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

Т

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook.

FOR COPYRIGHT OFFICE USE ONLY

FOR COPYRIGH	T OFFICE USE ONLY	email to
DATE RECEIVED	AMOUNT	coplicsoa
2/2/2022	\$	For addition contact the Office Lice
	ALLOCATION NUMBER	(202) 707

Return completed workbook by email to

oplicsoa@copyright.gov

or additional information, ontact the U.S. Copyright Office Licensing Division at 202) 707-8150.

Α	ACCO	DUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))
		2021/2 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 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
		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)
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)
Drivery Act Nation	. Section	444 of Tills 47 of the United Outles Orde anthering the Outling to call of the annually identificing information (DIV) accurated on this

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

Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID#
	Moosehead Enterprises Inc	488
D	Instructions: List each separate community served by the cable system. A "commu separate and distinct community or municipal entity (including unincorporated co unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will se community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobil	mmunities within unincorporated areas and including single, discrete erve as a form of system identification hereafter known as the "first
Area Served	city.	
	CITY OR TOWN	STATE
First	Jackman	
Community		
d Rows as Necessary		
a Rows as necessary		

								FORM SA1	
Name	LEGAL NAME OF OWNER OF CA							SYS	TEM ID 48
	Moosehead Enterprises	Inc							40
E Secondary Transmission Service: Sub- scribers and Rates	SECONDARY TRANSMISSION In General: The information in s system, that is, the retransmissic about other services (including p last day of the accounting period Number of Subscribers: Both down by categories of secondary each category by counting the m separately for the particular serv Rate: Give the standard rate c 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. Note	pace E should on of television bay cable) in sp I (June 30 or D b blocks in span y transmission umber of billing ice at the rate harged for each c (Example: "\$2 counts allowed in space E, the to their subsc e: Where an in	cover a and rac pace F, eccembe ce E ca service gs in tha indicate th categ 20/mth") for adva e form I cribers.	all categories o dio broadcasts not here. All th er 31, as the ca ll for the numbo . In general, yc at category (the ed—not the nur ory of service.). Summarize a ance payment. ists the catego Give the numb I or organizatio	f secondar by your sy e facts you ase may be er of subso ou can com e number of noer of sec include bo inny standa ries of sec er of subso n is receiv	ystem to subscri u state must be a). cribers to the cal pute the number of persons or org ts receiving serv- oth the amount of rd rate variation condary transmis cribers and rate ing service that	bers. Give those exis ole system of subso (anizations vice). of the char s within a ssion servi for each li falls unde	a information ting on the n, broken sribers in s charged ge and the particular rate ice that cable sted category r different	
	subscriber who pays extra for ca first set" and would be counted c Block 2: If your cable system printed in block 1 (for example, t with the number of subscribers a sufficient.	once again und has rate catego iers of services	er "Ser\ ories for s that in	vice to addition r secondary tra clude one or m	al set(s)." nsmission lore secon	service that are dary transmission	different i ons), list th	from those nem, together	
		DCK 1					BLOC	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIBI		RATE	CAT	EGORY OF SEF		NO. OF SUBSCRIBERS	RATE
	Residential: • Service to first set • Service to additional set(s)		180	67.95					
	• FM radio (if separate rate) Motel, hotel Commercial								
	• Residential • Non-residential								
F Services Other Than Secondary Transmissions: Rates	SERVICES OTHER THAN SEC In General: Space F calls for rat not covered in space E, that is, t service for a single fee. There ar furnished at cost or (2) services amount of the charge and the ur enter only the letters "PP" in the Block 1: Give the standard rat Block 2: List any services that listed in block 1 and for which a s brief (two- or three-word) descrip	te (not subscrit hose services re two exceptio or facilities furi- hit in which it is rate column. te charged by t t your cable sy- separate charge tion and includ	ber) info that are ns: you nished t usually he cabl stem fu ge was r le the ra	rmation with re- e not offered in do not need to o nonsubscribe billed. If any ra- e system for ea rnished or offer nade or establi	espect to a combination give rate ers. Rate in ates are ch ach of the red during	on with any seco information con nformation shou narged on a vari applicable servio the accounting	ondary tran cerning (1 ld include able per-p ces listed. period that	nsmission) services both the rogram basis, t were not e form of a	
	CATEGORY OF SERVICE	BLO RATE		GORY OF SER	VICE	RATE	CATEC	BLOCK 2 ORY OF SERVICE	RATE
	CATEGORY OF SERVICE Continuing Services:	RAIE		ation: Non-res		RAIE	CATEG	URT OF SERVICE	RAIL
	• Pay cable • Pay cable—add'l channel			tel, hotel mmercial		39.95 39.95			
	Fire protectionBurglar protection		• Pay	y cable y cable-add'l ch	nannel				
	Installation: Residential First set Additional set(s) 	39.95 39.95	• Bur	e protection glar protection services:					
	FM radio (if separate rate) Converter		• Reo • Dis	connect connect tlet relocation		39.95 39.95			
			• Mo	ve to new addr	ess	39.95			

unting Period: 2	2021/2			FORM SA1-2E. PAC
Name	LEGAL NAME OF OWNER O			SYSTEM
	Moosehead Enterpri			4
	PRIMARY TRANSMITTERS:			
G Primary ransmitters:	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61 substitute program basis,	lentify every television station (including tr em during the accounting period, <i>except</i> (in effect on June 24, 1981, permitting the (e)(2) and (4), or 76.63 (referring to 76.61 as explained in the next paragraph.	1) stations carried only on a part-ti e carriage of certain network progra (e)(2) and (4))]; and (2) certain sta	ime basis under ams [sections ttions carried on a
Television	basis under specific FCC	 with respect to any distant stations can rules, regulations, or authorizations: 		
	station was carried only of			
	basis. For further informat Column 1: List each statio	also in space I, if the station was carried ion concerning substitute basis stations, s n's call sign. <i>Do not</i> report origination pro-	see page (v) of the general instruct ogram services such as HBO, ESF	tions. PN, etc. Identify each
	"WETA-2" as the same on Column 2: Give the chann	nel number the FCC assigned to the telev	c 1 • 1	
	Column 3: Indicate in eac educational station, by ent	/RC is channel 4 in Washington, D.C. h case whether the station is a network st ering the letter "N" (for network), "N-M" (fo	or network multicast), "I" (for indep	endent), "I-M"
	For the meaning of these t), "E" (for noncommercial educational), or terms, see page (iv) of the general instruc on of each station. For U.S. stations, list t	tions in the paper SA1-2 form.	
		adian stations, if any, give the name of the		
	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
Rows as Necessary	WVII	7	N	Bangor, ME
	WFVX	7.2	N	Bangor, ME
	WMEB	12	Е	Orono, ME
	WABI - 2	5.2	N-M	Bangor, ME
	WSBK	38	I	Boston, MA
	CFCM	4	I	Quebec City, Quebec

LEGAL NAME OI Moosehead			ISIEM:					SYSTEM I
	t every radio s	station ca	arried on a separate and discre nerally receivable by your cabl				ied on an	н
eceivable if (1) on the basis of For detailed info paper SA1-2 for Column 1: lo Column 2: S Column 3: lf signal, indicate Column 4: Column 4: Colu	it is carried b monitoring, to prmation about rm. dentify the call state whether the radio state this by placing Sive the station	y the sys be recein the Co I sign of the station tion's sig g a check n's location	I-Band FM Carriage: Under C tem whenever it is received at ived at the headend, with the s pyright Office regulations on th each station carried. on is AM or FM. nal was electronically processes < mark in the "S/D" column. on (the community to which the the community with which the	the system's hea ystem's FM anter is point, see page ed by the cable sy e station is licens	adend, and (2) nna, during ce e (v) of the ger ystem as a sep ed by the FCC	it can b rtain sta neral ins parate a	e expected, ted intervals. tructions in the. nd discrete	Primary Transmitters Radio
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION	
				UALL SIGN		3/0	LOCATION OF STATION	
VTOS	FM	S	Skowhegan, ME					
		+						
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Accounting Perio	d: 2021/2						FOR	M SA1-2E. PAGE 5
Name	LEGAL NAME OF OWNER OF		EM:					SYSTEM ID#
Name	Moosehead Enterprise	s Inc						488
I	SUBSTITUTE CARRIAGE In General: In space I, identif substitute basis during the ac	fy every non	network televisi riod, under spec	<i>on program,</i> broadcast by cific present and former F0	a <i>distant</i> static C rules, regula	ations, or a	uthorizations.	For a further
Substitute Carriage:	explanation of the programmi				e general instru	uctions in th	ne paper SA1-	2 form.
Special	1. SPECIAL STATEMENT					twork tolo	vision program	
Statement and Program Log	 During the accounting peri broadcast by a distant stat 	•	cable system	carry, on a substitute bas	is, any nonne			×NO
r rogram 20g	Note: If your answer is "No,		rest of this pag	e blank If your answer is	"Yes " vou mu	ust comple		
	log in block 2.				, , , ,			
	In General: List each subst clear. If you need more spar Column 1: Give the title of period, was broadcast by a under certain FCC rules, rep Do not use general categori "NBA Basketball: 76ers vs. Column 2: If the program Column 3: Give the call s Column 4: Give the broat the case of Mexican or Can Column 5: Give the mon first. Example: for May 7 giv Column 6: State the time to the nearest five minutes. stated as "6:00–6:30 p.m." Column 7: Enter the lette to delete under FCC rules a was substituted for program effect on October 19, 1976.	ce, please a of every nor distant stati- gulations, or ies like "mov Bulls." n was broad sign of the s idcast statio datian statiou th and day v re "5/7." se when the Example: a er "R" if the l and regulation	add additional r network televi on and that you r authorizations vies" or "baske lcast live, enter tation broadca n's location (th ns, if any, the c when your syst substitute prog program carrie	ows to the tables. sion program ("substitute ur cable system substitute s. See page (v) of the ger tball." List specific progra "Yes." Otherwise enter " sting the substitute progr e community to which the community with which the sem carried the substitute gram was carried by your ed by a system from 6:01 was substituted for progr ring the accounting perio	program") that ad for the prog eral instructio m titles, for ex No." am. e station is licer station is ider program. User cable system 15 p.m. to 6:2 amming that y d; enter the let	at, during ti ramming o ns for furth ample, "I L ensed by th ntified). e numerals . List the ti 28:30 p.m. our systen ter "P" if th	he accounting of another state her information love Lucy" or he FCC or, in , with the more mes accurate should be n was <i>require</i> he listed progr	tion n. hth ly
			E PROGRAM			EN SUBST		7. REASON FO
	1. TITLE OF PROGRAM	2. LIVE? Yes or No	3. STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	6. FROM	TIMES — TO	DELETION
							_	
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Accounting Period:	2021/2 FORM SA1-2E. PAG
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM:
Humo	Moosehead Enterprises Inc 4
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.
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 \$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-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
	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
	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)
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)
	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:	: 2021/2	FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Moosehead Enterprises Inc	SYSTEM ID# 488
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	8 36
N Individual to Be Contacted	INDIVIDUAL TO BE CONTACTED IF FURTHER INFORMATION IS NEEDED (Identify an individual we can contact about this statement of account.)	
for Further Information	Name Earl Richardson Telephone 207-695-3 Address PO Box 526 (Number, street, rural route, apartment, or suite number) Greenville ME 04441	3337
	(City, town, state, zip) Email mooseheadtv@gwi.net Fax (optional	
O Certification	 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 B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified in line 1 of space B; or (Agent of owner other than corporation or partnership) I am the duly authorized agent of the owner of the cable system as identified 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 owner of the cable 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 herein 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)] 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 Title: President (Title of official position held in corporation or partnership) Date: 02/02/22	

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	FORM SA1-2E. PAGE 8
GAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
oosehead Enterprises Inc	488
 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 scribers 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 transmission made by satellite carriers to satellite dish owners? NO YES. Enter the total here and list the satellite carrier(s) below	C Special Statement Sub- 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 underpaym	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 for	n. Q
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You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpaym For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 forr Line 1 Enter the amount of late payment or underpayment	n. Q
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