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 COPYRIGH	by email to:		
for Seconda	ry Transmissions by	DATE RECEIVED	AMOUNT		
General instru	rms (Short Form) ctions are located of this workbook	07/10/20  ALLOCATION NUMBER		<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150	
A	ACCOUNTING PERIOD COVERED E	1			
Accounting Period	2019/2	Period 1 = January 1 - June 30 Barcode Data Filing Period (optional	Period 2 = July 1 - December 31 - see instructions)		
В	Instructions: Give the full legal name of the owner of th of the subsidiary, not that of the parent co		diary of another corporation, give the full cor	porate title	
Owner	List any other name or names under which	the owner conducts the business of th	ne cable system.		
	If there were different owners during the a single statement of account and royalty fe	e payment covering the entire account		ubmit a 485	
	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 n Greenville ME 044441	umber)			
	(City, town, state, zip)				
С	<b>INSTRUCTIONS:</b> In line 1, give any busin names already appear in space B. In line 2	ess or trade names used to iden 2, give the mailing address of the	tify the business and operation of the e system, if different from the address	system unless these given in space B.	
System	1				
	MAILING ADDRESS OF CABLE SYSTEM	:			
	2 (Number, street, rural route, apartment, or suite n	umber)			
	(City, town, state, zip code)				

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Name	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID					
Name	Moosehead Enterprises Inc	485					
D	Instructions: List each separate community served by the cable system. A "community" is the same as a "community unit" as defined in FCC rules: "a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter know 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 mobile home parks should be reported in parentheses below the						
Area Served	identified city.	mobile nome parks should be reported in parentneses below the					
	CITY OR TOWN	STATE					
First	Bingham	ME					
Community							
Add Rows as Necessary							

								FORM SA1	-2E. PAGE
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Moosehead Enterprises Inc							313	48
Е	SECONDARY TRANSMISSION								
<b>L</b>	In General: The information in s system, that is, the retransmission	•		-		•			
Secondary	about other services (including p								
Transmission	last day of the accounting period	l (June 30 or D	ecembe	er 31, as the cas	se may be	e).		0	
Service: Sub-	Number of Subscribers: Both	•							
scribers and Rates	down by categories of secondar each category by counting the n					•			
Rutes	separately for the particular serv					•		sonargea	
	Rate: Give the standard rate of	-	-	•				-	
	unit in which it is generally billed category, but do not include disc	· ·		,	ny standa	rd rate variatior	is within a	particular rate	
	Block 1: In the left-hand block				ies of sec	ondary transmi	ssion servi	ce that cable	
	systems most commonly provide	e to their subso	ribers.	Give the numbe	r of subso	cribers and rate	for each li	sted category	
	that applies to your system. Not			-		-			
	categories, that person or entity subscriber who pays extra for ca						•		
	first set" and would be counted of								
	Block 2: If your cable system	•							
	printed in block 1 (for example, t					•	,.		
	with the number of subscribers a sufficient.	and rates, in the	e rignt-r	iand block. A tw	o- or thre	e-wora aescrip	lion of the	service is	
		DCK 1					BLOCK	٢2	
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	САТ	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:	SOBSCIUD			0,711		WICE	ODBOOKIBEIKO	
	Service to first set		168	65.95					
	<ul> <li>Service to additional set(s)</li> </ul>								
	• FM radio (if separate rate)								
	Motel, hotel								
	Commercial								I
	Converter								
	Residential								
	Non-residential								
	SERVICES OTHER THAN SEC								
-	In General: Space F calls for ra					Il your cable sy	stem's serv	vices that were	
F	not covered in space E, that is, t								
Services	service for a single fee. There ar furnished at cost or (2) services	•			•		0 (	,	
Other Than	amount of the charge and the ur								
Secondary	enter only the letters "PP" in the	rate column.		-		-		0	
ransmissions:	Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.								
Rates	<b>Block 2:</b> List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a								
	brief (two- or three-word) description and include the rate for each.								
		BLO	CK 1					BLOCK 2	
	CATEGORY OF SERVICE	RATE		GORY OF SERV	/ICE	RATE	CATEG	ORY OF SERVICE	RATE
	Continuing Services:		Installa	ation: Non-resi	dential				
	• Pay cable		• Mo	tel, hotel		39.95			
	Pay cable—add'l channel		• Cor	mmercial		39.95			
	Fire protection		• Pay	/ cable					
	<ul> <li>Burglar protection</li> </ul>		• Pay	/ cable-add'l cha	annel				
	Installation: Residential			e protection					
			• Bur						
	• First set	39.95		glar protection					
	<ul><li>First set</li><li>Additional set(s)</li></ul>		Other s	services:					
	<ul><li>First set</li><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		Other : • Red	services: connect		39.95			
	<ul><li>First set</li><li>Additional set(s)</li></ul>		Other s • Rec • Dis	services: connect connect					
	<ul><li>First set</li><li>Additional set(s)</li><li>FM radio (if separate rate)</li></ul>		Other s • Rec • Dis • Out	services: connect		39.95 39.95 39.95			

ccounting Period:	2019/2			FORM SA1-2E. PAGE 3				
Name	LEGAL NAME OF OWNER OF	CABLE SYSTEM:		SYSTEM ID# 485				
Nume	Moosehead Enterprises Inc							
	PRIMARY TRANSMITTERS: TELEVISION							
G Primary	carried by your cable system FCC rules and regulations i 76.59(d)(2) and (4), 76.61(e	entify every television station (including m 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	of (1) stations carried only on a part-t he carriage of certain network progra	ime basis under ams [sections				
Transmitters: Television	substitute program basis, as explained in the next paragraph. <b>Substitute Basis Stations:</b> With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:							
		e in space G—but do list it in space I (t	the Special Statement and Program	Log)—if the				
	basis. For further information <b>Column 1:</b> List each station multicast stream associated	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	, see page (v) of the general instruct program services such as HBO, ESF	ions. PN, etc. Identify each				
		el number the FCC assigned to the tele	evision station for broadcasting over	the air in its community				
	<b>Column 3:</b> Indicate in each educational station, by enter	RC is channel 4 in Washington, D.C. case whether the station is a network ring the letter "N" (for network), "N-M" "E" (for noncommercial educational).	(for network multicast), "I" (for indepe	endent), "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. <b>Column 4:</b> 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				
	WLBZ	2	Ν	Bangor, ME				
	WABI	5	Ν	Bangor, ME				
dd Rows as Necessary	WVII	7	N	Bangor, ME				
	WFVX	7.2	N-M	Bangor, ME				
	WCBB	10	E	Lewiston, ME				
	WABI 2	5.2	<b>N-M</b>	Bangor, ME				
	WSBK	38	<b>I</b>	Boston, MA				
	WLBZ 2	2.2	N-M	Bangor, ME				
	WCBB 2	10.2	E-M	Lewiston, ME				
	WCBB 3	10.3	E-M	Lewiston, ME				
	WABI 3	5.3	N-M	Bangor, ME				
	WCSH 2	6.2	N-M	Portland, ME				

EGAL NAME O			TOTEM.					SYSTEM I
	st every radio	station ca	arried on a separate and discr 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 formation about mm. dentify the cal State whether f the radio star this by placin Give the statio	y the sys be recein at the Co I sign of the static tion's sig g a chec n's locati	II-Band FM Carriage: Under C stem whenever it is received a ived 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 this point, see pa ed by the cable s he station is licens	adend, and (2 enna, during ce ge (v) of the g system as a se sed by the FC0	) it can ertain st eneral ii parate a	be expected, ated 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	
				UALL SIGN		5/0	LOOKTION OF STATION	
VTOS	FM	D	Skowhegan, ME					

Accounting Perio	od: 2019/2						FOR	I SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:					SYSTEM ID#
Name	Moosehead Enterprise	es Inc						485
	SUBSTITUTE CARRIAG	E: SPECIA	AL STATEME		G			
		-	-			tion that vo	ur ooblo ovo	tom carried on a
•	In General: In space I, ident substitute basis during the a							
Substitute	explanation of the program							
Carriage:	1. SPECIAL STATEMEN				5			
Special	During the accounting pe				eie anv nonr	ootwork tele	wision prog	ram
Statement and		-	al cable system	in carry, on a substitute ba	515, any nom			
Program Log	broadcast by a distant sta	ition?					YES	X NO
	Note: If your answer is "No	o", leave the	rest of this pa	age blank. If your answer is	"Yes," you r	nust compl	ete the prog	gram
	log in block 2.				-			
	2. LOG OF SUBSTITUT	E PROGRA	MS					
	In General: List each subs			ate line. Use abbreviations	wherever p	ossible, if th	neir meaning	g is
	clear. If you need more spa	ace, please	add additional	rows to the tables.				-
				vision program ("substitute				
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.		DVIES OF DASK	etball. List specific progra		stample, i	LOVE LUCY	01
	_		dcast live, ent	er "Yes." Otherwise enter "	No."			
	Column 3: Give the call	sign of the	station broadd	asting the substitute progr	am.			
				the community to which the			he FCC or,	in
	the case of Mexican or Cal							41-
	first. Example: for May 7 gi		when your sy	stem carried the substitute	program. U	se numerai	s, with the r	nonth
			e substitute pr	ogram was carried by your	cable syste	m List the	times accur	atelv
	to the nearest five minutes							atory
	stated as "6:00–6:30 p.m."	•				•		
				n was substituted for progr				
	to delete under FCC rules							ogram
	was substituted for programe ffect on October 19, 1976		your system w	as permitted to delete und	er FCC rules	and regula	ations in	
		•			1			1
						N SUBSTI		
	S	UBSTITUT	E PROGRAM			AGE OCC		7. REASON FOR DELETION
	1. TITLE OF PROGRAM	2. LIVE?	3. STATION'S		5. MONTH	-	IMES	DELETION
		Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM	— то	
							_	
							_	
					·			
					·			· · · · · · · · · · · · · · · · · · ·

Accounting Period:	2019/2 FORM S.	A1-2E. PAGE 6.						
Name		YSTEM ID#						
Humo	Moosehead Enterprises Inc	485						
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, se 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.	4,953.88						
	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 \$263,80(</li> <li>Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(</li> <li>See page (vi) of the general instructions located in the paper SA1-2 form for more information.</li> </ul>							
	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	177.97						
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines 1 and 2 \$	229.97						
	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 Due	1. Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above) \$ 229.97							
246	2. Filing Fee (See the instructions for more information on filing fee calculations)	1						
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	244.97						
	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:	2019/2		FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF O Moosehead En	WNER OF CABLE SYSTEM: terprises Inc	SYSTEM ID# 485
M Channels	to its subscribers 1. Enter the total system carried t 2. Enter the total on which the ca	u must give (1) the number of channels on which the cable system carried television broadcast stati , and (2) the cable system's total number of activated channels during the accounting period. number of channels on which the cable television broadcast stations . number of activated channels ble system carried television broadcast stations ast services .	ions 12 39
N Individual to Be Contacted		<b>BE CONTACTED IF FURTHER INFORMATION IS NEEDED</b> (Identify an individual to whom bout this statement of account.)	
for Further Information	Name		hone 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 undersigne     (Owner     (Agent     in li     X     (Office     in li     I have examined	This statement of account must be certified and signed in accordance with Copyright Office regulations of the bares.) and, hereby certify that (Check one, <i>but only one</i> , of the boxes.) ar other than corporation or partnership) I am the owner of the cable system as identified in line 1 of s of owner other than corporation or partnership) I am the duly authorized agent of the owner of the owner of the a 1 of space B and that the owner is not a corporation or partnership; or ar or partner) I am an officer (if a corporation) or a partner (if a partnership) of the legal entity identified ine 1 of space B. the statement of account and hereby declare under penalty of law that all statements of fact contained a, and correct to the best of my knowledge, information, and belief, and are made in good faith. in 1001(1986)]	space B; or cable system as identified as owner of the cable system
		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:     7/10/20	

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	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM ID
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	
<b>INTEREST ASSESSMENT</b> 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
Line 1 Enter the amount of late payment or underpayment	Interest Assessmen
Line 2 Multiply line 1 by the interest rate* and enter the sum here	
Line 3 Multiply line 2 by the number of days late and enter the sum here	
Ine 3         Multiply line 2 by the number of days late and enter the sum here         04,333.00           x 0.00274         x 0.00274	
x 0.00274           Line 4         Multiply line 3 by 0.00274** and enter here           in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6 \$           177.97	
x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6         \$       177.97         (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf. For further assistance please	
x 0.00274         Line 4 Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6         \$         177.97         (interest charge)         * To view the interest rate chart click on www.copyright.gov/licensing/interest-rate.pdf.         For further assistance please         contact the Licensing Division at (202) 707-8150 or licensing@copyright.gov.	
x 0.00274         Line 4       Multiply line 3 by 0.00274** and enter here         in space L, (page 6) block 1, line 2, or block 2 line 8, or block 3 line 6	

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