s e station is licens	adend, and (2 nna, during co ge (v) of the g ystem as a se sed by the FC) it can ertain st eneral ii parate a	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	
WTOS	FM	D	SKOWHEGAN, ME	C. LE CION	01 1 101	5,0		
		<u> </u>						
]						

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						488
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident				-	tion that you	r ooblo ovo	tom corriad on a
•	substitute basis during the a							
Substitute	explanation of the program							
Carriage:	1. SPECIAL STATEMEN				Ŭ			
Special	During the accounting per				sis anv non	network telev	rision nroa	ram
Statement and		-		n ouny, on a substitute ba	olo, 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	ige blank. If your answer is	s "Yes," you ı	must comple	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUT	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 our cable system substitut				
	under certain FCC rules, re							
	Do not use general catego							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th	a ECC ar	in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,					
				ogram was carried by you				ately
	to the nearest five minutes	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	6:28:30 p.m. s	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 system	was reau	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
						N SUBSTIT		7. REASON FOR
	5	1				AGE OCCU 6. TIN		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	
						-	-	
							• <u>•</u>	
						_		
						_		
		+						
		+						
						_		
						_		
						_		
1	1	1	I	I	1			1

Accounting Period:	2019/1 FORM SA1-2	2E. 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 c 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, se page (vii) of the general instructions located in the paper SA1-2 form Gross receipts from subscribers for secondary transmission service(s) 4 during the accounting period. 73,8 IMPORTANT: You must complete a statement in space P concerning gross receipts. 4	8 4.00 receipts)
	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 \$263,80(Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(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-month 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 \$ 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	
	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 of Copyrights. See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more information.	

Accounting Period:	2019/1		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF C Moosehead Er	DWNER OF CABLE SYSTEM: hterprises Inc	SYSTEM ID# 488
M Channels	to its subscribers 1. Enter the tota system carried 2. Enter the tota on which the ca	bu must give (1) the number of channels on which the cable system carried television broadcast stations s, and (2) the cable system's total number of activated channels during the accounting period. I number of channels on which the cable television broadcast stations	8
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual to whom about this statement of account.)	
for Further Information	Name		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	I, the undersign (Owne (Agen in X (Offic in · I have examined	(This statement of account must be certified and signed in accordance with Copyright Office regulations) ed, hereby certify that (Check one, <i>but only one</i> , of the boxes.) er other than corporation or partnership) I am the owner of the cable system as identified in line 1 of space t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable line 1 of space B and that the owner is not a corporation or partnership; or er or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as ov line 1 of space B. d the statement of account and hereby declare under penalty of law that all statements of fact contained herei e, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)] Enter an electronic signature on the line above to certify this statement.	system as identified wner of the cable system
		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) Date: 07/30/2019	

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ounting Period: 2019/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM II
osehead 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 YES. Enter the total here and list the satellite carrier(s) below	P Special Statement Concerning Gross Receipts Exclusion
Name Name Mailing Address 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. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
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