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 COPYRIG	HT OFFICE USE ONLY	Return completed workbook by email to:
for Secondary Transmissions by	DATE RECEIVED	AMOUNT	-
Cable Systems (Short Form) General instructions are located in the first tab of this workbook	7/21/2021	\$	<u>coplicsoa@copyright.gov</u> For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period)) Period 1 = January 1 - June 30 Period 2 = July 1 - December 31 2021/1 Barcode Data Filing Period (optional - see instructions) Accounting Period 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 Β 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. 14522 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** lumber, street, rural route, apartment, or suite number) Greenville ME 04441 INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these С 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 MAILING ADDRESS OF CABLE SYSTEM: (Number, street, rural route, apartment, or suite number) 2 (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	1452					
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	Note: Entities and properties such as hotels, apartments, condominiums, or mobile identified city.	home parks should be reported in parentheses below the					
	CITY OR TOWN	STATE					
First	Guilford	UNIL					
Community							
d Rows as Necessary							

								FORM SA1	
Name	LEGAL NAME OF OWNER OF C		:					545	TEM II 145
	Moosehead Enterprises	s Inc							145
-	SECONDARY TRANSMISSION	SERVICE: SI	JBSCR	BERS AND RA	TES				
E	In General: The information in s	-		-		•			
. .	system, that is, the retransmission								
Secondary Transmission	about other services (including particular about other services (including particular about the second particular						inose exist	ing on the	
Service: Sub-	Number of Subscribers: Bot						ble system	, broken	
scribers and	down by categories of secondar	y transmission	service	. In general, you	u can con	npute the number	er of subsc	ribers in	
Rates	each category by counting the n			0,0		•		charged	
	separately for the particular serv Rate: Give the standard rate of							ne and the	
	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. Not categories, that person or entity			-		-			
	subscriber who pays extra for ca				• •		•		
	first set" and would be counted o								
	Block 2: If your cable system	-		•					
	printed in block 1 (for example, t					•			
	with the number of subscribers a sufficient.	and rates, in th	e ngnt-r	iand Diock. A lw	o- or thre	e-word descript	ion of the s	service is	
		DCK 1					BLOCK		
	CATEGORY OF SERVICE	NO. OF SUBSCRIB		RATE	CATI	EGORY OF SEI	RVICE	NO. OF SUBSCRIBERS	RAT
	Residential:								
	Service to first set		138	67.95					
	 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					Il vour cable sv	stem's serv	vices that were	
F	not covered in space E, that is, t		,		•	• •			
	service for a single fee. There a	•			•				
Services Other Than	furnished at cost or (2) services amount of the charge and the ur								
Secondary	enter only the letters "PP" in the		usually	billed. If any fai	les are ci	larged on a van	able per-p	logram basis,	
ransmissions:	Block 1: Give the standard ra		the cabl	e system for eac	ch of the	applicable servi	ces listed.		
Rates	Block 2: List any services that	• •			-	-	•		
	listed in block 1 and for which a brief (two- or three-word) description				shed. List	these other ser	vices in the	e form of a	
	CATEGORY OF SERVICE	BLO				DATE		BLOCK 2 DRY OF SERVICE	
	Continuing Services:	RATE		BORY OF SERV		RATE	CATEGO	DRY OF SERVICE	RAT
	• Pay cable			tel, hotel		39.95			
	• Pay cable—add'l channel			mmercial		39.95			
	Fire protection		_	/ cable					
	•Burglar protection		-	/ cable-add'l cha	annel				
	Installation: Residential		-	protection					
	• First set	39.95		glar protection					
	Additional set(s)			services:					
	• FM radio (if separate rate)			connect		39.95			
	• Converter			connect					
						20.05			t
			• Ou	tlet relocation		39.95			
				ve to new addre	SS	39.95			

	•			FORM SA1-2E. PAGE
Name	LEGAL NAME OF OWNER OF	F CABLE SYSTEM:		SYSTEM ID
Name	Moosehead Enterpris	ses Inc		1452
	PRIMARY TRANSMITTERS:	TELEVISION		
G Primary Transmitters: Television	carried by your cable syste FCC rules and regulations 76.59(d)(2) and (4), 76.61(substitute program basis, a Substitute Basis Stations basis under specific FCC ru • Do <i>not</i> list the station her station was carried <i>only</i> or • List the station here, and basis. For further informatio Column 1 : List each statio multicast stream associate "WETA-2" as the same on Column 2 : Give the chann of license. For example, W Column 3 : Indicate in each educational station, by ente (for independent multicast) For the meaning of these to 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-the	at (1) stations carried only on a part- he carriage of certain network progr 51(e)(2) and (4))]; and (2) certain state arried by your cable system on a su the Special Statement and Program ed both on a substitute basis and als , see page (v) of the general instruct program 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. t the community to which the station	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 eendent), "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
	WEBZ	5	N	Bangor, ME
	WADI	5	IN	
	\AA./II	7		
dd Rows as Necessary	WVII	7	N	Bangor, ME
dd Rows as Necessary	WFVX	7.2	N N-M	Bangor, ME Bangor, ME
dd Rows as Necessary	WFVX WMEB	7.2 12	N N-M E	Bangor, ME Bangor, ME Orono, ME
dd Rows as Necessary	WFVX WMEB WABI 2	7.2 12 5.2	N N-M E N-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME
dd Rows as Necessary.	WFVX WMEB WABI 2 WABI 3	7.2 12 5.2 5.3	N N-M E N-M N-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME
.dd Rows as Necessary	WFVX WMEB WABI 2	7.2 12 5.2	N N-M E N-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3	7.2 12 5.2 5.3	N N-M E N-M N-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4	7.2 12 5.2 5.3 5.4	N N-M E N-M N-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME
dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK	7.2 12 5.2 5.3 5.4 38	N N-M E N-M N-M N-M I	Bangor, ME Bangor, ME Orono, ME Bangor, ME
.dd Rows 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 N-M E N-M N-M I I N-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3	7.2 12 5.2 5.3 5.4 38 2.2 2.3	N N-M E N-M N-M 1 N-M N-M N-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3 WMEB 2	7.2 12 5.2 5.3 5.4 38 2.2 2.3 12.2	N N-M E N-M N-M I I N-M E-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME Orono, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 2.3 12.2 12.3	N N-M E N-M N-M 1 1 N-M E-M E-M E-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME Orono, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 2.3 12.2 12.3	N N-M E N-M N-M 1 1 N-M E-M E-M E-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME Orono, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 2.3 12.2 12.3	N N-M E N-M N-M 1 1 N-M E-M E-M E-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME Orono, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 2.3 12.2 12.3	N N-M E N-M N-M 1 1 N-M E-M E-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME Orono, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 2.3 12.2 12.3	N N-M E N-M N-M 1 1 N-M E-M E-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME Orono, ME
udd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 2.3 12.2 12.3	N N-M E N-M N-M 1 1 N-M E-M E-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME Orono, ME
.dd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 2.3 12.2 12.3	N N-M E N-M N-M 1 1 N-M E-M E-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME Orono, ME
udd Rows as Necessary	WFVX WMEB WABI 2 WABI 3 WABI 4 WSBK WLBZ 2 WLBZ 3 WMEB 2 WMEB 3	7.2 12 5.2 5.3 5.4 38 2.2 2.3 12.2 12.3	N N-M E N-M N-M 1 1 N-M E-M E-M	Bangor, ME Bangor, ME Orono, ME Bangor, ME Bangor, ME Bangor, ME Boston, MA Bangor, ME Bangor, ME Orono, ME

LEGAL NAME O Moosehead								SYSTEM I 145
	t every radio	station ca	arried on a separate and discronnerally receivable by your cab					н
eceivable if (1 on the basis of For detailed inf paper SA1-2 fo Column 1: I Column 2: S Column 3: I signal, indicate Column 4: C) it is carried b monitoring, to ormation abou rm. dentify the cal State whether f the radio sta this by placin Give the statio	by the system be receil at the Co I sign of the static tion's sig g a check 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 :	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	LOCATION OF STATION	
NVOM	FM	S	Houlton, ME					

Accounting Perio	od: 2021/1						FORM	M SA1-2E. PAGE 5.
	LEGAL NAME OF OWNER OF	CABLE SYS	STEM:					SYSTEM ID#
Name	Moosehead Enterprise	es Inc						14522
	SUBSTITUTE CARRIAG				G			
I I	In General: In space I, ident				-	tion that you		tom carried on a
•	substitute basis during the a							
Substitute	explanation of the programm							
Carriage:	1. SPECIAL STATEMEN				0			
Special	During the accounting per	-			sis anv noni	network telev	ision prog	ram
Statement and		-		fi ourry, on a substitute be	olo, any nom			
Program Log	broadcast by a distant sta	uon?					YES	× NO
	Note: If your answer is "No	", leave the	e rest of this pa	age blank. If your answer i	s "Yes," you ı	must complet	te the prog	gram
	log in block 2.							
	2. LOG OF SUBSTITUTI	E PROGRA	AMS					
	In General: List each subs				s wherever p	ossible, if the	ir meaning	g is
	clear. If you need more spa							
	period, was broadcast by a			vision program ("substitute				
	under certain FCC rules, re							
	Do not use general categor							
	"NBA Basketball: 76ers vs.	Bulls."					-	
				er "Yes." Otherwise enter				
				asting the substitute prog the community to which th		oonood by th		in
	the case of Mexican or Car							
				stem carried the substitute			with the n	nonth
	first. Example: for May 7 gi		, ,		1 0			
				ogram was carried by you				ately
	to the nearest five minutes.	Example:	a program car	ried by a system from 6:01	1:15 p.m. to 6	5:28:30 p.m. s	should be	
	stated as "6:00–6:30 p.m."	er "R" if the	listed program	n was substituted for prog	ramming that	t vour system	was requ	ired
	to delete under FCC rules							
	was substituted for program							-9.4
	effect on October 19, 1976							
	e		E PROGRAM	1		N SUBSTIT		7. REASON FOR
		2. LIVE?	3. STATION'S		5. MONTH	AGE OCCO 6. TIN		DELETION
	1. TITLE OF PROGRAM	Yes or No	CALL SIGN	4. STATION'S LOCATION	AND DAY	FROM —	то	
							-	
						_		
						_		
						_		
						_		
								1

Accounting Period:	2021/1	FORM SA	1-2E. PAGE 6.
Nama	LEGAL NAME OF OWNER OF CABLE SYSTEM:	SY	STEM ID#
Name	Moosehead Enterprises Inc		14522
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file and the amount you pay. E all amounts (gross receipts) paid to your cable system by subscribers for the system's secondary transmic (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.	mission service amount, se	,898.07
	COPYRIGHT ROYALTY FEE		
L Copyright Royalty Fee	 Instructions: To compute the royalty fee you owe Complete block 1, block 2, or block 3. Use block 1 if the amount of gross receipts in space K is \$137,100 or less Use block 2 if the amount of gross receipts in space K is more than \$137,100 but less than or equal to 1 Use block 3 if the amount of gross receipts in space K is more than \$263,800 but less than \$527,60(See page (vi) of the general instructions located in the paper SA1-2 form for more information. 	\$263,80(
	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-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 \$137,1	00)	
	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		
		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)	52.00	
Due	2. Filing Fee (See the instructions for more information on filing fee calculations)	15.00	
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3	\$	67.00
	EFT Trace # or TRANSACTION ID #	[
	Important: Your remittance must be in the form of an electronic payment payable to the Register See page i of the general instructions in the paper SA1-2 form and the Excel instructions tab for more than the second seco		

Accounting Period:	2021/1					FORM SA1-2E. PAGE 7
Name	LEGAL NAME OF OW Moosehead Ente	INER OF CABLE SYSTEM: Perprises Inc				SYSTEM ID# 14522
M Channels	 to its subscribers, a Enter the total nu system carried te Enter the total nu on which the cabl 	and (2) the cable system's umber of channels on which levision broadcast stations umber of activated channe le system carried televisio	total number of act ch the cable s	vated channels during the a		14 39
N Individual to Be Contacted for Further	we can contact abo	BE CONTACTED IF FURT out this statement of accou		N IS NEEDED (Identify an		7 605 2227
Information	Address	PO Box 526 Number, street, rural route, apa	rtment, or suite number)		relephone Z	07-695-3337
		Greenville ME 0444 City, town, state, zip)				
	Email	mooseheadtv	@gwi.net		Fax (optional)	
O Certification	I, the undersigned (Owner of (Agent o in line X (Officer in line · I have examined the second s	, hereby certify that (Check other than corporation or of owner other than corpo e 1 of space B and that the r or partner) I am an officer e 1 of space B. he statement of account an and correct to the best of n	cone, <i>but only one</i> , o partnership) I am the partion or partnersh owner is not a corpor r (if a corporation) or d hereby declare un	f the boxes.) ne owner of the cable system ip) I am the duly authorized oration or partnership; or a partner (if a partnership) o	a Copyright Office regulations) n as identified in line 1 of space B; agent of the owner of the cable sys of the legal entity identified as owne atements of fact contained herein ade in good faith.	stem as identified
			Enter an electronic Enter signature us	arl Richardson : signature on the line above t ing an "/s/ signature" (e.g., /s		
		Typed or printe Title: (Title of	President	Richardson		
		Date:			07/21/21	

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.

ounting Period: 2021/1	FORM SA1-2E. PAGE
AL NAME OF OWNER OF CABLE SYSTEM:	SYSTEM I
osehead Enterprises Inc	1452
 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 	P Special Statement Concerning Gross Receipts Exclusion
YES. Enter the total here and list the satellite carrier(s) below	
Name Name Mailing Address Mailing Address	
You must complete this worksheet for those royalty payments submitted as a result of a late payment or underpayment.	
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form.	Q
	Q Interest Assessmen
For an explanation of interest assessment, see page (viii) of the general instructions located in the paper SA1-2 form. Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessmen
	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessment
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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Line 1 Enter the amount of late payment or underpayment	Q Interest Assessme
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