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	ENT OF ACCOUNT	FOR COPYRIGH	HT OFFICE USE ONLY	Return completed workbook by email to:
	ry Transmissions by	DATE RECEIVED	AMOUNT	 coplicsoa@copyright.gov
General instru	ems (Short Form) ctions are located of this workbook	1-27-21	\$ ALLOCATION NUMBER	For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150
Α	ACCOUNTING PERIOD COVERED	BY THIS STATEMENT: (YY	/YY/(Period))	
	2020/2	Period 1 = January 1 - June 30	Period 2 = July 1 - December 31	
A		Barcode Data Filing Period (optional	I - see instructions)	
Accounting Period				
В	Instructions: Give the full legal name of the owner of of the subsidiary, not that of the parent		diary of another corporation, give the full cor	porate title
Owner	List any other name or names under whi	ch the owner conducts the business of th	he cable system.	
	If there were different owners during the single statement of account and royalty		he last day of the accounting period should so ing period.	ubmit a
	Check here if this is the system's first fili	ng. If not, enter the system's ID number a	assigned by the Licensing Division.	20366
	LEGAL NAME OF OWNER/MAILIN	IG ADDRESS OF CABLE SYSTEM		
	Moosehead Enterprises Inc			
	BUSINESS NAME(S) OF OWNER C	OF CABLE SYSTEM (IF DIFFERENT))	
	MAILING ADDRESS OF OWNER O	F CABLE SYSTEM		
	PO Box 526 (Number, street, rural route, apartment, or suite	number)		
	Greenville ME 04441 (City, town, state, zip)			
С	INSTRUCTIONS: In line 1, give any bus names already appear in space B. In line			

 Greenville ME 04441

 (City, town, state, zip)

 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B.

 System
 IDENTIFICATION OF CABLE SYSTEM:

 1
 IDENTIFICATION 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 suffciency of the fling, a determination that would be made by a court of law.

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
Name	Moosehead Enterprises Inc	2036
D Area	Instructions: List each separate community served by the cable system. A "comm "a separate and distinct community or municipal entity (including unincorporated discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	communities within unincorporated areas and including single, I list will serve as a form of system identification hereafter knov
Served	identified city.	
	CITY OR TOWN	STATE
First	Monson	ME
Community		
Add Rows as Necessary		

	LEGAL NAME OF OWNER OF C	ABLE SYSTEM	:					FORM SA1	TEM I
Name	Moosehead Enterprises	s Inc							203
					ATEO				
E	SECONDARY TRANSMISSION In General: The information in s					ry transmission	service of	the cable	
	system, that is, the retransmissi	on of televisior	n and ra	adio broadcast	s by your s	ystem to subsci	ribers. Giv	e information	
Secondary	about other services (including p	. , .					those exis	sting on the	
Fransmission Service: Sub-	last day of the accounting period Number of Subscribers: Both						blo cyctor	n brokon	
scribers and	down by categories of secondar	•					•		
Rates	each category by counting the n	•		•		•			
	separately for the particular serv					•	,		
	Rate: Give the standard rate of unit in which it is generally billed	-						-	
	category, but do not include disc	· ·		,			is within a	particular rate	
	Block 1: In the left-hand block					condary transmi	ssion serv	rice that cable	
	systems most commonly provid							U	
	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, the support of support					•			
	with the number of subscribers a sufficient.		le right-	nanu Diock. A		e-word descrip		Service is	
		DCK 1					BLOC	< 2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATE	EGORY OF SEF	RVICE	NO. OF SUBSCRIBERS	RA
	Residential:	000001110							101
	Service to first set		38	65.95					
	 Service to additional set(s) 								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								
	Converter								
	 Residential 								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ra					all your cable sy	stem's ser	vices that were	
F	not covered in space E, that is,					•	•		
Services	service for a single fee. There a								
Other Than	furnished at cost or (2) services amount of the charge and the u								
Secondary	enter only the letters "PP" in the		, acaan	y one of a city				oregram saele,	
ransmissions:	Block 1: Give the standard ra			•					
Rates	Block 2: List any services tha listed in block 1 and for which a	• •			-	-	•		
	brief (two- or three-word) description		-						
							Τ		
		BLO		GORY OF SEF	2VICE	RATE	CATEG	BLOCK 2 ORY OF SERVICE	RA
	CATEGORY OF SERVICE	RATE					0,1120		
	CATEGORY OF SERVICE Continuing Services:		Install	ation: Non-res	sidential				-
	CATEGORY OF SERVICE Continuing Services: • Pay cable			ation: Non-res	sidential	39.95			
	Continuing Services:		• Mo		sidential	39.95 39.95			
	Continuing Services: • Pay cable		• Mo • Co	otel, hotel	sidential				
	Continuing Services: • Pay cable • Pay cable—add'l channel		• Mo • Co • Pa	otel, hotel ommercial					
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection		• Mo • Co • Pa • Pa	otel, hotel ommercial y cable					
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection		• Mo • Co • Pa • Pa • Fir	otel, hotel ommercial y cable y cable-add'l c	hannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential	39.95	• Mo • Co • Pa • Pa • Fir • Bu	otel, hotel ommercial y cable y cable-add'l c e protection	hannel				
	Continuing Services: • Pay cable • Pay cable—add'I channel • Fire protection •Burglar protection Installation: Residential • First set	39.95	• Mo • Co • Pa • Pa • Fir • Bu Other	otel, hotel ommercial y cable y cable-add'l c e protection rglar protectior	hannel				
	Continuing Services: • Pay cable • Pay cable—add'l channel • Fire protection •Burglar protection Installation: Residential • First set • Additional set(s)	39.95	• Mc • Co • Pa • Pa • Fir • Bu Other • Re • Dis	otel, hotel ommercial y cable y cable-add'l c e protection rglar protectior services: econnect	hannel	39.95			
	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	• Mc • Co • Pa • Pa • Fir • Bu Other • Re • Dis	otel, hotel ommercial y cable y cable-add'l c e protection rglar protectior services: econnect	hannel	39.95			

	2020/2			FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM
	Moosehead Enterpris	ses Inc		203
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary ansmitters: elevision	carried by your cable system FCC rules and regulations in 76.59(d)(2) and (4), 76.61(4 substitute program basis, an Substitute Basis Stations basis under specific FCC rule. Do <i>not</i> list the station here, station was carried <i>only</i> on • List the station here, and an basis. For further information Column 1: List each station multicast stream associated "WETA-2" as the same on 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 carrie on concerning substitute basis stations n's call sign. <i>Do not</i> report origination d with a station according to its over-th	<i>t</i> (1) stations carried only on a part-the carriage of certain network progression (e)(2) and (4))]; and (2) certain states arried by your cable system on a subtract by system on a subtract by system and Program and Program and Program and Program services such as HBO, ESI e-air designation. For example, representation, an independent station, or a (for network multicast), "I" (for indep or "E-M" (for noncommercial educat uctions in the paper SA1-2 form. It the community to which the station or the station of the paper SA1-2 form.	time basis under ams [sections ations carried on a bstitute program Log)—if the so 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
	WLBZ	2	N	Bangor, ME
	WABI	5	Ν	Bangor, ME
ws as Necessarv	WVII	7	Ν	Bangor, ME
ws as Necessary	WVII WFVX		NNNN	Bangor, ME Bangor, ME
ws as Necessary	WFVX	7.2	N-M	Bangor, ME
ows as Necessary	WFVX WMEB	7.2 12	N-M E	Bangor, ME Orono, ME
vs as Necessary	WFVX WMEB WABI 2	7.2 12 5.2	N-M E N-M	Bangor, ME Orono, ME Bangor, ME
ws as Necessary	WFVX WMEB WABI 2 WABI 3	7.2 12 5.2 5.3	N-M E N-M N-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME
ws as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4	7.2 12 5.2 5.3 5.4	N-M E N-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME
ws as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK	7.2 12 5.2 5.3 5.4 38	N-M E N-M N-M N-M I	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2	7.2 12 5.2 5.3 5.4 38 2.2	N-M E N-M N-M N-M I N-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2	7.2 12 5.2 5.3 5.4 38 2.2 12.2	N-M E N-M N-M N-M I I N-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 12.2 12.2 12.3	N-M E N-M N-M N-M I I N-M E-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2	7.2 12 5.2 5.3 5.4 38 2.2 12.2	N-M E N-M N-M N-M I I N-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 12.2 12.2 12.3	N-M E N-M N-M N-M I I N-M E-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 12.2 12.2 12.3	N-M E N-M N-M N-M I I N-M E-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 12.2 12.2 12.3	N-M E N-M N-M N-M I I N-M E-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 12.2 12.2 12.3	N-M E N-M N-M N-M I I N-M E-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 12.2 12.2 12.3	N-M E N-M N-M N-M I I N-M E-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 12.2 12.2 12.3	N-M E N-M N-M N-M I I N-M E-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 12.2 12.2 12.3	N-M E N-M N-M N-M I I N-M E-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME Orono, ME
ows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 12.2 12.2 12.3	N-M E N-M N-M N-M I I N-M E-M E-M	Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Orono, ME Orono, ME

LEGAL NAME O Moosehead			TSTEM.					SYSTEM II 203
	t every radio	station ca	arried on a separate and discronnerally receivable by your cab					н
receivable if (1) on the basis of For detailed info paper SA1-2 fo Column 1: lo Column 2: S Column 3: lf 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 placin Give the statio	by the system be recent at the Co l sign of the static tion's sig g a chec n's locati	I-Band FM Carriage: Under C stem whenever it is received a ived at the headend, with the opyright Office regulations on t each station carried. on is AM or FM. nal was electronically process k mark in the "S/D" column. ion (the community to which the the community with which the	t the system's he system's FM ante this point, see pa sed by the cable s he 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 sertain si general i eparate	be expected, tated intervals. Instructions in the.	Primary Transmitters: Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
WVOM	FM	S	Houlton, ME					
		<u> </u>						
						·	·	
						·		
		-					·	
						·		
						·		

Accounting Perio						FOF	RM SA1-2E. PAGE 5.
News	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:				SYSTEM ID#
Name	Moosehead Enterprise	es Inc					20366
	SUBSTITUTE CARRIAGE	E: SPECIA	AL STATEME	NT AND PROGRAM LO	G		
I	In General: In space I, ident substitute basis during the a	ccounting p	eriod, under sp	ecific present and former F	CC rules, reg	ulations, or authorizatio	ns. For a further
Substitute Carriage:	explanation of the programm	•			ne general ins	tructions in the paper S	A1-2 form.
Special	1. SPECIAL STATEMEN						
Statement and	During the accounting per		ur cable syster	n carry, on a substitute ba	asis, any nonr		
Program Log	broadcast by a distant sta	tion?				YES	NO
	Note: If your answer is "No	", leave the	e rest of this pa	ge blank. If your answer i	s "Yes," you r	must complete the pro	gram
	log in block 2.						
	2. LOG OF SUBSTITUTE						
	In General: List each subs clear. If you need more spa		•		s wherever p	ossible, if their meanir	ng is
				vision program ("substitut	e program") t	hat, during the accour	nting
	period, was broadcast by a			5		0	
	under certain FCC rules, re Do not use general categor	•					
	"NBA Basketball: 76ers vs.						01
				er "Yes." Otherwise enter			
		-		asting the substitute prog the community to which th		censed by the FCC or	in
	the case of Mexican or Car		,			2	,
			when your sy	stem carried the substitute	e program. U	se numerals, with the	month
	first. Example: for May 7 giv Column 6: State the tim		e substitute pr	ogram was carried by you	ır cable svstei	m. List the times accu	rately
	to the nearest five minutes.						
	stated as "6:00–6:30 p.m."	or "R" if the	listed program	n was substituted for prog	ramming that	t vour system was rea	wired
	to delete under FCC rules a						
	was substituted for program	nming that					
	effect on October 19, 1976						
	S	UBSTITUT	E PROGRAM	1		N SUBSTITUTE AGE OCCURRED	7. REASON FOR
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. TIMES FROM — TO	DELETION
						_	
					·- 		
						_	
]		
						_	
]	_	
						_	
						—	

Accounting Period:	2020/2	FORM SA1-2E. PAGE 6.
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Moosehead Enterprises Inc	SYSTEM ID# 20366
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. If 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.	smission service
L Copyright Royalty Fee	 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 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. 	o \$263,800
	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 accounting period is \$52.00	or this 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	\$ 52.00
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LESS (but more than \$137	<u>′,100)</u>
	1. Base amount under statutory formula \$ 263,800.00	<u>)</u>
	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 \$52	27,600)
	1. Enter the amount of gross receipts from space K	_
	2. Base amount under statutory formula \$ 263,800.00	<u>)</u>
	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 Due	 Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		52.00 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 payab See page i of the general instructions in the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 form and the Excel instructions in the paper SA1-2 form and the paper SA1-2 f			

Accounting Period:	2020/2		FORM SA1-2E. PAGE 7.
Name		OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Moosehead Er	nterprises Inc	20366
M Channels		ou 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 I television broadcast stations	13
	on which the c	I number of activated channels able system carried television broadcast stations cast services	41
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	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)	
Ο	CERTIFICATION	(This statement of account must be certified and signed in accordance with Copyright Office regulations)	
Certification		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 B; or	
		t of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system a line 1 of space B and that the owner is not a corporation or partnership; or	as identified
		cer or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified as owner of th line 1 of space B.	ne cable system
		d the statement of account and hereby declare under penalty of law that all statements of fact contained herein te, and correct to the best of my knowledge, information, and belief, and are made in good faith. on 1001(1986)]	

	X "/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
	President cial position held in corporation or partnership)
Date:	01/26/21

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.

unting Period: 2020/2	FORM SA1-2E. PAG
L NAME OF OWNER OF CABLE SYSTEM:	SYSTEM
osehead Enterprises Inc	203
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	P Special Statemer Concerning Gros Receipts Exclusio
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?	
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.	Q
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 Assessme
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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.