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	coplicsoa@copyright.gov
General instructions are located in the first tab of this workbook	01/22/2020	S ALLOCATION NUMBER	Contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
•			

A	ACC	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2019/2 Period 1 = January 1 - June 30 Period 2 = July 1 - December 31
		20192 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.
		LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM
		Braintree Electric Light Department
		BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)
		BELD Broadband
		MAILING ADDRESS OF OWNER OF CABLE SYSTEM
		150 Potter Road
		(Number, street, rural route, apartment, or suite number)
		Braintree, MA 02189 (City, town, state, zip)
С		RUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these 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.

		FORM SA1-2E. PAGE 1b.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Braintree Electric Light Department	62203
D	Instructions: List each separate community served by the cable system. A "commun "a separate and distinct community or municipal entity (including unincorporated co discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you li as the "first community." Please use it as the first community on all future filings.	mmunities within unincorporated areas and including single, st will serve as a form of system identification hereafter known
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, or mobile hidentified city.	ome parks should be reported in parentheses below the
	CITY OR TOWN	STATE
First	Braintree	MA
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF CA							FORM SA1	TEM ID
Name								010	6220
	Braintree Electric Light	Departmen	[						0110
Е	SECONDARY TRANSMISSION		-	-	-				
E	In General: The information in s								
Secondary	system, that is, the retransmissic about other services (including p								
Transmission	last day of the accounting period							ng on the	
Service: Sub-	Number of Subscribers: Both						ole system,	broken	
scribers and	down by categories of secondary								
Rates	each category by counting the nu							charged	
	separately for the particular serv Rate: Give the standard rate c							e and the	
	unit in which it is generally billed.								
	category, but do not include disc	ounts allowed	for adva	nce payment.	-				
	Block 1: In the left-hand block								
	systems most commonly provide that applies to your system. <b>Note</b>								
	categories, that person or entity								
	subscriber who pays extra for ca								
	first set" and would be counted o								
	Block 2: If your cable system I								
	printed in block 1 (for example, ti with the number of subscribers a								
	sufficient.	nu rates, in the	s ngnt-n			e-word descript			
	BLC	DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SE	RVICE	NO. OF SUBSCRIBERS	RATE
	Residential:								
	<ul> <li>Service to first set</li> </ul>		520	\$28.85	Senior			24	\$26.8
	<ul> <li>Service to additional set(s)</li> </ul>		49	\$0					
	<ul> <li>FM radio (if separate rate)</li> </ul>								
	Motel, hotel								
	Commercial								
	Converter								
	Residential								
	<ul> <li>Non-residential</li> </ul>								
	SERVICES OTHER THAN SEC		NSMIS		e				
-	In General: Space F calls for rat					l your cable sys	tem's servi	ces that were	
F	not covered in space E, that is, th								
0	service for a single fee. There ar								
Services Other Than	furnished at cost or (2) services of amount of the charge and the un								
Secondary	enter only the letters "PP" in the		usuany	billed. If dify it		arged on a van		sgram basis,	
Transmissions:	Block 1: Give the standard rat	e charged by t							
Rates	Block 2: List any services that								
	listed in block 1 and for which a s brief (two- or three-word) descrip				ished. List	these other ser	lices in the	form of a	
		BLO					0.475.00	BLOCK 2	DATE
	CATEGORY OF SERVICE Continuing Services:	RATE		ORY OF SER		RATE	CATEGO	DRY OF SERVICE	RATE
	Pay cable	\$64.45		el, hotel	Sidentiai		Digital	Rasic	\$72.4
	• Pay cable—add'l channel	Ψ <b>0</b> <del>4</del> . <del>4</del> 0		nmercial			Cinema		\$19.1
	Fire protection		_	cable			Showti		\$18.2
	•Burglar protection		-	cable-add'l cl	hannel		Starz	116	\$14.3
	Installation: Residential		-	protection			HBO		\$19.7
	First set	\$49.50/hr.		glar protection	1			Digital Premium	
	Additional set(s)	\$49.50/hr.		services:				igital i lonnani	
	• FM radio (if separate rate)	¥ 10.00/111.		connect		\$50.00	HD Box		\$14.5
	Converter			connect		\$30.00 \$0	HD/DVF		\$17.5
				let relocation		\$49.50/hr.	Digital		\$9.9
				ve to new add	1000	φ <del>-1</del> 3.30/111.	Bigital		ψ3.3

				FORM SA1-2E. PAGE 3
Name	LEGAL NAME OF OWNER O			SYSTEM ID# 62203
	Braintree Electric Lig			8220
G Primary ansmitters: relevision	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61( substitute program basis, a <b>Substitute Basis Stations</b> basis under specific FCC r • Do <i>not</i> list the station here station was carried <i>only</i> or • List the station here, and basis. For further informatii <b>Column 1:</b> List each statio multicast stream associate "WETA-2" as the same on <b>Column 2:</b> Give the chann of license. For example, W <b>Column 3:</b> Indicate in eacl educational station, by entr (for independent multicast) For the meaning of these to <b>Column 4:</b> Give the location	also in space I, if the station was carrie 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	t (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain sta arried by your cable system on a su he Special Statement and Program d both on a substitute basis and als see page (v) of the general instruct orogram services such as HBO, ESI e-air designation. For example, rep- evision station for broadcasting over station, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the o on some other tions. PN, etc. Identify each ort multistream the air in its community a noncommercial bendent), "I-M" ional multicast).
	1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
	WGBH	2	Е	Boston, MA
	WBZ	4	N	Boston, MA
Rows as Necessary	WCVB	5	Ν	Boston, MA
,				
,	WFXT	6	Ν	Boston, MA
	WFXT WHDH	6 7	N	
			N 1 1	Boston, MA
	WHDH	7	N 1 1 1	Boston, MA Boston, MA
	WHDH WSBK	7 8	N 1 1 1 1	Boston, MA Boston, MA Boston, MA
	WHDH WSBK WLVI	7 8 9	N 1 1 1 1 1 1 E	Boston, MA Boston, MA Boston, MA Boston, MA
	WHDH WSBK WLVI WBPX	7 8 9 11	1 1 1 1	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA
	WHDH WSBK WLVI WBPX WGBX	7 8 9 11 19	1 1 1 1	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA
	WHDH WSBK WLVI WBPX WGBX WMFP	7 8 9 11 19 20	             	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Lawrence, MA
	WHDH WSBK WLVI WBPX WGBX WMFP COZI	7 8 9 11 19 20 3	I I I E I N-M	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Lawrence, MA Boston, MA
	WHDH WSBK WLVI WBPX WGBX WMFP COZI WEKWD	7 8 9 11 19 20 3 25	I I I I E I N-M E	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Lawrence, MA Boston, MA Durham, NH
	WHDH WSBK WLVI WBPX WGBX WMFP COZI WEKWD WWDP	7 8 9 11 19 20 3 25 26	I I I I E I N-M E	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Lawrence, MA Boston, MA Durham, NH Norwell, MA
	WHDH WSBK WLVI WBPX WGBX WMFP COZI WEKWD WWDP WYDN	7 8 9 11 19 20 3 25 26 26 27	I I I I E I N-M E I I I I I	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Lawrence, MA Boston, MA Durham, NH Norwell, MA Worcester, MA
	WHDH WSBK WLVI WBPX WGBX WMFP COZI WEKWD WWDP WYDN THIS	7 8 9 11 19 20 3 3 25 26 27 807	I I I I E I I N-M E I I I N-M	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Lawrence, MA Boston, MA Durham, NH Norwell, MA Worcester, MA Boston, MA
	WHDH WSBK WLVI WBPX WGBX WMFP COZI WEKWD WWDP WYDN THIS BUZZR WGBH Create	7 8 9 11 19 20 3 25 26 27 807 809 830	I I I I E I I N-M E I I I N-M N-M E-M	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Lawrence, MA Boston, MA Durham, NH Norwell, MA Worcester, MA Boston, MA Boston, MA
	WHDH WSBK WLVI WBPX WGBX WMFP COZI WEKWD WWDP WYDN THIS BUZZR	7 8 9 11 19 20 3 20 3 25 26 27 807 809	I I I I E I I E I I I I I N-M N-M N-M	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Lawrence, MA Boston, MA Durham, NH Norwell, MA Worcester, MA Boston, MA
	WHDH WSBK WLVI WBPX WGBX WMFP COZI WEKWD WWDP WYDN THIS BUZZR WGBH Create 'GBH Kids	7 8 9 11 19 20 3 25 26 27 807 809 830 831	I I I I E I I I I I I N-M N-M E M E-M E-M	Boston, MABoston, MABoston, MABoston, MABoston, MABoston, MALawrence, MABoston, MADurham, NHNorwell, MAWorcester, MABoston, MA
	WHDH WSBK WLVI WBPX WGBX WMFP COZI WEKWD WWDP WYDN THIS BUZZR WGBH Create 'GBH Kids WGBH World	7 8 9 11 19 20 3 25 26 27 807 809 830 831 832	I I I I I I I N-M E I I I I I N-M E-M E-M E-M E-M	Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Boston, MA Lawrence, MA Boston, MA Durham, NH Norwell, MA Worcester, MA Boston, MA Boston, MA Boston, MA
	WHDH WSBK WLVI WBPX WGBX WMFP COZI WEKWD WWDP WYDN THIS BUZZR WGBH Create 'GBH Kids WGBH World ME TV	7 8 9 11 19 20 3 25 26 27 807 809 830 831 832 75	I I I I I E I I I I I N-M E E I I I E E E E E E E E E E E E E E	Boston, MABoston, MABoston, MABoston, MABoston, MABoston, MABoston, MALawrence, MABoston, MADurham, NHNorwell, MAWorcester, MABoston, MA

### LEGAL NAME OF OWNER OF CABLE SYSTEM:

#### **Braintree Electric Light Department**

#### 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 (v) 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

multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

**Column 2:** Give the channel number the FCC 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.

**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 (iv) of the general instructions in the paper SA1-2 form.

**Column 4:** 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.

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
WBTS	10	Ν	Boston, MA
WBIN	80	I-M	Boston, MA
WDPX	79	I-M	Boston, MA

## SYSTEM ID# 62203

Accounting P							FORM	/I SA1-2E. PAGE 4.
LEGAL NAME OF								SYSTEM ID#
Braintree Ele	ectric Ligh	t Depai	rtment					62203
	t every radio s	station ca	arried on a separate and discr nerally receivable by your cab					н
receivable if (1) on the basis of i For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: If signal, indicate	it is carried by monitoring, to prmation about rm. dentify the call tate whether to the radio stat this by placing	y the sys be recein at the Co l sign of a the static ion's sig g a check	I-Band FM Carriage: Under ( tem whenever it is received a ved at the headend, with the pyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column.	t the system's he system's FM ante this point, see pa ed by the cable s	adend, and (2 enna, during c ge (v) of the g system as a se	?) it can ertain st eneral i eparate	be expected, ated intervals. nstructions in the. and discrete	Primary Transmitters: Radio
			on (the community to which the the community with which the			C or, in	the case of	
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	

	d: 2019/2						FOR	RM SA1-2E. PAGE 5.
Nama	LEGAL NAME OF OWNER OF							SYSTEM ID#
Name	Braintree Electric Ligh	nt Departn	nent					62203
	SUBSTITUTE CARRIAGI	E: SPECIA		NT AND PROGRAM LO	G			
	In General: In space I, identi							
Outpatitude	substitute basis during the a explanation of the programm							
Substitute Carriage:	1. SPECIAL STATEMEN				general mou			-2 101111.
Special	During the accounting per	-			s anv nonnet	work televis	ion program	n
Statement and	broadcast by a distant sta	•		carry, on a substitute basi	s, any nonne			× NO
Program Log	,						YES	
	Note: If your answer is "No"	", leave the	rest of this pag	je blank. If your answer is '	Yes," you mu	ist complete	the progra	m
	log in block 2.		MO					
	2. LOG OF SUBSTITUTE In General: List each subst			te line. Use abbreviations v	wherever nos	sible if thei	meaning is	
	clear. If you need more spa						meaning	2
				ision program ("substitute p				
	period, was broadcast by a under certain FCC rules, re							
	Do not use general categor	ies like "mo	vies" or "baske	tball." List specific program	i titles, for exa	ample, "I Lo	ve Lucy" or	
	"NBA Basketball: 76ers vs.							
				r "Yes." Otherwise enter "N Isting the substitute progra				
				ne community to which the		nsed by the	FCC or, in	
	the case of Mexican or Can	adian statio	ons, if any, the	community with which the	station is iden	tified).		
	<b>Column 5:</b> Give the mor first. Example: for May 7 giv		when your sys	tem carried the substitute p	program. Use	numerals, v	with the mor	nth
			e substitute pro	gram was carried by your o	able svstem.	List the tim	es accurate	elv
	to the nearest five minutes.							,
	stated as "6:00–6:30 p.m."	or "D" if the	listed program	was substituted for progra	mming that w	ourovotom	waa raquira	d
	to delete under FCC rules a			was substituted for progra				
	was substituted for program	nming that y						
	effect on October 19, 1976.							
					WHE	N SUBSTI	TUTE	
	s			1	CARRI	AGE OCC	JRRED	7. REASON FOR
	S	UBSTITUT 2. LIVE? Yes or No	E PROGRAM 3. STATION'S CALL SIGN	4. STATION'S LOCATION		AGE OCC		7. REASON FOR DELETION
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCC 6. T	JRRED IMES	

Accounting Period:	2019/2	FORM SA	1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
	Braintree Electric Light Department		62203
K Gross Receipts	GROSS RECEIPTS         Instructions: The figure you give in this space determines the form you file and the amount you pay. Ent all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmi (as identified in space E) during the accounting period. For a further explanation of how to compute this a 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.	ssion service	
	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 \$2</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,600</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>	63,800	
	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-mon <sup>-</sup>	
	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 \$137,10	00)	
	1. Base amount under statutory formula		
	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)	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 # 0200122 QMGFT015 00009		
	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 m		

Accounting Period:	2019/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Braintree Electric Light Department	SYSTEM ID# 62203
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast statio 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	26
	2. Enter the total number of activated channels on which the cable system carried television broadcast stations and nonbroadcast services	
N Individual to Be Contacted	<b>INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom we can contact about this statement of account.)	
for Further Information	Name JoAnn Stak Bregnard Telepho	one 781-348-2343
	Address 150 Potter Road	
	(Number, street, rural route, apartment, or suite number)	
	Braintree, MA 02184 (City, town, state, zip)	
	Email jstak@beld.com Fax (optional) 781-348	-1002
Ο	CERTIFICATION (This statement of account must be certified and signed in accordance with Copyright Office regulation	ns)
Certification	• 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	be B; or
	X (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cab in line 1 of space B and that the owner is not a corporation or partnership; or	le system as identified
	(Officer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as in line 1 of space B.	owner of the cable system
	<ul> <li>I have examined the statement of account and hereby declare under penalty of law that all statements of fact contained here are true, complete, and correct to the best of my knowledge, information, and belief, and are made in good faith.</li> <li>[18 U.S.C., Section 1001(1986)]</li> </ul>	ein
	► /s/ William Bottiggi	
		_
	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: William Bottiggi	
	Title: General Manager (Title of official position held in corporation or partnership)	
	Date: 1/9/20	

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 fling, a determination that would be made by a court of lay

ounting Period: 2019/2		FORM SA1-2E. PAG
AL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM
intree Electric Light Department		622
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 to lowing sentence: "In determining the total number of subscribers and the gross amounts paid to the cable system service of providing secondary transmissions of primary broadcast transmitters, the system sh scribers and amounts collected from subscribers receiving secondary transmissions pursuant. For more information on when to exclude these amounts, see the note on page (vii) of the general ins located in the paper SA1-2 form. During the accounting period, did the cable system exclude any amounts of gross receipts for second made by satellite carriers to satellite dish owners? X NO	em for the basic nall not include sub- to section 119." structions	P Special Statemen Concerning Gross Receipts Exclusio
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 For an explanation of interest assessment, see page (viii) of the general instructions located in the pa		Q
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For an explanation of interest assessment, see page (viii) of the general instructions located in the pa		<b>Q</b> Interest Assessme
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